THE CARE PRACTICE OF THE NURSING PROFESSIONAL BEFORE THE DEATH/DYING PROCESS: AN INTEGRATIVE LITERATURE REVIEW

LA PRÁCTICA ASISTENCIAL DEL ENFERMERO ANTE EL PROCESO DE MUERTE Y MORIR: UNA REVISIÓN INTEGRANTE DE LA LITERATURA

ABSTRACT

Objective: to analyze the health care practice of the nursing professional before the death/dying process, from an integrative literature review. Method: this is an integrative literature review, by contemplating the search in electronic sources in the SciELO, PubMed and VHL databases, in June 2012, using descriptors such as "Death", "Right to Die" and "Nursing". After the survey and selection, 09 articles were included. Results: three thematic axes have emerged from the analysis: The Nursing and the death/dying process; Institutionalization of the death; Perception of the nursing professional before the death/dying process. Conclusion: we have concluded conclude that: a large proportion of nurses presents distorted and heterogeneous perceptions about the death/dying process; there is a clear unpreparedness during the vocational training to deal with this process, which hinders their performance before the patients under these conditions. Descriptors: Death; Right to Die; Nursing.

RESUMO

Objetivo: analisar a prática assistencial do enfermeiro frente ao processo de morte e morrer, a partir de uma revisão integrativa da literatura. Método: trata-se de um revisão integrativa da literatura, contemplando a procura em bases eletrônicas nos bancos de dados SciELO, PubMed e BVS, no mês de junho de 2012, utilizando como descritores "Morte", "Direito a Morrer" e "Enfermagem". Após o levantamento e seleção foram incluídos no estudo 09 artigos. Resultados: três eixos temáticos emergiram das análises: a enfermagem e o processo de morte/morrer; institucionalização da morte; percepção do enfermeiro frente ao processo de morte/morrer. Conclusão: conclui-se que: uma grande parte dos enfermeiros apresenta percepções heterogêneas e distorcidas sobre o processo de morte; há um evidente despreparo na formação profissional para lidar com este processo, o que dificulta a sua atuação frente aos pacientes nessas condições. Descritores: Morte; Direito a Morrer; Enfermagem.

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CONCLUSION

This study was guided by the following descriptors: “Nursing”, “Death” and “Right to Die”, which were matched to each other. Thus, the determination of criteria must be performed in accordance with the guiding question. For the research, we have adopted the following electronic databases: Scielo, Pubmed (Search for Publications of Medical Articles) and VHL (Virtual Health Library).

We have found a total of 63 articles, 17 of them were selected after reading and rereading the titles and abstracts. They were saved in doc and pdf files, and stored in a proper folder, being identified according to the research focus. Next, this material was read in full and carefully analyzed. From this deepening of the readings, we have included nine articles that were in line with our objective. The inclusion criteria were: being original article published in the Portuguese language, in the period from 2002 to 2011, and conducted with nurses. We have excluded articles that did not have adherence to the issue at stake, publications in theses and dissertations formats, as well as review articles.

In the third phase, the data collection was performed, which has included: defining the subjects, methodology, sample size, measurement of variables, method of analysis and used key concepts.

INTRODUCTION

The death process and the dying fact are distinctly perceived by health professionals, influence of creeds of the culture in which the individual is inserted, which are incorporated to the personal characteristics, turning each individual in a single being, who face moments in peculiar ways, since death has different meanings. The death is seen as a depersonalized and unpleasant fact. We refer to the death itself and not to the dying fact as a phase of life process, just like birth, growth, among others.

In some situations, death is presented as the only chance to provide relief to the patient’s suffering. Nonetheless, for many people, especially for family members, in spite of having awareness of the seriousness of patient’s health, that their chances of healing and/or improvement have been exhausted and that he/she is suffering, its death is not accepted, being that this fact causes great pain. The contemporary human being has changed its relationship with the death and the dying process, consequently, the experience of mourning has also undergone relevant changes in our society.

Among health professionals, the nursing staff is, usually, the first one to deal and feel the patient’s death in an effective way. Nurses, particularly, are poorly qualified to deal with this situation, because, in general, during the professional training, the main focus is the life preservation. The death is, often, perceived as an affront to the professional skill, so that it should be sought to preserve life at the expense of death, as a fact of the human nature. A study has revealed the unpreparedness that appears in the nurses’ everyday lives when they are faced with the actual situation.

