



Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

ORIGINAL ARTICLE

THE RELATIONSHIP OF DEATH WITH THE PHYSICAL RECOVERY OF THE PATIENT IN INTENSIVE CARE UNIT

A RELAÇÃO DA MORTE COM A RECUPERAÇÃO FÍSICA DO PACIENTE EM UNIDADE DE TERAPIA INTENSIVA

LA RELACIÓN DE LA MUERTE CON LA RECUPERACIÓN FÍSICA DEL PACIENTE EN UNIDAD DE TERAPIA INTENSIVA

Jocelly de Araújo Ferreira¹, Jose Joeudes de Queiroz Nogueira², Priscilla Tereza Lopes de Souza³

ABSTRACT

Objective: to analyze the perception of death of patients in the Intensive Care Unit and the relationship of imminent death with the physical recovery of the patient. **Method:** descriptive exploratory study with a qualitative approach, in which a structured interview script was used in the months of January and February 2013. In the data analysis, the technique of Content Analysis was used. The research project was approved by the Ethics Committee and Research, CAAE 04818912.0.0000.5182. **Results:** after data analysis, the following categories have emerged << *Predominant face of ICU: death is its synonym* >> and << *the feeling of imminent death in the ICU: perception of trigger factors delaying patient's recovery* >>. **Conclusion:** Death was feared by patients. The association with death was because they think being admitted into ICU means a one-way street, not allowing them to see a life expectancy. **Descriptors:** ICU; Death; Nursing; Patients.

RESUMO

Objetivo: analisar a percepção de morte dos pacientes na Unidade de Terapia Intensiva e a relação da morte iminente com a recuperação física do paciente. **Método:** estudo exploratório e descritivo, com abordagem qualitativa, no qual foi utilizado um roteiro de entrevista estruturada, nos meses de janeiro e fevereiro de 2013. Na análise dos dados, foi utilizada a Técnica de Análise de Conteúdo. O projeto de pesquisa foi aprovado pelo Comitê de Ética e Pesquisa, CAAE 04818912.0.0000.5182. **Resultados:** após a análise dos dados, emergiram as categorias << *A face preponderante da UTI: morte é seu sinônimo* >> e << *O sentimento de morte iminente na UTI: percepção desencadeadora de fatores que delongam a recuperação do paciente* >>. **Conclusão:** a morte foi temida pelos pacientes. A associação com a morte se deu por acharem que ser internado numa UTI significa um caminho sem volta, não se permitindo visualizar uma expectativa de vida. **Descritores:** UTI; Morte; Enfermagem; Pacientes.

RESUMEN

Objetivo: analizar la percepción de muerte de los pacientes en la Unidad de Terapia Intensiva y la relación de la muerte iminente con la recuperación física del paciente. **Método:** estudio exploratorio descriptivo con enfoque cualitativo, en el cual fue utilizada una guía de entrevista estructurada en los meses de enero y febrero de 2013. En el análisis de los datos fue utilizada la Técnica de Análisis de Contenido. El proyecto de investigación fue aprobado por el Comité de Ética e Investigación, CAAE 04818912.0.0000.5182. **Resultados:** después del análisis de los datos surgieron las siguientes categorías << *La fase preponderante de la UTI: muerte es su sinónimo* >> y << *El sentimiento de muerte iminente en la UTI: percepción desencadenadora de factores que atrasan la recuperación del paciente* >>. **Conclusión:** la muerte fue temida por los pacientes. La asociación con la muerte se dio por pensar que ser internado en una UTI significa un camino sin vuelta, sin permitirse visualizar una expectativa de vida. **Descriptores:** UTI; Muerte; Enfermería; Pacientes.

¹Enfermeira, Professora Mestre, Universidade Federal de Campina Grande /UFCG. Campina Grande-PB, Brasil. E-mail: jocellyaferreira@hotmail.com; ²Enfermeiro egresso, Universidade Federal de Campina Grande/UFCG. E-mail: joeudes.q@hotmail.com; ³Estudante, Curso de Graduação em Enfermagem, Universidade Federal de Campina Grande/UFCG. E-mail: priscillasouza@hotmail.com

Involved in this context, nursing has the duty to provide a distinct service, based on the scientific knowledge acquired and the completeness of each patient. Being prepared for the unexpected, to react to the negative feelings, doubts and so common fear of death appearing, qualifies the nursing care and allows the patient to be received and acted upon at the level of their every need.¹⁵

