ABSTRACT

Objective: to identify the perceptions of nurse mothers and nursing techniques before the process death / dying in pediatric onco-hematology. Method: a descriptive-exploratory, and qualitative study, with 11 professionals from a referral hospital in Rio de Janeiro/RJ/Brazil. The construction of the data passed using the technique of recorded interviews to answer the question << How are you a nurse mother / nursing technique realizes the process death / dying of a child with cancer?>. We used analysis of thematic category to make up the corpus of categorizations. The research project was approved by the Ethics in Research, CAAE 03185112.5.0000.5267. Results: two categories emerged after the analysis process: 1. Awakening of feelings: laboral suffering and, 2. Professional transcendence. These were grouped into subcategories to facilitate the data analysis. Conclusion: there is a need for better training and psychological support to professionals who deal with the process death / dying of their patients. Descriptors: Nursing; Cancer; Death; Child.

RESUMO


RESUMEN

Objetivo: identificar las percepciones de las madres enfermeras y técnicas de enfermería frente al proceso de muerte / morir en onco-hematología pediátrica. Método: un estudio descriptivo-exploratorio, cualitativo, con 11 profesionales de un hospital de referencia en Rio de Janeiro/RJ/Brasil. La construcción de los datos se realizó utilizando la técnica de entrevistas grabadas para responder a la pregunta << ¿Cómo usted que es una madre enfermera / técnica de enfermería se da cuenta del proceso de la muerte / morir del niño con cáncer?>>. Se utilizó el análisis de las categorías temáticas para componer el corpus de las categorizaciones. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, CAAE 03185112.5.0000.5267. Resultados: dos categorías surgieron después del proceso de análisis: 1. El despertar de los sentimientos: aflicción laboral y, 2. Trascendencia profesional. Estos se agruparon en subcategorías para facilitar el análisis de los datos. Conclusión: existe la necesidad de una mejor formación y apoyo psicológico a los profesionales que se ocupan del proceso de la muerte/murir de sus pacientes. Descriptores: Enfermería; Cáncer; Muerte; Los Niños.

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INTRODUCTION

Perceptions of nurse mothers and nursing techniques opposite process death / dying in onco-hematology pediatric constituted the object of investigation of this research. The pediatric cancer corresponds to a group of various diseases that have in common the uncontrolled proliferation of abnormal cells and can occur anywhere in the body. Leukemia is among the most common types of cancer that occur in childhood, affecting the white blood cells specifically. In this context, in recent decades, medicine has had a breakthrough today generating a prospect approximately 70% cure rate after early diagnosis and appropriate treatment.\(^1\) Even with great possibility of cure, the child and his family need to face many problems as a long hospital stay, break from routine family and child, suffering, pain, side effects from the treatment, among others.\(^2\) Being still regarded by many people as a disease that inevitably leads to death, carrying the stigma of fatal disease.\(^3\)

In relation to death and dying process / death, it is emphasized that in reference to cultural perspectives, each society has behaviors, habits, beliefs and attitudes peculiar, that are able to provide guidance to individuals about what to do and how behave.\(^4\) Thus, this perspective helps that every individual who experiences the death and dying process interprets them according to their individual perceptions, construed as the attribution of a singular sense, which varies according to the stage of its development vital for their experiences and learning, physical and psychological conditions.\(^5\)

With regard to the occurrence of cancer in childhood, it is emphasized that it is able to arouse a wide range of feelings in the child, to be deprived of their routines and subjected to painful treatments and hospitalizations and prolonged; family, to experience suffering of loved ones affected by the condition and health professionals who provide care, which may feel weak and unable at this situation.\(^6\)

Among the health professionals involved in the above cases, there is usually involvement of nurses and nursing technicians who are mothers, who for this reason possibly present physical, mental, behavioral and emotional coming of motherhood and for this reason perhaps to experience reality in care for children with cancer in a unique way. It is noteworthy that such professionals become important characters during treatment, which usually are seen next in difficult times, often being whom the patient and family when they need to seek clarification or immediate care, which makes these professionals have to deal with suffering, with the anguish and fears that can arise in various situations involving the care / care in oncology.\(^6\)

Whereas most of these professionals are mothers, the concepts previously appointed on cancer in childhood and motherhood, the experience of one of the authors of the study to experience the process death / dying in onco-hematology pediatric family and a strong relationship between nursing and patient oriented and substantiate preliminary motivation for the development of this study and the opportunity to arouse interest in research and the debate about the perceptions of nurses and nursing techniques mothers faced daily with similar situations in their workspaces.

