



THE APPROACH OF DEATH IN THE PROCESS OF NURSES' FORMATION
A ABORDAGEM DA MORTE NO PROCESSO DE FORMAÇÃO DO ENFERMEIRO
ENFOQUE DE LA MUERTE EN EL PROCESO DE FORMACIÓN DE LAS ENFERMERAS

Aline Ramos de Carvalho Pinto¹, Luciana Ferreira Santos², Larissa Alves Santos³, Mariama Bello de Andrade⁴,
 Verônica Caê da Silva⁵

ABSTRACT

Objective: to grasp the perception of the nursing academic about the approach on the process of dying during graduation. **Method:** an exploratory descriptive study with qualitative approach, performed in a private university, located in the 1st district of Duque de Caxias/RJ/Brazil, with graduates of the 7th and 8th periods of Nursing. The data were collected using a semi-structured interview guide. After transcribing the interviews, the data were analyzed using the Content Analysis Technique. This study was approved by the Committee of Ethics and Research, protocol 0075.0.317.000-11. **Results:** there were shown the reactions expressed on the possibility of death during the provided assistance; the approach of the aspects relating to death during academic training; professional preparation for patient care and the family in the situation of death; feelings externalized in patient care that evolves death. **Conclusion:** considering the requirement of impartiality of attitudes toward the death of the patient, we emphasize the need for an ethical and technical-scientific approach, which instrumentalizes the scholar to deal with the dying process. **Descriptors:** Nursing; Curriculum; Death.

RESUMO

Objetivo: apreender a percepção do acadêmico de enfermagem sobre a abordagem do processo de morrer durante a graduação. **Método:** estudo descritivo exploratório com abordagem qualitativa, realizado numa universidade privada, situada no 1º distrito de Duque de Caxias/RJ/Brasil, com os graduandos dos 7º e 8º períodos de Enfermagem. Os dados foram coletados com roteiro de entrevistas semiestruturado. Após a transcrição das entrevistas, as informações foram analisadas por meio da Técnica de análise de conteúdo. Este estudo foi aprovado pelo Comitê de Ética e Pesquisa, protocolo 0075.0.317.000-11. **Resultados:** foram mostradas as reações manifestadas diante da possibilidade de morte durante a assistência prestada; a abordagem dos aspectos relativos à morte durante a formação acadêmica; o preparo profissional para a assistência ao paciente e a família na situação de morte; sentimentos exteriorizados na assistência ao paciente que evolui para o óbito. **Conclusão:** considerando a exigência da imparcialidade de atitudes diante da morte do paciente, ressaltamos a necessidade de uma abordagem ética e técnico-científica que instrumentaliza o acadêmico para lidar com o processo de morrer. **Descritores:** Enfermagem; Currículo; Morte.

RESUMEN

Objetivo: comprender la percepción del académico de enfermería sobre el enfoque del proceso de morir durante la graduación. **Método:** estudio descriptivo exploratorio con enfoque cualitativo, realizado en una universidad privada, situada en el 1º distrito de Duque de Caxias/RJ/Brasil, con los graduados de los períodos séptimo y octavo de Enfermería. Los datos fueron recolectados mediante guía de entrevista semi-estructurada. Después de transcribir las entrevistas, los datos fueron analizados mediante la técnica de análisis de contenido. Este estudio fue aprobado por el Comité de Ética e Investigación, protocolo 0075.0.317.000-11. **Resultados:** se muestran la forma en que reaccionaron ante la posibilidad de muerte durante la asistencia; abordar los aspectos a la muerte durante su formación académica; la preparación profesional para la atención al paciente y la familia en la situación de la muerte; los sentimientos exteriorizados en la atención al paciente que evoluciona hasta la muerte. **Conclusión:** teniendo en cuenta el requisito de la imparcialidad de las actitudes hacia la muerte del paciente, hacemos hincapié en la necesidad de un enfoque ético y técnico-científico lo cual instrumentaliza el académico para lidiar con el proceso de la muerte. **Descritores:** Enfermería; Plan de Estudios; La Muerte.

¹Nurse, State Hospital Adão Pereira Nunes, Master Teacher of Nursing, University of Grande Rio / Unigranrio. Rio de Janeiro (RJ), Brazil. E-mail: wilbapinto@ig.com.br; ²Nurse, University of Grande Rio / Unigranrio. Rio de Janeiro (RJ), Brazil. E-mail: lufersan10@hotmail.com; ³Nurse, University of Grande Rio / Unigranrio. Rio de Janeiro (RJ), Brazil. E-mail: larii.a.santos@gmail.com; ⁴Nurse, University of Grande Rio / Unigranrio. Rio de Janeiro (RJ), Brazil. E-mail: mary76_ba@hotmail.com; ⁵Nurse, Federal Hospital of Bonsucesso / Family Health in PMSDC, Master Teacher of Nursing, University of Grande Rio / Unigranrio. Rio de Janeiro (RJ), Brazil. E-mail: vcae@superig.com.br

