



**APPROACHING OF “HAZARDS OF THE PROFESSION”: NURSING
UNDERGRADUATE PERCEPTION ON DEATH AND DYING
APROXIMANDO-SE DOS “OSSOS DO OFÍCIO”: PERCEPÇÃO DE GRADUANDOS DE
ENFERMAGEM SOBRE MORTE E MORRER
APROXIMÁNDOSE DE LOS “GAJES DEL OFICIO”: PERCEPCIÓN DE GRADUADOS EN ENFERMERÍA
SOBRE MUERTE Y MORIR**

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ABSTRACT

Objective: to analyze the perception of Nursing students about the process of dying and death
Method: descriptive, exploratory study with qualitative design, held in a private higher education institution, located in the western area of Fortaleza with the course in the Nursing Bachelor whose data were produced in September 2013 guided by a semi-structured with nine students. **Results:** the data collected were subjected to content analysis technique. Analysis of the material showed that the students have concerns arising from lack of preparation to deal with death and dying and have feelings of denial and helplessness in these experiences. **Conclusion:** there was the need to broaden and deepen the preparation of students on death and dying so that there is better management of the situations of death by the future professionals. **Descriptors:** Death; Perception; Nursing Students.

RESUMO

Objetivo: analisar a percepção dos acadêmicos de Enfermagem acerca do processo de morrer e morte. **Método:** estudo descritivo-exploratório, com delineamento qualitativo, realizado em uma instituição de Ensino Superior privada, localizada na zona Oeste de Fortaleza e que possui o curso o Bacharelado em Enfermagem cujo dados foram produzidos no mês de setembro de 2013 e norteados por um roteiro semiestruturado com nove estudantes. **Resultados:** os dados colhidos foram submetidos à técnica de análise de conteúdo. A análise do material denotou que os discentes possuem inquietações decorrentes do despreparo para lidar com a morte e o morrer e apresentam sentimentos de negação e impotência diante destas vivências. **Conclusão:** verificou-se a necessidade de ampliar e aprofundar a preparação dos acadêmicos sobre a morte e morrer para que haja um melhor manejo das situações de morte por parte dos futuros profissionais. **Descritores:** Morte; Percepção; Estudantes de Enfermagem.

RESUMEN

Objetivo: analizar la percepción de los estudiantes de Enfermería acerca del proceso de morir y la muerte **Método:** estudio descriptivo-exploratorio, con delineamiento cualitativo, realizado en una institución de Enseñanza Superior privada, localizada en la zona Oeste de Fortaleza y que posee el curso de Licenciatura en Enfermería cuyos datos fueron producidos en el mes de setiembre de 2013 guiados por una guía semi-estructurada con nueve estudiantes. **Resultados:** los datos recogidos fueron sometidos a técnica de análisis de contenido. El análisis del material mostró que los discentes poseen inquietudes decurrentes de la falta de preparación para lidiar con la muerte y el morir y presentan sentimientos de negación e impotencia frente a estas experiencias. **Conclusión:** se verificó la necesidad de ampliar y profundizar la preparación de los académicos sobre la muerte y morir para que haya un mejor manejo de las situaciones de muerte por parte de los futuros profesionales. **Descriptores:** Muerte; Percepción; Estudiantes de Enfermería.

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INTRODUCTION

The mystery, uncertainty and fear of the unknown are feelings defining death. All these experiences are in humanity to the present day and are present in various cultures, seeking for answers in myth, philosophy, art and religions, to understand the unknown in order to prepare the anguish generated by terminality.¹

It is essential to consider the historical transformations that society have been undergoing with attitudes toward death. Death lived with acceptance and tranquility in the Middle Ages, becoming nowadays a permeated experience of fear and man’s distress.²

Death began to be scientifically studied at the end of the last century, as a complementary theme to the study of religion. However, from the second half of the twentieth century, death ceases to be familiar and is seen as an abhorred phenomenon, event to be postponed and socially avoided. An important factor that led to this transformation was the transfer of the place of death. From the 40s, nobody dies at home, in the middle of the family, but alone in the hospital, surrounded by devices and specialized caregivers.³ Thus, death becomes an increasingly characteristic event of everyday life hospital, especially in the work environment of nurses responsible for most of the care routines, leading them to have the most contact time and interaction with the patient. However, the nursing professional is not always prepared during university to deal with death, but with life, taking with it a technical and emotional inability to care for those who are in the final phase of their existence.⁴