Thus, the main question that guides the conduct of this study is: what are the perceptions of nurses and mothers nursing techniques opposite process death / dying in onco-hematology pediatric?

The oncology carries with it a number of specifics that often ignores the health professional, especially the nurse who does not have specific training in the course of higher education, since most of the Brazilian educational institutions do not address the teaching of oncology during the course of undergraduate nursing.\(^7\)

From this perspective, it is believed then that this deficiency by itself embodies consistent arguments to justify the development of this study, the fields of education, research and nursing care, as it broadens and deepens the reflection about the topic, stimulating discussion and the production of knowledge around what is perceived in relation to that process by technical nursing mothers and nurses, professionals working in pediatric onco-hematology. Accordingly, reference to the character of the research their possible contribution to teaching and research in nursing, considering that from the results of the study may emerge to corroborate theoretical support to enhance the inclusion of content related to the theme highlighted in courses vocational training, aiming to better prepare professionals by training institutions.

It is believed that the study is relevant to nursing care within the pediatric hematology-oncology, since the understanding of the object of this research can contribute to the improvement of relations between those who care and who care, as the reflections emanating in the study may increase and encourage the improvement of professional...
nursing practice and care provided to children affected and their families.

**OBJECTIVE**

- To identify the perceptions of mother nurses and nursing techniques in front of the process of death / dying in pediatric onc-hematology.

**METHOD**

Field study with qualitative\(^8\) approach and descriptive and exploratory.\(^9\) The scenario was the onco-hematology unit of a pediatric referral hospital for the uptake of blood and blood products and treatment of hematologic malignancies, located in the city of Rio de Janeiro. This is a unit with a capacity of 13 beds in 29 employees who work in the nursing team, being a nurse diarist, seven nurses and 21 nursing technicians on duty. The workload in this unit is divided into shifts of 24 hours per week and every three techniques work duty nursing, a nurse on duty and a day laborer.

According to the characteristics of the unit, we found that all patients are children and that most features in the terminal phase. Thus, nursing professionals who work there are faced daily with the suffering of patients and families in coping process death / dying.

Participants were three nurses and eight mothers nursing techniques, starting from the assumption that motherhood could somehow influence their perceptions of process death / dying child in onco-hematology. Besides motherhood, were used as inclusion criteria to willingly participate in the study and the condition of being in full exercise of their functions. The study excluded those who perhaps did not fit the conditions described above. Thereafter, the participants were invited to participate in the study, and they are requested authorization by signing the Informed Consent Form (ICF) and security guaranteed anonymity.

For data collection, visits were made to the scenario study for a week in order to approach the maximum possible subjects for research development. Data were collected through semi-structured interviews, in order to allow the free expression of the subjects and stimulating approach the topic in greater depth.

To systematize the interview was used an instrument consisting of two parts: The first with questions that finalized the characterization of participants (profession, age, number of children, and duration of work in the field of pediatric hematol- oncology). To maintain the confidentiality of their identities, participants were identified with an identification code, ie, each participant was identified with a different letter of the alphabet, in order to facilitate exposure of the collected data, the second part encompassed a question guiding << How is being a mother nurse / nursing technique realizes the process death / dying child with cancer? >> That guided the interview in order to achieve the research objectives.

The interviews were conducted individually in the rest room of the unit and took an average of thirteen minutes, recorded on two digital recorders and later transcribed and subjected to analysis and categorical thematic\(^10\) and sistematized.\(^11\) The clipping of speech and its categorization allowed determining the record units, which in turn gave rise to two categories: 1. Awakening of feelings: grief work and 2. Transcendence professional, and these were grouped into subcategories to facilitate data analysis.

Following what is recommended by Resolution 196/96, 12 the study was submitted to the Ethics Committee in Research of the educational institution of the researchers and the institution where it was held, receiving favorable assessment of its implementation through opinion number 302/2012 and approval by the CAAE 03185112.5.0000.5267.

**RESULTS**

Among the 11 nurses who participated in the study, it was observed that the age ranged between 23 and 47 years, 08 (72.7%) were nursing techniques and 03 (27.27%) nurses and 06 (54.5 %) worked in the industry for more than eight years (with variations 08-22 years) and 5 (45.4%) less than 04 years (with a range of 2 months to 3 years). The number of children ranged 1-3 by professional interviewed.