INTRODUCTION

Nursing is the art of caring and also Science, whose essence and specificity is the care of human being, individual, family and community in a comprehensive and holistic, developing autonomously or in a team activity promotion, protection, prevention and health recovery.¹

Being a nurse is to be human, with all its dimensions and constraints, joys and frustrations, is to be open to life, and at the same time engage in commitment to nursing. The nurse takes care of the sick in order to overcome the same disease with acquired scientific knowledge, but also with comfort, care and attention.²

The nurse is a professional who aims to take care of the human being and provide the means for their survival with dignity and quality, since it has as basis the care in prevention, promotion, rehabilitation and restoration of health, ie, has objective of their assistance, the restoration of health.

Based on the literature, we found that the concept of nursing is grounded in actions that favor the restoration of health, projecting the maintenance of life by means of care, and this care is considered essential to human life, being understood as a pillar of profession. During the training of nurses care is inserted from the different levels of complexity of care, and with divisions relevant to the life cycle, focusing on the health of children, women, adults and the elderly.

Often, during the undergraduate nursing priority is the development of skills and abilities geared to the signs and symptoms of health and disease processes, leaving less evidence in the process of death and dying clients and their grieving families. Although academic training is geared to the maintenance of life, we realize that death is part of this cycle, and at this stage there are still stocks of competence of nursing.³

Thus, this future professional needs to be equipped to deal with the dying process. It is remarkable that the different stages of life are addressed in the aspect of maintaining health, presenting the physiological patterns and actions of health promotion and disease prevention, to the critically ill (seriously ill), but the possibility of death and implications in the respective phases are not scored in school subjects themselves.

The healthcare professional is finite as any other human being, and also undergoes profound existential dilemmas as to coping and living death in their daily work. Most

often this professional, yet as an academic, was not stimulated or prepared to reflect on death and dying, being blindsided by grief, and most do not provide quality care, failing to assist a person who is dying and / or family, because death is set up as a time of great suffering and failure of the main action in sustaining life.^{4:552}

The thematic approach of the study was drawn as soon as we started the internships required, where some students had the opportunity to experience the process of dying-dying of clients under their care. Thus, we believe that there is a gap in training nurses to deal with the dying process, as building on our academic experience, we identified that related to this process, was mentioned only the preparation of the body generally, without addressing the implications of death at different stages of life as well as the response of professional death situation.

From these concerns emerged the following questions:

- Does the academic identify in its formation the inclusion of aspects of death and dying? In which moment?
- How do you assess your professional preparation to deal with the situation of death?
- Did you during graduation experience this moment? Which feelings were externalized?

We chose as the object of study: The perception of nursing students regarding the approach of the dying process during graduation.

OBJECTIVES

- To seize the perception of nursing students about the process of dying and death approached on the graduation.
- To evaluate the preparation given to nursing students dealing with death and / or dying process.
- To offer reflections on the inclusion of the approach of death and dying process in nursing curricula.

MÉTHOD

Article compiled from Labor Course Conclusion << *The approach of death in the process of nursing education* >> presented to the University of Grande Rio - Professor José de Souza Herdy (UNIGRANRIO). Duque de Caxias, RJ, Brazil, 2011.

This is a descriptive and exploratory study with a qualitative approach. The qualitative researches work with non-quantifiable data, require maximum involvement from the

researcher concerned with the understanding of human beings and nature. Qualitative studies turn to the investigation of the meaning of human relations, whose actions are influenced by emotions and / or feelings touched upon the face of situations experienced in daily life.⁵

The main objective of descriptive research is to describe the characteristics of a given population or phenomenon, or the establishment of relationships between variables obtained through the use of standardized techniques for data collection.⁶

We chose as a field of study, university, located in the 1st district of Duque de Caxias, under private management, this being, forming higher-level professionals from the fields of humanities, exact and health.

The choice of field of study because of the proximity of the authors referred to the institution and the research problem during the development of the Undergraduate Nursing. Were assigned study subjects, the graduating students of Nursing, the 7th and 8th semesters therefore consider that they experienced the curriculum in a theoretical and practical to date and these times work directly with critical patients at risk death, in the field of clinical stage.

We determined as a criterion for exclusion of subjects, those graduates who already take nursing work activities linked to health institutions, whether public or private, who attend semesters prior to 7 and those who refused participation.

For data collection we used a semi-structured interview guide. A semi-structured interview requires the development of basic questions, issues and supported the theories described in the study in order to provide a wide field of interrogative, arising as it receives the information from the research subject.⁶

The scenario of data collection was the classrooms of their own education institution. The selection of interviewees was conducted randomly among the subjects under inclusion criteria, with date and time previously scheduled.