On these points that eventually invade patients' psychological critics, death is one of the most feared. It causes different reactions in people, as some fear and appreciation of life in others, in such a way that they see it more fully. The vision of death has been modified with the transformations of society and it is directly related to its development, as well as their specific characteristics, values and customs. In this way, each company has their own behaviors, habits, beliefs and attitudes in the face of the dying process.¹⁶

Despite being considered a sector that offers sophisticated material and human resources, all while in perfect harmony become able to prolong the life of patients, not always the life that prevails, but the end of it. This idea probably is related to the fact that the ICU is the end of many critical patients increasing exaggeratedly the frequency of deaths. Thus, to transfer a patient to the ICU, causes in them or in their families feelings such as fear, apprehension, uncertainties, and sense of imminent death.⁴

The study of death, scientifically, occurs in Thanatology. The great development of this science occurred after the world wars, with the research of Hermann Feifel who wrote the classic "The meaning of death". This work signals the movement of awareness of the importance of the discussion of the death topic, despite the interdiction mentality existing on the subject. The book includes texts on philosophy, art, religion and sociology.⁶

Another factor that is triggered within the intensive care is the interruption or delay the psychobiological recovery of patients who enter in the ICU. Stigmatized for their vision of being an environment that brings improvement and recovery for life, the patients present anxiety that diminish reestabilizing the process of their health, further enhancing their stay at that place.¹⁷

Thus, nobody wants or expects death, but when this happens, it involves a series of conflicts, and in relation to his own death, to his relatives, or even in the exercise of his profession, causing a relief of feelings such as anger, fear, insecurity, sadness, denial, anxiety, depression, feelings of guilt and

concern.⁴ In this sense, the individual while being ICU patient, need to understand this process and learn to live with this situation, trying to disassociate the idea that this hospital sector is place of death and complications, thus allowing a more rapid and complete physical recovery.

OBJECTIVE

- To analyze the perception of death of patients in the Intensive Care Unit and the relationship of imminent death with the physical recovery of the patient.

METHODOLOGY

Article elaborated from the Coclusion work << The influence of Perception of Death in the Recovery of Patients in Intensive Care Unit >>, from the Federal University of Campina Grande/UFCG. Cuité-PB, Brazil. 2013.

Exploratory and descriptive study with a qualitative approach.⁷ The search scenario was in the adult ICU at the University Hospital Alcides Carneiro (UHAC), located in the city of Campina Grande-PB. The choice of location for conducting the study was determined by the fact that the perception of death being more frequent in this area, due to the constant complications associated with clinical aggravations and consequently the high occurrence of deaths. The own environment of this unit contributes to this big perception death by these patients, being the area that generates more stress, because: its own structure; the techniques and procedures; the clinical picture presented by the patient, interfering with the ability to adapt to changes in the individual and his family.¹

The target population was composed of seven patients of ICU of the UHAC, chosen according to the inclusion and exclusion criteria. The number of respondents followed the saturation criteria, which appears in qualitative research when cancelling the inclusion of new participants at the time that the data collected are repeated.⁹ Thus, the addition of new participants would add little to the material, because the data will no longer be new, not contributing more significantly to research.

The data were collected in January and February 2013, through individual interview of indirect approach to the subject. This approach was in order to provide more freedom of expression in the answers of the interviewees, as well as decreasing the psychological repercussions. The script of the interview consisted of nine objective and

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essay questions, being structured in two parts, the first corresponds to the characterization of the subject and consisting of socioeconomic and educational issues, while the second part included specific issues, which responded to the objectives of the study. For the analysis of qualitative data, Analysis Technique of Content was used⁸ and for the characterization data the non-parametric statistics was employed presented in tables.

Because it is a research conducted with human beings, the ethical principles, established by Resolution No. 196/96 of the Ministry of health were observed, which advocates in its chapter III that research involving human beings must meet ethical and fundamental scientific requirements, highlighting, among its ethical principles (chapter III, item 1. a.) the need of the FICS of individuals targeted.¹⁰ This study was submitted to the Tthics Committee and Research of the UHAC, approved by the opinion paragraph CAAE 04818912.0.0000.5182.

RESULTS AND DISCUSSION

From the respondents, it was possible to register and discuss the subject's

characterization, identifying gender, age group, marital status, education, occupation and disease. This data enables the understanding of how these variables can affect the perception of the process of death and dying in the Intensive Therapy, as well as in its recovery. Subsequently, the analysis was made of the discursive material from the interviews, with the aim of achieving the objectives of the research. To this end, two categories emerged: Predominant face of ICU: death is its synonym and the feeling of imminent death in the ICU: perception of trigger factors delaying patient's recovery.

