NURSING CARE TO THE FAMILY EXPERIENCING THE PROCESS OF DEATH AND DYING: REFLECTIVE ANALYSIS

CUIDADO DE ENFERMAGEM À FAMÍLIA QUE VIVE O PROCESSO DE MORTE E MORRER: ANÁLISE REFLEXIVA

CUIDADO DE ENFERMÊRA À FAMÍLIA QUE VIVE O PROCESSO DE MUERTE Y MORIR: ANÁLISIS REFLEXIVO

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RESUMO
Objetivo: refletir acerca do cuidado de enfermagem à família que vivencia o processo de morte e morrer.
Método: reflexão teórica a partir da análise de artigos publicados em periódicos científicos nas bases de dados LILACS, BDENF, MEDLINE, CINAHL e biblioteca virtual SCIELO, utilizando os descritores: Enfermagem; Morte; Família; Cuidados Paliativos; e Atitude frente à morte. Os critérios de inclusão utilizados foram: trabalhos completos, disponíveis on-line, em português, inglês e espanhol, publicados entre os anos de 2006 a 2012. O tratamento dos dados ocorreu através da análise textual discursiva e embasados no referencial da complexidade. Resultados: identificaram-se duas categorias << Atuação de enfermagem frente à família que vivencia o processo de morte e morrer >> e << Processo de morte e morrer sob o olhar da complexidade: proposta de cuidado de enfermagem à família >>. Conclusão: os profissionais de enfermagem e demais da saúde necessitam compreender a morte como um processo dinâmico e não linear, possibilitando novas formas de organização que contemplem a integralidade do ser. Descritores: Morte; Família; Cuidados Paliativos; Atitude frente à morte; Enfermagem.

ABSTRACT
Aim: To make a reflection on the nursing care provided to the family who experiences the process of death and dying. Method: theoretical reflection from the analysis of articles published in scientific journals in the databases LILACS, BDENF, MEDLINE, CINAHL and SCIELO virtual library, using the descriptors: Nursing; Death; Family; Palliative care; and attitude toward death. The criteria for inclusion were: complete works available online in Portuguese, English and Spanish, published between the years 2006 and 2012. Data analysis was done through the discursive textual analysis and was grounded on the reference of complexity. Results: we identified two categories << nursing action in face of the family that experiences the process of death and dying >> and << process of death and dying from the perspective of complexity: proposal of nursing care to the family >>. Conclusion: Nurses and other health professionals need to understand death as a dynamic and non-linear process, enabling new forms of organization that address the completeness of the being. Descritores: Death; Family; Palliative care; Attitude to death; Nursing.

RESUMEN
Objetivo: reflexionar acerca del cuidado de enfermería a la familia que vive el proceso de muerte y morir.
Método: reflexión teórica a partir del análisis de artículos publicados en periódicos científicos en las bases de datos LILACS, BDENF, MEDLINE, CINAHL y biblioteca virtual SCIELO, utilizando los descritores: Enfermería; Muerte; Familia; Cuidados Paliativos; y Actitud frente a la muerte. Los criterios de inclusión utilizados fueron: trabajos completos, disponibles on-line, en portugués, inglés y español, publicados entre los años de 2006 a 2012. El tratamiento de los datos fue a través del análisis textual discursivo y basado en el referencial de la complejidad. Resultados: se identificaron dos categorías << Actuación de enfermería frente a la familia que vive el proceso de muerte y morir >> y << Proceso de muerte y morir sobre la mirada de la complejidad: propuesta de cuidado de enfermería a la familia >>. Conclusión: los profesionales de enfermería y demás de la salud necesitan comprender la muerte como un proceso dinámico y no lineal, posibilitando nuevas formas de organización que contemplan la integralidad del ser. Descriptores: Muerte; Familia; Cuidados Paliativos; Actitud frente a la muerte; Enfermería.

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INTRODUCTION

To lecture about the issues of death and dying in the nursing scope is a complex process both for professionals and for the family involved. Although there have been numerous advances in medicine, the risk of death and death itself are part of the daily lives of nurses and other professionals of health.

Even if this reality is not possible of change, it is up to the nurse to play significant roles, in order to promote a warm environment that provides support to patients and their relatives.