In practice, it should also be realized that most professionals are not prepared to deal with the process of the loss of patients under their care. This difficulty may be closely related to the deficiency of approach to the theme (death) during the nursing training. From this viewpoint, it emerges the need to prepare them to confront such a process. The nursing staff should be the focus of hospital attention and humanization, since this team stays longer next to patients and, therefore, is present in the most difficult moments. Given this context, it becomes relevant to know how the nursing professional, in its care practice, faces the death/dying process.

This study aims at examining the health care practice of the nursing professional before the death/dying process, from an integrative literature review.

METHOD

This current study was conducted through the secondary source, from the integrative literature review. This is a large methodological approach concerning the revisions, allowing the inclusion of experimental or non-experimental surveys, in order to get a complete understanding of the analyzed phenomenon. The process of designing an integrative review is classified into six phases, which are described below:

The first phase consisted of developing the research question. The definition of this question is the most important phase of the review, since it has determined what studies would be included, besides the means adopted for identification and the information collected from each selected study. The question that has guided this study was the following: what has been published about the health care practice from nurses before the death/dying process?

In the second phase, we have conducted a search or sampling in the literature, covering the search in electronic databases. The search was guided by the following descriptors: “Nursing”, “Death” and “Right to Die”, which were matched to each other. Thus, the determination of criteria must be performed in accordance with the guiding question. For the research, we have adopted the following electronic databases: Scielo, Pubmed (Search for Publications of Medical Articles) and VHL (Virtual Health Library).

We have found a total of 63 articles, 17 of them were selected after reading and rereading the titles and abstracts. They were saved in doc and pdf files, and stored in a proper folder, being identified according to the research focus. Next, this material was read in full and carefully analyzed. From this deepening of the readings, we have included nine articles that were in line with our objective. The inclusion criteria were: being original article published in the Portuguese language, in the period from 2002 to 2011, and conducted with nurses. We have excluded articles that did not have adherence to the issue at stake, publications in theses and dissertations formats, as well as review articles.

In the third phase, the data collection was performed, which has included: defining the subjects, methodology, sample size, measurement of variables, method of analysis and used key concepts.
The fourth phase was the critical analysis of the included studies. This phase requires an organized approach to consider the accuracy and features of each study. The clinical experience of the researcher contributes to the assessment of the validity of the methods and outcomes.

In the penultimate phase, the discussion of the results was held, by comparing the data evidenced in the analysis of articles with the theoretical framework. Besides identifying possible gaps in the knowledge, it is possible to delimit priorities for further studies.

Finally, the last phase consisted of the presentation of the integrative review. In principle, the studies should be divided into categories, according to a previously established classification, aiming at facilitating the analysis.