From this need to understand and train health professionals to deal with terminality, an area of interdisciplinary studies called thanatology has emerged. This area brought a new perspective of understanding of death, defined as the interval between the time when the disease becomes irreversible and the individual fails to respond to any therapeutic measure, progressing to death, defined as the permanent cessation of life.³

It is known that the nursing students are trained to save lives. However, the need to study and train these professionals to deal with dying and death is growing. Such phenomena are still understood in the hospital and social context as a failure, so that these professionals are trained to prevent them or postpone them at any cost. In many cases, the lack of preparation to deal with these

phenomena, often unavoidable, lead the professionals to question their competence and vocation and feel powerless and discouraged.

Within this perspective, this research purposed to contribute elements that can enrich the education of nursing students. It intends to provide data to assist in the training and preparation of future nursing professionals, helping them to understand that dying and death are part of life and should be prepared to deal with them without guilt and without fear.

OBJECTIVE

♦ To analyze the perception of nursing students about the process of dying and death.

METHOD

Descriptive and exploratory study with qualitative design held in a private institution of higher education (IES), in Fortaleza with the course of Bachelor degree in Nursing. Following the data saturation criteria,⁵ there was the participation of nine nursing students who met the following inclusion criteria: having completed the internship course supervised II, be conclusive of the course of Bachelor of Nursing, and have experienced during this practice processes of death and dying.

Respecting the ethical aspects involving research with human beings and with the approval of the Ethics Committee in Research of Ceará State Health Department - SES/CE under the protocol number 302.822. For data collection, a semi-structured interview was used including two categories: (1) the view about death and dying; and (2) the feelings that occurred in the first contact with death.

Data were analyzed through content analysis technique. Thus, there were held description of the statements of informants; the identification and categorization of speech and the interpretation of findings based on the theoretical framework adopted.

RESULTS AND DISCUSSION

Deepen readings of the transcripts of the interviews allowed the emergence of four analysis categories, as follows:

Perception of nursing students about death and dying;

Feelings of nursing undergraduates in the face of death and dying;

The involvement of nursing students in the process of death and dying patients;

The emotional preparation of nursing undergraduates before the death and dying process.

Category 1: Perception of nursing students about death and dying

This category shows the concepts given by respondents about the meaning of death and dying. Although death and dying are inevitable processes, they are not simple issues to be discussed, since, in our culture, they are represented through fear and denial.⁶

Given the above, it is clear that the meaning of death appeared in all the interviews, and while all have recognized that it is part of human existence, several meanings have been attributed to it: passing, unknown, separation, terminality and stage of life.

Death is characterized, I think, in three things: is stopping, the heart stops beating, the lungs stop breathing and the brain to its functions. Death is characterized in these three things. (N4)

The bankruptcy in s [...] is withdrawal of life, it is the end of everything. I see death as the end of everything: end of the body, the soul, the end of the individual. (N2)

For me, death is what has happened, has been, and to die is what is happening in the person at that time [...] (N6)

The statements of speeches presented corroborate the literature,⁷ stating that the concept of death is changeable and that each person has a different meaning for this phenomenon. It was also observed using the term “passage”, denoting a spiritual conception of the central theme, according to the person considers death as a transition between the material world and the spiritual, as seen below:

Death for me is a way, a continuation of life on another plane. We are in a plan of life on earth and during this transition, this passage, we will continue living elsewhere, the sky, for example. (N8)

[...] I think death is a passage. (N3)

It is also perceived as shown in the literature⁷ that students refuse to talk about death and even more to hear something about it:

I confess I try to avoid thinking about death, despite knowing that I will live with it because of my profession [...]. The truth is that no one is prepared to die. (N3)

Death is the end of all, it is the end of everything you have done everything you have cultivated. (N5)

It is worth mentioning that the way students understand death as well as the way we relate to this phenomenon, still varies according to their personal experiences of

previous losses, all of which may impact their performance in front of death and dying in work environment.