In this context, complex thinking needs to be adopted by nursing professionals, since this does not isolate parts, reducing or separating the conflicting or hidden situations. Complex way of thinking does not mean to focus only on the single one and the multiple together; it is also thinking certain and uncertain, the logical and the contradictory. In order to nursing professionals cover assistance to the family, it is therefore necessary to understand the family unit, what is the significance of the disease to members of the family and what are its needs.

When you mention the word "death", the family and the healthcare team, typically flag expressions of dismay and discomfort, since the certainty of death, linked to the uncertainty of its time, figures as a source of anguish and impotence. The binomial life/death is considered both certain (long-term) and uncertain (at any moment). These feelings can cause the nursing staff to move away from the patient and the family that accompanies this process making it difficult to provide care. It is clear, therefore, the difficulty of people in dealing with this issue because they feel powerless and at the same time, feed the feeling of healing.

The nursing professional also experiences difficulty in assisting the family accompanying the patient, since it was trained to deal with life. It is necessary, in this direction, to root a paradigm that allows for complex knowledge so that qualified assistance is provided to the sick as much as to the family that accompanies this process.

Some studies have been conducted taking into account the terminality and the process of death and dying, but mostly focused on disease or a single family member, and not on the family as a complex unit. Thus, it becomes necessary to study the subject using a reference that extends the phenomenon under investigation. In this context, it is justified the relevance and necessity of this study that makes use of the Theory of Complexity with the aim of broaden the understanding of the phenomenon of nursing care to the family who experiences the process of death and dying. In this sense, the question raised is:

How is the nursing care ministered to the family who experiences the process of death and dying of one of its members? In an attempt to reflect on the question and hoping to enable interactive and committed glances with nursing care to family, aims at:

- Making a reflection about the nursing care ministered to the family that experiences the process of death and dying.

METHOD

Descriptive study, reflective analysis type, developed through reading of printed books and material available on-line. Scientific journals of nursing were consulted in the Latin American and Caribbean Health Sciences database (LILACS), Nursing Database (BDENF), Medical Literature Analysis and Retrieval System Online (MEDLINE), Current Index of Nursing & Allied Health Literature (CINAHL) and Scientific Electronic Library Online (SciELO), through the descriptors: Nursing; Death; Family; Palliative care and Attitude toward death.

The criteria for inclusion of defined publications for this reflection were: complete works available online, in Portuguese, English and Spanish, published between the years 2006-2012, consistent with the proposed theme. This time interval was adopted because they represent articles published in the last five years, representing thus a reference with data on the studied subject which is considered recent.

The discursive textual analysis technique was used as analytical tool of the studies that met the criteria for inclusion. This technique consists in discovering the units of sense that make up a communication, whose presence or frequency add significant perspectives to the subject in question. The notion of theme is associated with a statement with regard to a particular subject, and may be presented by a word, a phrase or an idea.

The theory of Complexity by Edgar Morin was used as a reference to conduct this reflection. The choice of this reference was the possibility of thinking concepts without considering them completed, and of understanding the multidimensionality of phenomena, in this study, the nursing care ministered to the family that accompanies the process of death and dying.
RESULTS AND DISCUSSION

After analyzing the studies, two categories emerged << Action of the nursing faced with the family who experiences the death and dying process >> and << process of death and dying from the perspective of complexity: proposal of nursing care to the family>>.

♦ Action of the nursing faced with the family who experiences the process of death and dying

The family has a strong anxiety, and due to this reason, it becomes more present in the death and dying process often and proves to be always worried if the best care is being provided and if the relative is being well hosted. However, the family is not always included by nurses as active subjects of the process, being seen sometimes only as a facilitator of the care provided to the patient in terminal stage.

Nursing as a science of care, is the profession that would need to be closer to the involved ones of this whole process, not only incorporating the family in the care, but also taking care of the family, for the nursing care embraces moments from the birth of a human being to the care of the body after death, extending to the family that experienced this process. However, in some situations, mechanized practices make these professionals to act only with the individual who has died, missing the opportunity to extend comfort to the family.

These fragmented actions do not allow the nursing professional to offer an integral, complex and unique assistance, since they do not realize all involved, but only part / fragment thereof. One of the justifications put to try to answer the reason for the difficulty of people in dealing with terminally ill patients and their families is the lack or little approach of this theme in the training of nursing/health professionals.