The participants are part of a whole profession of nursing and bring with subjective situations, complex and particulars of his reality as individuals and especially as humans. On the other hand, literature endorse that "through the articulation between education and experience, nurses learn to focus on what is immediately relevant to the situation and it draws its meaning".\(^13\) In this sense, the experience presented by participants characterized as a key factor that influences their thoughts, perceptions, feelings and actions in your professional context.
From the perceptions of nurses and nursing mothers techniques identified two themes: 1. Awakening of feelings: Suffering and labor, and 2. Professional transcendence.

**DISCUSSION**

**1. Awakening of feelings: Labor suffering**

By lines, it was possible to understand the experiences of nurses and nursing mothers technical about the process death / dying children in onco-hematology pediatric awaken in them a series of perceptions that characterize a kind of suffering labor.

To better understand the intensity of perceptions that underpinned the construction of this category, these were grouped separately, constituting subcategories: Loss, Impotence, Sadness, Pain, and Difficulty dealing with situations; need support.

**Loss**

As the death of a child with cancer almost never occurs suddenly, nurse mothers and nurse technicians have the opportunity, from the diagnosis to its outcome, which can vary between cure or death, to live a long time with the family and the child, sharing their emotions, feelings and difficulties along the hospital. Thus, the interaction with the most different situations corroborates the establishment of links between caregivers, children and their mothers and loss (meaning death) sets something painful ending the bonds that were created.⁵

_We form a bond, one, one link. So we feel a great loss, someone more, someone less. Right? But we feel the loss too._ (Enf. I)

This fact becomes possible because as the period of cancer treatment is over, the successive admissions that elapses during this process contribute to closer relations and the formation of links between those involved in the practice assistance.¹⁵ This sense, the daily contact with difficult situations leads nurses and nurse technicians mothers react negatively, assigning a meaning of loss at the death of a child.

_It is as if our loved one, a family member or anything like that._ (Tec. B)

This behavior can be justified because the death of a patient, among many processes psychologically hard, shows up as one of the most stressful aspects of nursing in critical care and oncology. Nurses and nursing techniques that are directly in contact with the patient and family, have reactions to a fatal disease that is very similar to the responses of family members, including denial, anger, depression, guilt and ambivalent feelings.¹⁵

Featured in the situation, it was observed that the fact of whether they are mothers gives women the professionals interviewed broader understanding around what experience, since the perception of loss presented in the statements collected reflects the understanding that death in children generates answers not only similar to the loss of a family member, but in particular, as if it were the loss of a child.

_We surrender much that looks like it was a piece of ours that went well. […] As if it were my son, you know. […] It seems that someone in your family who’re losing the same way._ (Tec. A)

**Impotence**

Along with the perception of loss, the feeling of helplessness proved this in the statements of the research subjects and can be explained from the moment, when faced with an illness stigmas of finitude, the professionals feel vulnerable and powerless over the situation. However, despite this fact, seek to extrapolate its limits and possibilities in order to provide the patient and family for their support and understanding.³

_A feeling of powerlessness that gets people wondering what we could have done to keep that from happening? Or when we see it, “ah”, which has to be done […] I feel helpless._ (Tec. H)

When refers to cancer death of an infant appears to be more frustrating than that of an adult. The literature points out that the process death / dying child is more painful for the nurse,⁴ further enhancing this perception by experienced professional who provides assistance.

_It hurts right! Whatever! A child dying is not the same thing as an adult, you know? _ (Tec. G)

_In the minds of the people, we think we’ll die first than the child, not the child will die first the mother, is not it?_ (Tec. A)

The helplessness against the sick child, the sense of failure, the expectation of death, disbelief in the therapeutic measures available, culminating in causing a kind of perplexity of the situation and demands that involving care. Such behavior stems from the perception of distress that cancer can lead to death, regardless of the efforts that address the child in situations prominent death.¹⁶

**Sadness**

Although certain part of the admissions of children in onco-hematology culminates with the undesirable outcome and consummation of death is a routine experience of the work
of nurses and technical nursing mothers, it was possible to understand that the study participants did not become indifferent to this reality. Rather, in that context death is always seen as a rough separation and irreversible, giving rise to sadness.

It is a situation that happens a lot here in this industry, because we do not have pediatric ICU. Then children worsen in here and get in here and will die here. Thus, it is a very sad situation! (Enf. B)

The perception of sadness is associated with motherhood, intensifying the reading that the participants carry on what they experience while performing their work activities.