Table 1. Absolute and percentage distribution of the research participants, according to gender, age group and marital status. Campina Grande, in December 2012 and January 2013.

Indicator		n	%
Gender	Male	03	43
	Female	04	57
Age group	41-60 years old	03	43
	>60 years old	04	57
Marital status	Married	05	71
	Widow	02	29
	Married	05	71
	Widow	02	29

Table I shows that most participants entered in the research were female, being 57% of the respondents, being of advanced age, composed of 57% elderly above 60 years old, confirming studies showing that advanced age is one of the factors that bring higher chances for admission of patients in ICU.¹⁸

With respect to marital status, the vast majority are married, corresponding to 71% of participants, and the remaining are widows, which leads to understanding that it comes from a population with family bond, which can influence the patient's feelings before the hospitalization.

Table 2. Absolute and percentage distribution of the research participants, according to education, occupation and pathology as CID 10. Campina Grande, in December 2012 and January 2013.

	Indicador	n/CID10	%
Education	Elementary school	05	72
	Incomplete		
	High School	01	14
	Incomplete	01	14
Occupation	Higher education		
	Complete		
	Teacher	02	29
	Packager	01	14
Disease	Housekeeper	01	14
	DPOC	J44.1	01
	Anemia	D64.9	01
	Colecistitis	K81	01
	ICC	I50.0	01
	AVE	I64	01
	Cardiopathy	I27.9	01
	Disease and Chagas	B57.3	01

Table II shows the education and the profession of the research participants. Regarding education, 72% have incomplete elementary school, 14% have incomplete high school and higher education complete in same percentage, featuring a population with low education and low level of knowledge, which possibly reflects on their occupations. The professions reported during interviews were: farmers (43%), teachers (29%), Packagers (14%) and housekeepers (14%). In this case, to exercise the profession of teacher, it is necessary the presence of effective education for the professionalization.

Still on table II, it is evidenced by the disease and the corresponding CIDs 10 of respondents. It is realized that diseases were quite variable, being that none was repeated in patients, because the hospital unit do not specify in the study a group of diseases, featuring an Intensive Care Center.

**Category I – Predominant face of ICU:
death is its synonym**

This category confirms that patients of ICU has the perception of death quite sharp, to associate it to that hospital sector. This is seen in the speeches from the subjects, as some excerpts of the interviews:

[...] I have the impression, that at any moment we can die [...] (INT. 1)

[...] I did not think about anything because I think I've arrived dead! I think I've been dead! Do you understand? (INT. 2)

[...] Medicine has a lot, but it's not going to do anything, When they take you for ICU, it is to die, that's what I thought. I figured, thin that way I am, I say, I won't come back alive... if I go to ICU it is because you are in the last minutes of your life. The confidence we have is just that, you're going to die! (INT. 5)

[...] I think only that name, ICU ... you
already go to die! (INT. 5)

When in the ICU, the feeling that prevails in patients is fear and insecurity, due to vulnerability due to the severity of their clinical presentation and finding in an unknown environment, that they relate to death. For being admitted to an ICU, the anxiety and the degree of stress become larger by frustrating vision that exists in this sector, such as forecasting uncertain assumption and even risk of death.¹⁹

In all the reports, it can be realized the association that patients are between the ICU and death, showing that this hospital is seen as a synonym of death, because the patients report fear of dying at any time, simply by being in an ICU, others do not demonstrate any life expectancy to be transferred to this unit and there are those who only hear the term ICU, they think about death.

Thus, it should be noted that thinking about death is directly related to the hospitalization of the patient in an ICU, being this one of the most adverse manifestations present in the patient's recovery process.¹

There is in the literature that advanced support is necessary for those individuals who have positive forecasts for life, but one of the numerous diseases that affect humans, the feeling of death is limited to a reasonable number of biological phenomenon that influence negatively in the process. Therefore, each patient reacts to this mechanism, even those showing similar pathologies.²⁰

The lack of life expectancy can be observed in the reports exposed, in which the patient is considered clinically severe at the time of transfer to the ICU, and for being in this environment they do not realize the difference in the process of dying of his recovery. They also report that there is no difference between these two processes, the

death and the transfer to an ICU. This finding corroborates with the one that emphasizes a cultural preconceptions exists that the hospitalization in ICU means being between life and death, and can be a trip of no return.²¹

The stereotypical view that the patient has from the sector under study, is directly related to the question of death permeating the thoughts and feelings of both the patient and the family when going to the ICU. Based on the testimonials of patients entered in this research, it is realized that they are in accordance with the reported by the authors cited, since they share the same idea that the name ICU is suggestive of death.²¹

It was expressed the return to ICU after a first hospitalization in this sector, as a generator factor of nervousness and fear of death, since the patient is coming back to the same sector where he came from, location considered by him as a synonym for death. The re-hospitalization decrease the hope for a patient's recovery. Based on this finding, the readmission in ICU is related to greater severity and mortality of patients.¹⁸ This justified the fear that they develop when return to ICU, even having passed through this environment before.