RESULTS

After establishing the criteria for the realization of the integrative review, it was possible to extract the following essential data from the selected articles:
<table>
<thead>
<tr>
<th>Source</th>
<th>Author</th>
<th>Title</th>
<th>Year</th>
<th>Journal</th>
<th>Thematic Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>SciELO</td>
<td>Silva LCSP, Valença CN, Germano RM</td>
<td>Perceptions of intensive nursing professionals before the newborn’s death</td>
<td>2010</td>
<td>Bras Enferm</td>
<td>The sadness emerges as an indicative feeling of deep sorrow before the loss of a NB and is considered natural in this mourning process in the daily life experienced within NICUs.</td>
</tr>
<tr>
<td>SciELO</td>
<td>Gutierrez BAO, Clamppone MHT</td>
<td>The dying process and the death in the focus of the professional</td>
<td>2007</td>
<td>Esc Enferm USP</td>
<td>It is important to learn and understand the values underlying the different representations of the dying process and the death, in order to rescue and integrate them into the mode of being, thinking, feeling and acting that give meaning to the professional performance.</td>
</tr>
<tr>
<td>BVS</td>
<td>Sanches PG, Carvalho MDB</td>
<td>Experience of nurses in the intensive care unit before the death and dying process</td>
<td>2009</td>
<td>Gaúcha Enferm</td>
<td>The professionals working in health area, due to not understanding the death as part of life, cannot be with the terminally ill patient in an authentic way.</td>
</tr>
<tr>
<td>SciELO</td>
<td>Shimizu HE</td>
<td>How nursing workers cope the dying process</td>
<td>2007</td>
<td>Bras Enferm</td>
<td>The nursing staffs intensely suffer when monitoring the dying process of patients, which contradicts the existing social representation that caregivers end up getting used to the death occurrences, which are constant in ICUs.</td>
</tr>
<tr>
<td>SciELO</td>
<td>Aguiar IR, Veloso TMC, Pinheiro AKB, Ximenes LB</td>
<td>The involvement of the nursing professional in the dying process of newborns admitted to the Neonatal Unit</td>
<td>2006</td>
<td>Acta Paul Enferm</td>
<td>In the dying process of their patients, feelings has emerged, namely: powerlessness, anguish, indifference, sadness, yearning; which, on the one hand, showed that, despite the constant experience with the death in their hospital practice, the nurses still are sensitized with such a process. Professionals who deal with the death in their practice, they do so in a painful way and coexist with the search for balance between caring for the other being and care for itself.</td>
</tr>
<tr>
<td>SciELO</td>
<td>Silva ALL da, Ruiz EM</td>
<td>Care, death and dying: meanings for nurses</td>
<td>2003</td>
<td>Estudos de Psicol, PUC</td>
<td>The death seems to be particularly denied. It is refused by health professionals, who act in an indifferent, impersonal and unethical way, by saying to deal with this issue as “trivial matter”, “the loss of another one patient” or “better prepared”, because of years of experience; others inconsistently present themselves when reveal their fears and anxieties by means of the unavoidable and clear expression of their complaints, of their sorrowful faces, their silences, their tears and their highlighted escapes from the death occurrence and the procedures of care of the dead body.</td>
</tr>
<tr>
<td>BVS</td>
<td>Mota MS, Gomes GC, Coelho MF, Lunardi Filho WD, Sousa LD de</td>
<td>Reactions and feelings of nursing professionals before the death of patients under their care</td>
<td>2011</td>
<td>Gaúcha Enferm</td>
<td>Some professionals react through denying the death, which can affect the way in which they care for the patient during the death process and their family members. Others seek in the naturalization of this event a way of elaborating their feelings, experiencing this process in a more humanized manner.</td>
</tr>
<tr>
<td>SciELO</td>
<td>Costa JL da, Lima RAG de</td>
<td>Mourning of the team: revelations of nursing professionals on the care of the child/teenager in the death/dying process</td>
<td>2005</td>
<td>Latino-am Enferm</td>
<td>The nurse understands that its grief is related to the bond. It was found the loss as something hard to accept; the professionals are not experiencing the mourning. Nursing professionals are suffering, and are alone in this battle waged between the life and the death.</td>
</tr>
</tbody>
</table>
The nurse reflects its previous experiences, which may influence in its actions in front of new situations. The death/dying process leads the professional to varied feelings and emotions, which are distinctly expressed and have negative trend, which are evidenced by studies, when it was argued that health professionals, including the nursing staff, presented feelings of sorrow, such as frustration, defeat and sadness, while watching the patient in death’s eminence.6,10

Whereas the professionals of the nursing staff before the death’s eminence are confronted with feelings ranging from frustration to defeat and sadness, also convert these feelings for the religious side, in order to comfort the patients’ relatives.

Thus, the faith is one of the most requested sources of help on the part of patients. Hence, the presence of a religious person, that addresses the meaning of the life and the death, according to the needs and desires of patients, is considered by them as a gesture of love and understanding.7,663

A note about the behavior of severely ill patients, family members and professionals who care for these patients show us that those who nurture a bond of faith and trust associated with some creed, experienced the process of illness and death with more resilience. The religion holds the power of our symbolic resources for formulating analytic ideas, and these religious symbols provide a cosmic guarantee in view of understanding the world and defining feelings and emotions to support them.7

“There are nursing workers who use religion to try to comfort their own minds regarding the suffering caused by permanent contact with death.”11,265 The experience of these professionals before the death of their patients is a difficult and delicate fact of conducting, when generating non-acceptance on the part of the professional’s conscience, but emerging from its unconscious and becoming evident through his/her acts. The troubles experienced by nurses in the relationship with the end-of-life patients, in most cases, are the result of the difficulty of
dealing with their own fears of death, consequently, such questions end up prevailing in relation to the defenses. So, the health professional, before the death of the terminally ill patient, is faced with a reality of which he/she is part, which conflicts with his/her fears of death and develops reactions to this phenomenon.6