It's a very bad feeling here too because I have two children and I put myself [pause] even though we is not wanting, to put as a mother, we always end up putting in place as a mother and then as the technique. So, it is very sad! It is very [pause]. I remember much of my children is in any situation I remember them very much. (Tec. D)

These testimonials endorse what is sanctioned in the literature when it reinforces that perceptions experienced before cancer are intensified when it comes to childhood cancer, by contrast with the idea that childhood and adolescence represent the image of longevity and health. Thus, the fact that the process death / dying bound in the context highlighted individuals of young age causes a greater impact on professionals interviewed, triggering a perception frustration.

We feel so swam, swam and died on the beach, you know? You see the doctor made all things and that you invested in all shapes and that the team fought very, very, very, but in the end it did not work. Then everybody cries, everybody collapse. Here comes the psychologist and help us understand? (Tec. C)

Roughly speaking, we can say that the process death / dying often trigger negative perceptions on anyone involved in relationships of care / caring. However, the reports of the study participants make clear the idea of association of the condition of being a mother with what play professionally. By taking care of children, the participants remember the children who have left home. It's like that moment the lead out of the workplace and referred to your mother - child relationship, which could also be cut by a brutal disease like cancer.

♦ Pain

As identified earlier, when providing care to a child with malignant disease, nurse mothers and nurse technicians also end up identifying and caring for the family, some even put themselves in the children's mothers. This becomes feasible because the Oncology care promotes the creation of emotional ties and emotional bonds, since the treatment is usually long and the patient and his family spend much of this time in the hospital environment.

Thus, when it sees itself in the place of another who suffers pain, sharing is also pain felt. In the statements of the participants, the perception of pain could also be confirmed against the process death / dying in pediatric hematology-oncology.

It was much easier. [Referring to the time that it was not mother] i, i, i suffered less when each child passed away, I suffered even less! Not today, today is very painful! (Tec. D)

I think I put myself in place. Think, imagine it is a sadness, a pain that should not [...] It is indescribable! (Enf. C)

Note that when working in the field of pediatrics, in certain situations it creates stronger ties and affinities with particular child. In a few moments the child hospitalized resembles the child health professional. In others, the child adopts the professional who serves as a member of her family, calling her "Aunt".

[...] That I am not choosing, we are chosen. Because it has a passing three four months here and they do not look at you, now has no other [...] that [...] they choose you to be that their aunt. (Tec. H)

Even if a child comes to death, repeating the process and suffering does not work out, because I always come new children and new bonds are created. Thus, the lack of resources for the professional work your psychological state can result in trauma and barriers, which sometimes become impassable, featuring a constant suffering.

♦ Situations difficult to handle:

Although it is found that the number of cancer deaths has decreased significantly, the fear of death still shows this when the diagnosis of childhood cancer. This fact arouses the commotion and consternation in adults, be they family or health professionals. As shown below, this makes the process of care and experience death / dying harder to be seen.

At the beginning it was very difficult for me even. [...] Every time the child is one month, two months, three months, and [pause] then you see the child go. It is very difficult. (Tec. E)

Death can be understood as the result of a critical state of health, which, becoming
irreversible and unacceptable to the human body gradually becomes incompatible with life. All this makes the process dynamics death / die a daily reality techniques for nurses and nursing mothers and in turn they need to face a wide range of perceptions, these being difficult to handle or not.

Before I have a child I've tried to put myself in [referring to the mothers]. Once you have, yes, it's much exaggerated right? Why, understands better how, how much is this feeling of having a son like [...] that right there is the most important thing in your life and here comes a time when parents lose this autonomy right? You do not have any power over your child actually right? And, ah, it's hard! Very difficult. (Enf. C)

In this regard, the involvement in the death / dying is also closely related to the time of child's stay in hospital, since this fact favors the increased suffering of professionals, which therefore forms a stronger connection.19

 [...] They [referring to the mothers] create too large a bond with us because the kids get here very long. (Tec. A)

Due to all the situations encountered in the setting of care in pediatric onco-hematology, the relationships established, it was also possible to identify changes that affect the human side of professional.