Category 2: Feelings of nursing undergraduates in the face of death and dying

This category refers to the feelings experienced by students facing imminent death experiences. In this sense, it was observed that the first contact of nursing students to the feelings of patients and families triggered by the approach of death affects the way they position in front of the other's suffering:

[...] It is marked me a lot. It was the first person I saw die. It was very hard for me. (N5)

[...] Then this lady ended not resisting and died. So, it was a very difficult time because of so dearly, I had never witnessed such a moment. (N4)

These data corroborate the literature showing that the difficulty students facing in the patient's death comes from the failure to elaborate the feelings triggered by contact with terminality.⁸

It is highlighted that death is painful, not only for the experience, but also for who is observing.⁹ This corroborates the speech of respondents:

[...] I felt incompetent before that situation... I felt helpless because I was prepared to meet patient, prepared to save. (N2)

It's a feeling of helplessness. You often feel helpless at this time because you want to see them live. (N6)

It is observed that the speeches are similar to the research findings, which show that the loss of a patient is a factor that causes intense anxiety in nursing students, as they believe they could have saved the patient's life. Feelings experienced with impotence and guilt.¹⁰⁻¹

Participants also narrate in agreement with the literature,¹⁰ the difficulties facing death, when they express feelings of revolt due to lack of adequate physical structure and work material, affecting the provision of service to the patient, as shown in the following statements:

[...] I is hard to know, even without the resources, because health does not give adequate resources to serve the population, right? It could have been due to lack of resource that this patient died, so you feel helpless knowing you could have done something. (N9)

It was also verified in the words of nursing students, feelings of incompetence, because

as they feel obliged to keep the patient alive, death is considered a failure by them, as noted in following lines:

[...] I got scared of me as a professional, suddenly not giving firmness to demonstrate weakness. The situation requires firmness [...] Everybody died and I stood there looking at him, I kept thinking my God so much that we did and no one has died and gone and end of life and end of the story for this person! (N2)

[...] The impact leaves the person well, you get scared, you're scared, you're helpless, not knowing what to do at the time that the patient is dying, not knowing who to search. (N3)

It should be noted the magnitude of the problems involved with the fear of death in nursing professionals, for fear of death, although it is a common response,¹³ prevents such subjects and prepare well to experience this process, not only the distress it causes, but because they have very deep levels of nostalgia, guilt and remorse.¹⁴

From the reports of respondents, it was realized the presence of feelings of grief and sadness experienced by students:

Sadness is why you want the person to re-establish [...] The sadness by giving the news to family is very touched, right [...]; (N8)

See death is always sad, we cannot say it is not help see someone dying. (N6)

Another important aspect in this category, which is consistent with the literature,⁸ refers to the discourse on the preparation of the postmortem body, which is an assignment of the nursing team. However, even as a routine practice, academics refer to be a very difficult time, pervaded by fear and unease:

Afraid of how I'll prepare this body, how to act, afraid to touch the body [...] (N3)

[...] I had just seen the patient died, had just given news to family and packaging that patient, it was a difficult moment for me. For the first time, to see that it is very difficult: put cotton in the anus, put cotton in his mouth, ear, in every orifice, which is correct, but that for me was so shocking to see something of that in there. (N5)

Category 3: The involvement of nursing students in the process of death and dying patients

This category deals with the involvement of the respondents to the process of death and dying of patients. It was found that academics have emotional difficulties in dealing with patients during their process of death and dying, which can be explained by their notion of death, characterized as a loss, pain,

finitude, generating suffering due to pain, anger and suffering of family members.¹⁶

Many times death cause an intense suffering that students often bring feelings of frustration home and cannot find room in the family for the preparation of suffering and anguish generated by work.¹⁶ On the other hand, contact with finitude can trigger mechanisms projection and with that, thought that death will happen to himself or to someone close,¹⁷⁻⁸ as exposed as follows:

[...] I experienced it, experience the suffering of the family and everything. I got home and still spent a couple of weeks bad, as if anything happens to my family. I went to bed and stayed with that sorry thought of the family, sorry for having seen that, having lived, kind of complicated. [...] A sense of fear and loss as if it were a person of my family. (N5)