Losing a patient, as stated by some professionals, is a condition of powerlessness, sadness, grief and difficulty. Powerlessness, due to the inexorability of the death; sadness and grief, because of the loss of a human life, which depended on their care, besides the violent way that led to the death, and the cases in which the emotional involvement seems unavoidable; and the felt difficulty, for not knowing how to deal with the death/dying process. The emotional involvement determines the sense of loss from the professionals and redesigning of the mourning.7

The death of elderly patients or people with terminal illness is more accepted by most health workers, since it is a part of the natural course of life. Nonetheless, the nursing staffs find it difficult to cope with the death of a child, because in our society such a fact is not accepted, since this being is just beginning to live. Given the above, health workers from pediatric ICUs feel they have a greater challenge to be faced, regarding the responsibility to save the children who are hospitalized in that environment. The health professionals see as a greater challenge to save children, due to understanding that these beings are still starting life.8

It should be realized that the nursing staff experiences difficulties in dealing with the death process. Such a fact is the result of the theme in question still being treated in a stigmatized way, i.e., being considered terrible and bad. Although the Nursing holds technical knowledge to prepare the body after death, there is the need to introduce, in the undergraduate course, the matter of death as a discipline content.

Nursing professionals are suffering and are alone in this battle waged between life and death. The proposals for improvement should be addressed to the training institutions. The changes need to simultaneously occur in schools and hospitals, i.e., schools should prepare students to work with the life and the death within hospital environments.10

♦ Category II - Institutionalization of the death

Since ancient times, people lived with the certainty and the idea that they were going to die. There was a specific preparation, including a ritual organized by the subject itself. People sought their enemies to solve the disagreements; they draft testament, prepared clothing, shroud, and all things were monitored by their families until the arrival of the “right time”.

In recent years, Western man has significantly changed its viewpoint about the death, when considering that there was an abrupt and fast change with regard to the thoughts and feelings expressed about it. It seems to us that it is time to reflect and understand the death as a part of life, an event accompanied by pain, sense of loss, which is experienced by any human being and should be respected as a time of suffering.10 “Furthermore, the care does not end with the patient’s death. It is a task of the nursing professional to provide care for those who experience the mourning”.11,132

For some health professionals, the transcendence has been related to the meaning of the death. Accordingly, respect and tolerance seem to be more present, and the human being starts to understand that the death can be seen as a life process. “The loss and its preparation are ongoing elements in the human development process, being that the death is a part of life”.12,240

The industrialization process, in the 1960s, with investment in industry for civil construction, importation, technology, purchase of cars, caused the rural exodus and the consequences attributed to this happening. At that time, the medicine wins a curative focus, requiring technological support, human resources and locations for performing a specific attendance. So, it emerged the Intensive Care Units, Coronary Care Units, Surgical Centers and the specialization of the workforce. The death became impersonal, being transferred from the family environment to the health institutions.

Although hospitals today are equipped with high-technology apparatus and with professionals able to use them, what may be seen is that we still lack professional training to assist the actual needs of patients in their end-of-life stage. The technology extends the patients’ lives, but cannot help them in the dying process, and the terminally ill patient stays socially marginalized, because no longer has a functional role.10

For some professionals, the death is a natural process; for others it is a new beginning, a changeover, however, it is presented as a difficult time, by referring to the loss, failure, powerlessness, especially, in

English/Portuguese
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the communication time on the patient's death to its family members.\textsuperscript{1,42}

In hospitals, among the health professionals, nursing staff is the one which remains closest to the patient during its hospitalization period, both in discharge and in death, being, thus, established bonds, even by the characteristic of the work itself. A study has revealed that the health professional experiences the loss and gets grief-stricken with the death of the patient, who is a loved one and has an established bond.\textsuperscript{10}

Some professionals consider that the involvement with patient is intrinsic to the care, not only necessary, but a determinant factor of the kind of care to be offered. “Some deaths cause more grief than others, since the degree of confinement varies with the intensity of the bond formed with the patient”.\textsuperscript{9,259} When understanding the essence of the other one, in its life and death, we start to understand and explain the personal trajectory in the act and in the art of caring for beings during their existence, that is to say, the involvement of the health professional with the patient may determine the care to be provided, as well as the conscience on the human being limitations may allow comprehending the needs of patients and their family members.\textsuperscript{11}

\textbullet \textbf{Category III - Perception of the nursing professional before the death/dying process.}