Data collection was conducted in the second half of 2011 after the consent of the institution and signing the Informed Consent by the deponents, in accordance with Resolution 196 of October 10, 1996.⁷

Data were collected up to us to achieve a saturation point from their comments. Thereto, were assigned code names of Angels in order to preserve anonymity, as required by Resolution 196/96. Note that this study was

subjected to review by the Committee of Ethics and Research UNIGRANRIO under no protocol 0075.0.317.000-11.

After verbatim transcription of the interviews by the authors, the information was submitted to intensive readings where analysis of data was performed by testing categorical.

Thematic analysis used in this study sought to reveal the core meaning that make communication and whose existence or frequency of appearance may mean something to the chosen objective.^{8:105}

RESULTS AND DISCUSSION

There were interviewed eight nursing academics and after transcribing the interviews, we seek to extract a common point between the discourses, thus resulting in four categories of analysis, described below.

♦ Category 1: The reactions expressed over the possibility of death during assistance.

Unanimously the deponents have reported difficulties in dealing with death, because they assigned the dispensed care to the recovery for life.

The nurse, since its formation, we learn that we will heal, always with the possibility of healing and not death. It's hard to deal with death and I have a hard time dealing with it. (Angel Rafael)

Death is the opposite for us; we must always like a lifetime, but does not teach that death is part of a natural process. So I always try to do my best, but death always messes with me a lot. (Angel Miguel)

It seems like a thing through illusory, but I always take care of the patient thinking that it will be high, it will never improve and he goes to death. (Angel Gabriel)

We found that some academics create an expectation that their function is to heal and restore the health of those who seek them, and forget that death is a natural phase of life and in some cases, it is inevitable, even before the whole team effort providing the care. This situation turns out to be experienced with frustration and the feeling that they were not able to save the lives entrusted to them.

Some authors claim that knowledge of nursing staff about death is treated very succinct and brief in the course of this training, as the nurse in current training is always prepared to fight for life.⁹ Still, one realizes that death is worthless addressed in courses. The process of teaching and learning takes emphasizing the maintenance of the

living body, through the efforts of all professional, scientific and technological potential, which should not cease to be so. However, this situation creates a paradox for nurses, caregivers of people who may be experiencing the dying process and death because oscillate between needs also to keep the person alive, at all costs, and at the same time, help her dying the most natural way possible and worthy.⁹

Issues surrounding academic nursing have been analyzed. However, despite the implementation of changes, there are still unprepared professionals and students, at the end of the course, declare themselves incompetent, immature to exercise the profession within the theme.

It is a responsibility for the training of nursing involvement of the theme of death during the course. Evaluate the relationship of academics with the confrontation of denial, concealment of death, indicates for graduation desperation in dealing with the process of death and dying in their future professional activity.^{10:131}

◆ **Category 2: The approach of the aspects related to death and dying process in academia.**

The speeches show weaknesses in the approach of death and dying process in their academic curriculum.

There was always spoken highly in promotion and rehabilitation, but not death. Incidentally, only the seventh time in critically ill patients, since the Red Room, we experiences this. But at graduation we only work with the promotion and rehabilitation of health. (Angel Gabriel)

I do not remember this issue has been addressed in college. It is not a situation that you go there and teaches students have to learn, but it is something you might be going to the student that he will live and teach as he can handle it better. (Angel Anael)

We believe that the weaknesses of the approach of death could influence the actual construction of the historical profession, which emphasizes caring for life getting the care provided to death as punctual, without proper appreciation imbued aspects of professional preparation.

Some interviewees remember the issue being addressed in some subjects; however, it is insufficient to consider such an approach, while emphasizing the importance of the inclusion of the theme during the academic life.

In the first period, the lessons I Semiology, we tackle here the stages of death, back

and forth, we learn pathologies, learn everything, but not about the death. Included is a topic that should be inserted. (Angel Rafael)

I think this issue of death is unheard of in college and I remember just having spoken that content there in the first period, when we talk about the stages of death, preparation of the body and I think that should be further explored, we should be better prepared to deal with this situation of terminal illness. (Angel Miguel)

It is a clear need for new strands to the approach of the process of death and dying in the course of the Undergraduate Nursing.

As impressive as the changes introduced in the courses trainers of health professionals in Brazil, in view of the National Curriculum Guidelines and the Health System in effect, the benchmark of Nursing Schools is still centered in organicist model.¹¹

Even when training is geared towards the humanization of care seeking in matters with an emphasis on the professional humanities indicate a link, a close relationship nurse-client remain, according to Boemer, the "emphasis on life, as in death patient a rupture of this bond, the nurse felt like a sense of failure ", the training does not emphasize the finitude of being.¹¹

Facing death with the other own another can be a singular moment in experiences and feelings. Therefore, it is necessary a preparation of the health care professional, as a scholar, so that the process of death and dying does not become a humanly unbearable weight that makes you feel cold and distant.

