



RESISTANCE STRATEGIES OF NURSING PROFESSIONALS BEFORE NEWBORN DEATH SITUATIONS

ESTRATÉGIAS DE RESISTÊNCIA DOS PROFISSIONAIS DE ENFERMAGEM DIANTE DE SITUAÇÕES DE MORTE DE RECÉM-NASCIDOS

ESTRATEGIAS DE RESISTENCIAS DE LOS PROFESIONALES DE ENFERMERÍA FRENTE A SITUACIONES DE MUERTE DE RECIÉN NACIDOS

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ABSTRACT

Objective: to know the resistance strategies adopted by nurses, in situations of the death of newborns. **Method:** an exploratory descriptive study with a qualitative approach, accomplished with 16 nursing professionals active in a Neonatal Intensive Care Unit. The production data were recorded from semi-structured interviews by convenience sample. Data analysis was performed according to discursive textual analysis. **Results:** two categories emerged: individual strategies; collective strategies for coping with the death. **Conclusion:** it was found that nursing professionals when working collectively can communicate difficult news in a more humane and competent way. However, the isolation barrier has been shown to its effectiveness, and many nurses made that singular moment only for the medical criteria. **Descriptors:** Death; Neonatal Intensive Care Units; Communication; Nursing.

RESUMO

Objetivo: conhecer as estratégias de resistência adotadas pelos profissionais de enfermagem, diante de situações de morte de recém-nascidos. **Método:** estudo exploratório descritivo, com abordagem qualitativa, realizado com 16 profissionais de enfermagem atuantes em uma Unidade de Tratamento Intensivo Neonatal. A produção de dados ocorreu a partir de entrevistas semiestruturadas gravadas mediante amostra por conveniência. A análise dos dados foi realizada segundo análise textual discursiva. **Resultados:** emergiram duas categorias: estratégias individuais; estratégias coletivas para o enfrentamento da morte. **Conclusão:** verificou-se que os profissionais de enfermagem, quando trabalham coletivamente, conseguem comunicar notícias difíceis de maneira mais humanizada e competente. Entretanto, o isolamento demonstrou-se barreira para a efetivação desta, fazendo muitos profissionais de enfermagem deixarem unicamente a critério médico esse singular momento. **Descritores:** Morte; Unidades de Terapia Intensiva Neonatal; Comunicação; Enfermagem.

RESUMEN

Objetivo: conocer las estrategias de resistencia adoptadas por los profesionales de enfermería, frente a situaciones de muerte de recién nacidos. **Método:** estudio exploratorio descriptivo, con enfoque cualitativo, realizado con 16 profesionales de enfermería actuantes en una Unidad de Tratamiento Intensivo Neonatal. La producción de datos fue a partir de entrevistas semi-estructuradas grabadas mediante muestra por conveniencia. El análisis de los datos fue realizado según análisis textual discursivo. **Resultados:** dos categorías surgieron: estrategias individuales; estrategias colectivas para el enfrentamiento de la muerte. **Conclusión:** se verificó que los profesionales de enfermería cuando trabajan colectivamente, consiguen comunicar noticias difíciles de manera más humanizada y competente. Entre tanto, el aislamiento se demostró como una barrera para su efectución, haciendo que muchos profesionales de enfermería dejen únicamente a criterio médico ese momento singular. **Descriptors:** Muerte; Unidades de Terapia Intensiva Neonatal; Comunicación; Enfermería.