 [...] If you do not learn to be human here, you do not learn to be human anymore, because it is a very strong thing which you live. [...] You learn to live with the child's family, so [...] when it comes to the famous death; I think the feeling's still greater, because it is the relationship with the child and family. (Tec. H)

When talking about human beings, must encompass the care from the perspective of making it more human every day, as is done by humans for humans, taking into account being in all its aspects, considering the so biopsicossocioespiritual and also all those who are part of their disease process, such as family, friends and health professionals.20

Thus, one can understand that the humanized care respects the individual with the disease, but not without seeing all those around him, his family, and the multidisciplinary team, centralizing focus, the nurse who is directly involved in daily practices of care. Thus, during the care in pediatric oncology does not value the morrow practices of care. Thus, during the care in what is linked to a place of healing, and all who seek to have a hope of getting out there healed.4

This unpreparedness and the urgent need to establish support measures to overcome the difficulties encountered so far could also be perceived in the speech of participants.

I had to change a little because I suffered a lot. At home, I came home and collapsed. [...] Always went well in a depression. Suffered silently. [...] Today I feel better, I'm not depressed. (Tec. E)

At the time we have to be professional. So I'm a professional, huh! We have to do and everything. Then we founders! Not only me, all the duty! Everyone is very shocked, but we do not [pause] we have to be professional! So because others need us to keep right, work! [...] So we react and continue. (Tec. F)

The need for support in the face of suffering is something intrinsic to human. In the case in point, the difference brought by the condition of maternity suggests an increase in the intensity of the resulting perceptions of what is experienced as the professional mothers stand in the place of the children's mothers.20

Because I see the suffering of the mother, then I put myself in the mother [...] I see when the child will [referring to the child's death]. I remember that there could be mine! So it's very complicated! Very tricky indeed! (Tec. D)
For this reason, as many people still associate cancer pain and death, nurses and nurse technicians who deal with cancer patients, including children, need to identify their own reactions against the said process, in order to set realistic goals to remedy challenges inherent to their needs and care needs presented by patients with cancer. Therefore, these professionals need to be or be prepared to support the patient and family facing a wide range of crises physical, emotional, social, and cultural and spiritual.21

It was possible to identify that these professionals need psychological support and need to be cared for too. The speech below demonstrates this need so real there any other trained professional to listen to them and work this human side.

"It's bad because you do not have anyone [...] is [...] put it out. Because this is part of our routine, it always happens! So it's not something that happens only once [...] is something that is part of everyday life!" (Enf. B)

Therefore, all health professionals to be admitted should receive orientation and training not just theoretical. In this case, the psychological support as a facilitator for professional practice healthier can and should be worked constantly as to minimize the impact that grief can cause labor.17

♦ 2. Professional transcendence

The speeches of the participants served to elucidate the critical reflection on professional experiences with children in pediatric onco-hematology are able to mobilize perceptions that are capable of interfering with his personal life, especially in relationships they establish with their family and own execution the work.

To better understand the intensity of perceptions that underpinned the construction of this category, these were grouped separately, constituting subcategories: Influences of experiences of caring about the personal and family life; Empathy.

♦ The influences of the experiences of caring about the personal and family life:

Nursing care in pediatric oncology facilitates the appearance of a close relationship with the suffering that causes the illness, and the finding of death.18 So many times, even if the job step has been accomplished, it becomes difficult to disentangle the images and thoughts inherent in what was experienced in the hospital. In the following report, this statement could be confirmed:

[...] There is no way to separate things: hospital, left here, over here, I'll start phase at home! It is impossible! (Tec. B).

Forgetting lived and dissociated work / life probably is not an easy task! This is because the human being is endowed with feelings and unlike machines, has no buttons to be accessed to perform this function or another, solving problems immediately. Even if this is a complicated task, nurses and technical nursing mothers perceive the need and endeavor to make this separation, forgetting what happened in the workplace, to have a personal healthier life.

When you pass the gate go outside you forget everything, as if your mind erased and the next day it starts all over again. If you do not come home and see her son and starts crying like a desperate and is thinking the same thing will happen to your child. [...] Sometimes I can, sometimes not! (Tec. A)

As death is part of the experience of professionals in the hospital environment, stress and anxiety if they do this and escape, or try to get to forget what happened, still appears as a defense mechanism used by professionals.19

By speech, it was understood that the participants realize that everyday life can be detrimental not only for them but also for their children. So, this mechanism intensifies and they tend to struggle to distance himself from the memories, to protect your most valuable asset: his son.

Because I take this home is complicated, you know? I suffer for that child here; here is a momentary suffering yes. If I speak to you I do not suffer I'll're lying, but here! My house is my house! I do not want to spend it for my kids! (Tec. G)

The interviews helped to identify that motherhood allows establishing singular perceptions regarding who lives in the workplace, so that the interviewees even imagine the fear that their children may develop cancer.