According to reports of the participants entered in this research, his hospitalization in ICU is permeated with different feelings, expressed by: uncertainty, fear, insecurity, clinics instability, among all physical and mental weaknesses of a critical patient, which associated with the impact of the ICU in a first moment and intense monitoring, justify the relationship of the environment to death, and his consideration as synonyms by the patients.

♦ **Category II – the feeling of imminent death in the ICU: perception of trigger factors delaying patient's recovery**

This category confirms the hypothesis that the perception of death in ICU patients, increases the time for his physical recovery, as it can be seen in the reports of patients entered in the research, exposed below:

[...] I think the more scared I get, the more my situation worsens, I think. When you have this thing, that I will recover, the more the fear is greater and I'm regressing [...] (INT. 1)

[...] There are people who change there, they think they're going to die, then ... he changes, [...] (INT. 4)

[...] I think it worsen, increases the time there in the ICU. This here, it was all there, I get nervous, thinking I was going to die, the vein disappeared... Look, I'm all sore

[...] the delay of people taking the drug [...] (INT. 5)

It can be perceived, in the fragments of the participant's interviews entered into the study, that the permanence in an ICU raises fear of dying, this feeling that reflects directly or indirectly in the clinical evolution of the patient, manner in which slows their recovery, which is expected to remain hospitalized longer. This unit is distinguished from others by demand of patients and also of professionals a high emotional charge to handle the various situations encountered, in addition to battle, at all times, with the dichotomy of life and death.²²

In this context, the fear of death, quite common among these patients, is a factor that interferes negatively for the high time of the ICU. Ratifying the finding displayed in this research, the patient when presenting fear, worries and interior problems, develops a negative influence on his recovery, which implies the need of redoubled psychological care.¹⁷

It is notorious in reports that the ICU is linked to anxiety and anguish caused by fear of death and the uncertainty of what might happen, evidencing the stigma attached to this sector, resulting in the delay of his recovery. In this sense, it is sure this environment is so stigmatized that interacts negatively with the physical condition of the patient.²³ The perception of death and factors that triggers it, result by delaying the physical recovery of the patient, raised initially by the state of fear, nervousness and tension, as highlighted by the participants.

In addition to these factors, physical changes were mentioned that fear triggers, making reliable realization of necessary therapy, such as venipuncture and consequently the administration of drugs in the prescribed time. Thus, there is a delay in the administration of medicines, or even its existence. Exemplifying this fact, the medicine administered outside its correct time at intervals too close or too far apart from each other, resulting in toxic effect to the patient, in addition to those which are no longer administered by prolonging the time of hospitalization.²⁴

FINAL REMARKS

The death was feared by patients hospitalized to Intensive Care Units, because this environment possess subsidies that allow receiving people in serious condition in addition to happen constantly complications and deaths, the feeling and the fear of death

are intensified, which triggers a delay in recovery of the patient.

The association with death was because they think admitted to ICU means a one-way street, not allowing them to see a life expectancy. Also, the existence of the peculiarity of their medical condition, often uncertain, the broadcasts that insecurity, in addition to the historical concept of negativity that they have rooted in their cultural origins.

Given this context, it is apparent the importance of this research, both for intensive care professionals as for intensive care patients. This study may serve as an incentive for professionals to run an ever more humanized assistance, taking into consideration the patient in his entirety biopsychosocial-spiritual. Only in this way, it will be demystified the ICU image as synonymous with death, causing more fear in patients to be transferred to this sector, and therefore renewing their life expectations and hopes in his recovery.

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Submission: 2013/07/21

Accepted: 2014/10/08

Publishing: 2014/11/01

Corresponding Address

Jocelly de Araújo Ferreira
 Rua Edvaldo Bezerra Cavalcante Pinho, 320 /
 Ap. 102
 Bairro Cabo Branco
 CEP 58045-270 – João Pessoa (PB), Brazil