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INTRODUCTION

Pregnancy is a long-awaited moment in the life of a family. Many expectations are created to the integrity and healthy development of the baby, a fact also developed by nursing professionals when accompanying the period before the birth. However, sometimes these expectations are interrupted unexpectedly, causing a negative emotional impact on both family of the newborn (NB), and the health professionals involved in the care.^{1,2}

When it is necessary for a newborn being hospitalized, particularly in a Neonatal Intensive Care Unit (Neo ICU), the situation causes many concerns and anxieties in the family, both the risk of death of the newborn, mother separation not being present all the time, the need to fully trust the care of health professionals working for the rehabilitation of the NB, or the technological equipment in the environment.³

Thus, with the death of a newborn, the impact on the family are severe, disorganizing the family group, exploding the intense feelings of guilt, sadness, disappointment, among others. These feelings can often be misinterpreted by the professional in the care when parents or relatives are aggressive, indicating dissatisfaction with the care provided, their neglect, among others.^{4,5}

In this situation, the nursing professional should understand that the reaction of parents is part of a psychological denial process with the new family situation, so they need to use communication as a tool in these times.^{1,4,6} Therefore, the health professionals should be prepared to receive and care for children, adolescents and their families and also need to understand the reactions and behaviors facing the death, to assist them in their needs during the terminal process.^{2,7-9}

The culture of the family is an aspect to be appreciated and understood by nurses during the time of communication of difficult news. Acceptance of the family on the death of a baby can be directly influenced by the culture in which they live, a fact that requires nursing professionals to also emotionally prepared to face these situations in an ethical manner, solidarity, to bring comfort to the family.^{1,9,10}

From this situation above, the study was justified by searching for the resistance strategies adopted by nursing professionals in situations of newborn deaths, since this topic is still little explored. Considering the situations presented, the question is: *what are the resistance strategies adopted by nurses, before the NB death situations?*

This article has as objective to know the resistance strategies adopted by nurses, in situations of newborn's death.

METHOD

This is a descriptive and exploratory study with a qualitative approach, performed in a public hospital in southern Brazil. The institution has 186 beds and a staff of 305 nursing workers with the weekly workload of 30 hours. This Neo ICU assists the SUS patients and has some four teams, respectively distributed in four shifts: M, A, NI, and NII.

The number of professionals per team in the Neonatal Intensive Care Unit is distributed as follows: Morning: Three nurses and twelve nursing technicians; Afternoon, three nurses and eleven nursing technicians; NI: Four nurses and ten nursing technicians and NII, four nurses and eleven nursing technicians. The inclusion criteria were: being available to respond to the survey instrument and act in the nursing staff of the respective unit. The exclusion criteria were: not being a nursing professional and do not want to participate.

The study participants were sixteen subjects, seven nurses and nine nursing technicians selected for sampling and convenience, seeking for informants with characteristics presented methodologically, favoring those with attributes which the researchers wanted to know. The subjects were identified by the letter S to ensure anonymity, followed by the number corresponding to the interview order, S1 to S16. Data collection occurred from November 2012 to January 2013, through semi-structured interviews, recorded, with an average duration of 50 minutes.

The process of data analysis was performed from the discursive textual analysis. It can be understood as a process of deconstruction and reconstruction of the material read. It is an integrated process of analysis and synthesis, based on a rigorous and in-depth reading, describing and interpreting phenomena and speeches. Thus, the findings were organized into categories created from the emerging speeches in the analyzed texts, producing new understandings of the phenomena and speeches investigated.¹⁰ The ethical guidelines were followed in its entirety and received the assent of the local ethics committee under the number 24/2012.

RESULTS

From the data analysis, two categories were built related to resistance strategies adopted by nursing professionals on the

newborn death situation: individual strategies; and collective strategies for coping with the death.

◆ Individual Strategies

In this category, the individual strategies of resistance adopted by nursing professionals appear to be associated with normal, acceptance, comfort, silence, avoidance, isolation, denial, and helplessness, highlighting the possible lack of success to the adoption of individual coping strategies.

It is noticed that the nurses adopt different escape strategies, a fact often reflected in negative attitudes. Considering that to be part of an intensive care unit, they believe there is a place where death occurs as an expected evolution of their patients, becoming a routine, a normal situation.