Currently, in all cultures and countries, the way in which nurses can preserve the human dignity in the end-of-life stage have not been fully explored.\textsuperscript{12} Despite the death to be part of their everyday lives, it should be observed that these professionals have difficulties in providing care to the patient and interact with their family members before the possibility of death, which is a generating factor of reactions and feelings that cause suffering in their practice.\textsuperscript{2}

The patient care in the dying process is one of the most difficult situations in nursing practice, which weakens and frightens. However, it is necessary to see this meeting of several feelings in the daily labor, by discerning that caring is not always healing, sometimes it is letting go. The terminal care, provided to patients during the dying process, places the nurse in front of its own finitude, leading to the development of feelings of powerlessness and oddness, which can significantly affect the care quality.\textsuperscript{13}

In the care process, the nurse identifies the customers as dying patients, as well as their families and other significant people.\textsuperscript{12} The feeling of sadness is very emphatic, reflected by nursing professionals before the death. The pain and grief at the time of losses, sometimes interspersed by failures, mediated by guilt, notoriously obscured by denial and carved by compassion, make the death even sadder.\textsuperscript{11}

The nurse should keep in mind that the care act encompasses the entire life cycle, which runs from the birth until the death. And when it provides a dignified care for the patient during the dying process, one must have a clear conscience that their role was fulfilled in the best possible way.

Daily coexist with the death is part of the nursing world, even more in situations of crisis and emergency, such as the ICU. Developing activities, caring, coexist with patients and their families, already previously knowing about the little prospect of a good prognosis, constitutes a source of profound suffering and distress for nurses. Depending on the level of involvement of professionals in the act of caring for the patient during the death process, they express diversified feelings, which may, sometimes, lead them to psychological distresses.\textsuperscript{14}

The perception of hindrance to feel and express the suffering before the death can make professionals that accompany such a process fearful to talk about this matter. The nurses are not experiencing the grief of their patients. This attitude, usually, can be hold in an innocent way, and used as a defense mechanism to banish their difficulties in understanding the death process; as a result, they develop a strong and hard-hearted stance.\textsuperscript{3}

As much as it has done everything possible to save the patient, the fatal outcome is not accepted, by causing frustration, sadness, loss, powerlessness, stress, failure and blame on the nurses who witness such a fact within their work environment, since they have their training grounded on the comprehensive care for the human being in all life stages, including in the death process. The feelings experienced by nurses during the care process of the dying patient are closely related to the conduct of the modern society in denying the death.\textsuperscript{2}

For developing a fully and humanitarian care, nurses should meet the needs of patients and their family members, when interacting with them, solving problems, pointing solutions, providing an improved health condition, or providing a dignified and peaceful death.\textsuperscript{2,12}
Throughout group discussions, nurses reported that the human dignity is kept when the physical, psychological and spiritual needs of the patient are met; and when he/she is comfortable and clean, becomes able to participate in relevant decision-making concerning the management of its disease; may focus on unfinished shares; may focus on unfinished shares; may openly express worries, plans and desires, and having a good and healthy family relationship. One of the premises of palliative care is to help people to die with dignity, which demands a holistic care. Among the different care levels, nurses consider the psychological attendance as an area of hard work in their professional activity.

The interdisciplinary approach is needed for patient care and quality care. The caring act is present from birth until the death. The purpose of this action involves easing and helping, because the healing is not the end, therefore, it should be present even in the dying process. From the reflection of existence, of thinking and accepting the finitude, it becomes possible to educate in view of taking care of the person during the death/dying process.

CONCLUSION

From the analysis of the found studies, it is possible to verify that a large proportion of nurses presents heterogeneous and distorted perceptions about the death/dying process. It should also be noted the lack of training to deal with such a situation, which hinders their performance before the terminally ill patient.

In this sense, it becomes relevant, both for hospitals and class organs, to stimulate and/or create spaces for discussion and studies, in which experiences may be shared as a way to minimize the consequences of daily dealing with the death/dying process, and, simultaneously, having the other human being as a study object.

Therefore, it is essential to qualify the professionals who are in training, so that they can take care in a comprehensive way, by running through the entire life cycle, which covers from the birth until the death. It is crucial to include the teaching of death/dying process as a compulsory discipline in the Nursing curriculum, as well as addressing such an issue throughout the course, and not in an isolated discipline.

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