[...] We end up making associations! If you have a purple smudge, you wonder why your baby has one bruise, if he fell, he hit it, it appeared that [...] (Tec. C)

Sometimes the child's hematoma, [referring to his son] especially now that I'm in onco, you see a child with bruising and you're scared! But sometimes the child is taken very point're always hematoma, but you are afraid, for sure! (Tec. B)

Fear is defined as "a state in which an individual or group has a sense of physiological or emotional destruction related to an unidentified source perceived as dangerous".20 Given the fact, to witness the process


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dead / dying child with which had already been instituted emotional bond, the study participants perceive the necessity to raise their children and the moments that manage to come together.

[...] When we get home is to pamper our maximum, right? [...] Then you end up paying more attention to things that sometimes [...] as if to compensate for that loss I’m feeling. (Tec. B)

[...] Each death you have here I cry just after horrors! After I get home, hug my daughter more than I hug the other day right! (Enf. C)

Besides seeking children in compensation of loss of generation occur closer and more affection. It is noticeable that all the painful process experienced the changes so as to make them as different mothers.

In a matter of my children as you see it, see [...] see a child, then you looks at his children, in my case are three sees three healthy children, three children [...]. You create more affection, more than normal, with [...] in my case with my children! (Tec. G)

I think we start to value the moments that we [...] right [...] personal life! The moments we’re with family, you know? I think the values change, right? (Enf. C)

It is understood that family and work are contexts where nurses and technical nursing mothers live and live, which enables the creation of mutual influences. This exchange could be identified in the words of some interviewees, making it worthy of consideration because it was observed that because they are caring for children in a process so difficult that may tend to death, participants compared with children cared for their children healthy passing the charge of the latter’s performance more mature attitudes.

[...] Here I see a child crying because he is hungry and cannot eat. So thus the attitudes of my daughter I spend to do with the other eye [...] prank becomes insignificant thing [...] at home a child does not want to eat because it’s a cracker: “I wanted a cookie that”. [...] You do not? So let there when you’re hungry you eat! (Tec. H)

On the other hand, it was also noted that the perception about dealing with the wrong attitudes of children is sometimes mitigated due to the influences that caring process and death / dying child with cancer generate in participants, as elucidated in the speech below.

[...] Have attitudes that I should take with my kids and I do not take! Why do I transfer! Type, is [...] is [...] is [...] I left a duty 24hours where, where, where I had one

Death. So I get home tomorrow devastated. I had one death like, like my son, nine years old. Then my son does something that I should get his attention, because then something wrong, and then I’m blocked! Because then I remember, right, who died. Then I get like this, and then I have to tamel! (Tec. F)

Empathy

In similar sense, from the moment that the perception of nurses and technical nursing mothers interviewed broadens the understanding of the meaning of others’ suffering, motherhood generates among mothers of children and the professionals who are mothers a greater affinity. Thus, to witness the process death / dying child in onco hematology, the professionals arrive to imagine in place of other mothers, establishing an empathic perception.

In fact today, as mother, if we put in place of the mother. We feel like any other patient, but child we end up feeling more and putting in place of a bitch! If I were in this situation? Losing a child? (Tec. B)

Insofar as you have a child too, then you, you end up associating right: If it were mine you were here? And if that had happened to me .. It is right now, how would I be today? Because this mom is right? What she’s feeling right now, right? (Enf. B)

In a way, it was observed that the natural attitude of putting yourself in mothers of children can become harmful to mothers professionals who deal with the process death / dying children in onco-hematology.

I put myself in the place of parents and yes when I put myself in the place of a parent is very big discomfort. It is a very great distress! Then immediately I, [pause] I seek disperse these thoughts and start thinking, do other things to think of, in my routine here, in what I have to do in here is not to get involved too. (B Enf.)

Fit nurses and nursing techniques to promote a child-centered care, but must establish a communication between the parents and / or caregivers, since they are part of the disease process of the child.23 Thus, it was realized that for them are also mothers, understanding the process of wear resulting from death / dying child led them to imagine themselves in the place of those mothers of their children, as something automatic and inherent maternal instinct.

Although the majority of respondents do not consider motherhood as a key element to differentiate how to care, this condition was perceived as a factor that enhances the understanding of the professional with the

Oliveira BL de, Lucena LF de, Spezani RS.

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