It was also observed that the nursing students do not know how to act in front of the family, both terminally ill, such as patients who died:

We have to have wisdom to prepare the family, when you know that the patient is very serious and it can actually die, there somehow you've got to talk to the family right, passing the real situation of the patient that there it is prepared right and as a professional agent will have this difficulty, it is very difficult [...]. (N8)

[...] Nurse directly follows the evolution of this patient and his family, and is the closest person who could and should provide emotional and sentimental support, make the family accepted this loss and support in the best way. (N7)

As discussed in the above lines, students demonstrated difficulty in dealing with the process of death and dying patients assisted. According to other studies,^{19,20} it happens due to the inability of these professionals training to deal with the feelings caused by the approach of death, which leads them not to get involved with the family, devoting exclusively to technical and bureaucratic care thus avoiding a closer contact.

Category 4: The emotional preparation of nursing undergraduates before the death and dying process

This category showed the psychological training of the students to deal with critical situations that require action, agility and skill. It refers to the mental preparation of future nurses to experience circumstances where death becomes inevitable.

According to some respondents, death and dying are seen as difficult events to live, although they also report that it is extremely important to take this content throughout the

training. On the other hand, they complain about the lack of training opportunities for dealing with such phenomenon, reinforced by literature.²¹

When asked how they perceive the training they receive throughout their academic training to deal with the process of death and dying, a general dissatisfaction was found. Respondents were unanimous in stating on curricular failure in this aspect of their professional development. It was proved in the speech of students that this important theme of training still has lack of investments:

They do not prepare us for such a thing. I think we come out very unprepared in every way. [...]. We will deal with death and we're not ready for it. (N5)

During college, we are not prepared for that impact. (N9)

Speeches in line with the reality of undergraduate courses, which still give little or no emphasis on thanatology and emotional preparation for facing death.¹² Themes that should be discussed and deepened since school, in context with reality through cross disciplines covering topics such as: loss, separation, aging, the grieving process.²

[...] College should provide this in practice. Go to IML, perhaps in pre-hospital stage, so students before they graduate had contact directly with death, for they feel more prepared, because only stage of supervised II is too short to have experienced it. Sometimes we do not even live. (N1)

[...] they should speak up more about death, through films, videos, lectures. I think that it would be a good preparation. (N3)

It was also observed that some respondents report to see this issue exclusively in the discipline of psychology, but the practice is different from theory and experience they need the situation to learn to live and cope better with this phenomenon.

[...] The training did not prepare me. Psychology was the only discipline that was worked, but experience was few. We work more caring, but lacks also work taking care of the order. (N2)

Thus, it is reinforced the placement of the nursing program with gaps of knowledge in thanatology in students training⁶, favoring the emergence of feelings of fear and insecurity in situations of loss, grief and separation. With this in mind, the student is not prepared to deal with the hard work routine, making professionals fail to assist patients in their psychosocial needs in the moments prior to death, preventing an important aspect of health humanization.

CONCLUSION

The study showed that health professionals, especially nursing students, whose training is focused on saving lives, have faced a constant frustration environment and suffering when there is no possibility of cure for the patient under their care.

They consider powerless and distressed when faced with death and dying, as well experiencing a painful and difficult to accept process. Respondents have shown a narrow and simplistic understanding of the meaning of “die”.

Based on the conducted research, the need to broaden and deepen the preparation of students throughout the course were observed, not limited to one specific discipline. It is important to offer seminars, awareness lectures and expansion of the training field that facilitates contact with death more consistently. In this context, it reinforces the relevance of working in partnership with psychology professionals to work and elaborate the feelings aroused in the area.

Studying death is something that can help them work with its presence, emerging the need for students to become familiar with death and dying since graduating with a view to a personal and professional training in order to reduce stress and impotence. Thus, it becomes essential to provide professional development and the clarification of their concerns forward to the unknown, to be able to maintain an interpersonal relationship of aid, which is the essence of caring, both with patients needing to be helped in this phase of his life, and for his family.

Thus, it suggests the enrichment of this research with other studies of a quantitative nature, covering issues on dealing with family in the afterlife, the mental health professional who has death as a constant variable of their work.

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