Everyone who works in health care learns to deal with death; it becomes a normal thing, and we end up even a little cool about it. (S5)

It was also noted that some professionals seek to use these conditions when they reached the ICU as a form of acceptance and comfort of the death of NBs, as well as the possible consequences resulting from the disease in case of recovery or the conditions of the families assisted to them to leave the hospital:

I am always thinking of the consequences that babies have when you know that the consequences that the baby would be very harmful, we convinced. And I also think of the families who often have few resources. (S6)

And our babies when they die, I try to think... he would come out with a very great sequel level that would not be good for him or the family. So, this life is interrupted, it is often a comfort to me. (S9)

Many professionals reported avoiding personal involvement with patients, isolation, silence, among other situations of withdrawal and avoidance as resistance strategies to face death.

I prefer the silence, go and do what I have to do and go. (S7)

What I do is keep to myself, isolate myself. One day will reflect in some way because I did not bring up the feelings I am always keeping them. (S13)

Avoiding emotional involvement with family members and the NBs seems to be a strategy widely used by nursing professionals. They develop ways not to involve because they believe that the lesser time with patients, the lower the bonding and if the NB dies, coping this situation will be less painful.

The ways to avoid involvement are also linked both to the frequent exchange of patients, as to the newborn's hospital stay. Some professionals suggest, for example, do not provide nursing care always to the same patients.

What I suggest is to make the rotation patients to be no involvement, since the team is big. You stay less with the patient; you end up involving less. (S9)

Finally, the denial and helplessness strategies emerge as alternatives to face the situation, workers' difficulty of evidence to act before death situations. Professional and human limitations appear to be exacerbated in these times when professionals often get used to denying the limits of existence.

Some patients who were already their discharge, do not survive and died... and there, of course, we feel impotence because to die for just one minute, one second and there is nothing to do. So it is no use. (S2)

In my subconscious is always something that you will arrive at your home and will think, will remember and this is inevitable. However, at the time of death not, at that time happens a denial of ourselves. (S12)

◆ Collective Strategies

In this category, it is observed the collective strategies to face death, based on the cult of spirituality, dialogue, and teamwork. Regarding the individual strategies, this category seems to have greater success and benefits to workers, thus collectively appear to protect more from death.

Spirituality is shown to be an important support for coping with the death. Professionals believe that the clinical course of NBs also depends on the divine will, sometimes stating that only the provided nursing care is not enough. For these professionals, the fate of patients is often in charge of God and talk to the family about spirituality as a way to comfort both the family as nursing professionals.

I think it is the time God wanted so; we have to accept; we did everything. (S15)

By the time death occurs, I try to give support to the family, speaking of God. (S11)

Dialogue and teamwork are evidence of strategies widely used, focusing primarily on families by the time of involution of the clinical picture of the newborn, or even the death news of their children. The support among professionals, either for dialogue or work, are a force multiplier, acting positively to staff and family:

We have our limits, and we have to realize when we reach our limit, asking a colleague to assist. (S16)

It is a daily work to raise awareness, to explain, to allow time for this mother treats the situation where the baby is. (S1)

DISCUSSION

Death is a frequent event in Neo ICU, but increasingly preventable if considering the existing technological advances. This situation negatively affects nursing professionals, especially when all the efforts seem insufficient and death occurs. Thus, it determines a complex and difficult time for anyone who is directly involved in assisting the NB.^{2,12-3}

In this environment, the professionals, particularly nurses, are exposed daily to cases of confrontation of the death of people under their care, with frequent difficulty in dealing with such situations. Having it as a result of possible treatment failure and intent to heal without success bringing deep sorrow and bitterness to the nursing staff.^{8,12}

The study found that many professionals seek this time for isolation and escape. However, individual strategies are used to deal with the death of the NBs bringing losses to both nursing care, as the team and to the families who need support and attention at this difficult time.