During the graduation in nursing often priority is given to the students to develop competencies and skills geared to the signs and symptoms of health-disease processes, leaving gaps when it comes to death and dying people under their care and the grief of relatives. Although the academic training is geared towards the maintenance of life, it is understood that death is part of this cycle and that at this stage there are still actions pertinent to nursing care.

It is evident that despite the death being part of the natural cycle of life, nursing professionals usually are not prepared to deal with it and with the families who experience this process. It is positive that the different stages of life be addressed in undergraduate courses, under the aspect of maintaining health, with the physiological patterns and actions to promote health and disease prevention. However, the possibility of death and its implications in the respective phases must also be addressed with the same importance of the other stages of life.

The acceptance of death by professionals sometimes does not occur even in the most advanced stage of illness. However, the nurse needs to be alert to, at all times, welcome and inform the family in order to decrease the anxiety that this moment causes, becoming thus, a need the preparation for this care.

In view of the new needs that arise around the terminal patient context and his family, death, understood as a complex process, needs to be constantly debated in the formation of nursing / health professionals and confronted on the light of new standards, just as the human birth and development is discussed, since this issue is still rarely addressed in the curricula of nursing.

♦ Process of death and dying from the perspective of complexity: proposal of nursing care to the family

Human death implies an awareness of a black hole where the individual is annihilated. This feeling needs to be thoroughly explored by nursing professionals, considering that self-knowledge is an important process to better handle situations that result in expression of deep emotions, especially, those related to death. From a broader view, it is possible to understand the real needs that people have. Thus, the complex thinking is capable of providing a new worldview, understanding that the types of mutilating thoughts undone it.

It is up to nursing the demystification of this process in order to provide greater comfort to the family and the patient by understanding the phenomenon, since life and death are converted into each other, work one for each other. Naturally blind to death, man is forced to relearn it time and time again. Even members of the human process, death and dying are seen in a fragmented and mutilating form, that is, as separable and linear.

The death of the loved one, under a reductionist look, breaks the more intimate “We” in those who love and open an insurmountable subjective injury. Mourning
socially expresses the individual unsuitability to death, but at the same time, it is the social process of adaptation that tends to close the wound of surviving individuals.\textsuperscript{12} It is clear, therefore, that death is not the enemy of life, but it is the mortal enemy of the individual.\textsuperscript{8} Thus, it is up to the nurse to know how to deal with this situation in order to act directly with the family, providing comfort and safety.

While knowing death, the man lives also blind to it, as if relatives, friends and the man himself were not die.\textsuperscript{21} Such reductionist thinking makes it difficult the nursing work, since without this self-acceptance process by the team, this cannot cover assistance to the family. By the time people absorb the knowledge that this process is a certainty of life, the relationship nurse-patient-family that experience the process of death and dying will become more effective and qualified.

It is up to nurses to step into the paradigm of complexity as a strategic way to deal with the contradictions of life and understand the family who experiences the process of death and dying. This way, an extended care will be possible, which encompasses the patient in their vitality and terminality and the relatives who accompany him. That way, it will be possible to think of a model that goes beyond specific and mechanistic practices, in which the family is often considered the object and not the central focus of the process.

**CONCLUSION**

The realization of this study is considered satisfactory, since it was possible to reflect on the care ministered to the family that experiences the process of death and dying. It was observed that there are gaps in this care that may be associated with fear of approaching the issue due to the reductionism caused around the phenomenon, which, in most cases, only covers the pathology, not the human being and his family.

It is observed that nursing sometimes still shows to be unprepared with respect to death and dying process because it does not recognize it as part of life. In addition, the profession has not yet acquired sufficient tools to receive and deal with the family in this contradictory and confusing moment. Nurses should therefore seek new ways to comprehend and exercise the care, understood as a broad and complex phenomenon. Under this approach, the nurse needs to understand death as a dynamic and non-linear process and thus enable new forms of organization that address the completeness of the being.

It is expected that this study sensitize health professionals, especially nurses, to the care given to the family as a complex unit that experiences the process of death and dying. To turn this care possible, it is important to consider the preparation and professional commitment to integral care, recognizing individual and collective aspects of the family, caring for it in an expanded and contextualized manner.

By understanding the complexity surrounding the issue, it is suggested to carry out new studies aimed at understanding of nursing care in the death and dying process, taking as input a new look, focused not only on the “part” or disease, but the “whole,” the family as complex unit.

**REFERENCES**


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