Thus, it is seen the need to consider, in the context of health, that working in isolation is a potential risk due to the complexity of experienced contexts.^{12,13} It was also identified the need for the team to rely on professional help, reinforcing the importance of psychosocial support to professionals who face these difficult times.¹⁴

Despite the great professional effort facing death, especially a newborn death, is a difficult task as it demands actions that go beyond the professional dimension, reaching the human and spiritual spheres.⁷ Bearing in mind that the dynamics of a Neo ICU often does not allow time for reflection to the nursing staff, a fact that would better address certain situations, questioning the need to invest in reflection strategies and expanded dialogue between these professionals.

Nursing professionals assisting neonates usually end up getting involved with them and with the family, possibly viewing death as most villainous in their work. In general, it appears that usually professionals are better able to take care of life than the existentialism and the possibility of death.^{2,15} In this regard, caring for a newborn with death possibilities causes numerous reactions

in nursing professionals, generating pain, impotence and even fragmentation in teams.^{14,16}

The emotional bond with the child becomes difficult, given the interpersonal relationship and the involvement of some professionals associated with the NB and his family members.⁵ This is clearly seen in the interviews when nurses reported preferring to avoid personal involvement with patients and their families, so that at the time of possible loss, this suffering is reduced.

Another study also found the difficulty of nursing professionals to talk or even closer to the family when they are assimilating the death of the newborn, when they seek to stay together with the family even while in silence.^{5,17} Along with silence, many interviewees reported that after death, they adopted as a strategy to escape, trying to get out of the place where the body was being prepared or the environment where it was being given to the death of news. Similar to the results of this research, the literature shows that some nurses are unable to support their families at the time of death, not bearing to see the suffering of the family and depriving themselves of contact with family, leaving other professionals to assume this singular role.¹⁸

In a study in the Medical Clinic ICU, Surgical Clinic and University Hospital of Pediatrics, University of São Paulo, indicated that the use of religion in times of execution of the death contributes as a way of explanation and acceptance of death.¹⁹ Thus, spirituality has helped both nursing professionals and family members to provide a framework of reality to the death to assimilate and make valid the expressions of grief inherent to the emotion. In another study, conducted in the Oncology Unit of the Israelita Hospital Albert Einstein in São Paulo, it was identified that 83% of nursing professionals recognize the importance of offering patients and their families spiritual assistance.²⁰

In this practice, the constant interaction with the members of the newly born family requires health team training to support them in this time of sadness. This interaction occurs mainly by dialogue, openness and team involvement.²¹ Therefore, reflecting on the present dialogue that constitutes in the world of care is revealed as a way to understand the complexity involved in the encounters between human beings during the nursing care event.²²

Concerning teamwork, evidenced as a coping collective strategy, studies show that

neonatal nurse should act as a main support of the Neo ICU. This is the professional who should seek to work together with other professionals in treatment decision procedures, performing direct care to the NB and offering emotional support for family members.²²⁻³

Another study on health teamwork says that professionals when seeking to combine their team efforts, they develop more humanized relationships between those involved and they reach a communication model supported by competence and ethics, coming to favor communication in difficult news.²⁴⁻⁵ In this sense, the affective-expressive dimension is part of the therapeutic action of care and should be expressed by the trust in dealing with love, in being kind, in demonstrating understanding, talking, playing, speaking, listening, looking, give strength, among others.^{19.26-7}

FINAL CONSIDERATIONS

It was possible to identify the statements of nursing professionals that some of them face the death on a routine basis, as a normal thing, unlike others who suffer intensely to accompany the dying process of the NBs. These two different ways of coping reflect respectively in individual and collective strategies to face death. During the research, it was possible to see the two categories identified that these may represent the negative and positive impact on facing death.

Concerning individual ways of coping, understood as negative in this study, it was observed that nursing professionals appear to be disadvantaged when seeking to operate individually, with the intensification of the suffering in death situations. Since the coping, collective strategies appear to be more effective, viewed positively, or even more successful about death.

This study was limited to its performance with a single hospital with its characteristics in a public hospital. It was also emphasized the importance of encouraging nurses to participate in discussions about their experiences related to death and dying, contributing to enriching formulate strategies in services, especially the NICU workers.

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