◆ **Category 3: The professional preparation for customer care and family in the death situation.**

Nursing students expressed agreement in reporting, individually, unprepared to deal with death. Around this issue, we analyzed the stigma over death remains under academic.

It was a long time in my mind does not want to go over, you know, not having more desire. I do not have any preparation because we are prepared to healing and never for the death. (Angel Rafael)

I think nobody is prepared for death, because it is not a trivial thing, it is a life that you are dealing with, but it is something that must be faced, there is no way to skip this step. (Angel Anael)

I do not feel prepared to deal with death, death always moves me, I believe that like most of his colleagues, we have to read about it and talk more about this topic. There is still very taboo ... in my opinion. (Angel Miguel)

The fear of the unknown about death often cripples the future professional to deal with this issue. We believe that the fear accompanying academic since the moment it comes into contact with this theme. Thus, we believe that the approach with said unknown can be crafted in the realm of academia, so that teachers somehow to target trainees in strategic behavior during interaction and communication with client and family experiencing a terminal illness.

The option to work in healthcare also implies healing / caring human being who suffers, and to care for the family that lost their loved one also ends up sick. However, the future professional needs to acquire knowledge multifactorial, discussed in the training academy for safe care and humanitarian.

The study shows that from the twentieth century, the acceptance of death - culturally in some societies, is no longer observed, but, refused and considered taboo. Although we have the certainty of death, do not have to talk about the quiet anguish of ending and its impact on our lives. The process of death and dying is increasingly lonely, medicalized and institutionalized, where families, children or adults, no longer experience. What was once experienced by all, today is concealed and denied by most.¹²

◆ **Category 4: Feelings externalized in customer service that evolves into death.**

The tenuous link between death and emotion can be highlighted in this study. The sentiments expressed in most testimonials are loss, sadness, discouragement, failure and worthlessness, reads as follows.

You go there to assist, because you want to see the patient well, get out and see that it is improving, and progressing there much of the time quit devastated much as if he had lost the battle. (Angel Rafael)

The terminal patient, in case it gives some relief to see that the person suffering [...]. Now for example, if a young person came talking, walking and suddenly he has a cardiac arrest and dies, gives a sadness gives a discouragement, frustration, futility one. (Angel Gabriel)

My feeling was regret and automatically remembered much of my father and other members of my family who died, the death of my father greatly moved me ... have much time, but today his death affects me. (Angel Miguel)

We understand that nursing students are truly susceptible emotionally before the process of death and dying clients under their

care. Thus, different feelings that externalize denote positions negativity and fragility with respect to the subject during the interview.

Such sentiments expressed by the loss of others can be influenced by previous experiences that emerge also the immaturity and the occasional death; it can cause painful and difficult confrontations with the process of death and dying assisted the client.

In day-to-day clinical practice in Undergraduate Nursing emerge feelings of failure and guilt that may cause the academic feel unprepared and away the client with imminent death, when faced with this situation the performance of his duties.

The experience of frustration and feelings of guilt are noticed through powerlessness, sadness, fear and indifference and detachment that type of clientele a strategy used by academics to ease the situation. The anxiety and anger also arise, given the impossibility of discussion, considered "... a more effective action against the patient with impending death. These feelings stem from the lack of training and inadequate staff in situations involving death and dying." ^{13:405}

CONCLUSION

The results show that mourning, sadness, despondency and grief are part of the history of nursing students, the education institution studied, when in confrontation with the death of the client under their care in the field of clinical stage.

Prepare future nurses to address an issue as complex as death, there seems to be an easy task. It is for Nursing Schools and their teachers use teaching strategies that address the discussion on this topic, to create opportunities for students to express their feelings openly and clearly, as the negation of the subject tends to perpetuate the unpreparedness and inadequacy of the nurse in the death situation.

We believe that this study is relevant because although the approach in the training of health professionals is focused on the disease process, these sequences of events may result in cure or death of the subject. Thus, the death should be treated as a possibility, requiring guidelines for the management of pipelines, confrontations professionals, considering ways to react to the death are influenced by the beliefs and values of each person.

Considering the requirement of impartiality of attitudes towards death customer, we emphasize the need for an ethical approach and technical-scientific instrumentalizes the

scholar to deal with this situation. This study, therefore, serve as the basis for the nursing schools can adapt and present labor market, skilled professionals, offering then quality care from beginning to end of life.

REFERENCES

1. Salome GM. Sentimentos vivenciados pelos profissionais de enfermagem que atuam em unidade de emergência. Rev bras Enferm [Internet]. 2009 Nov/Dec [cited 2011 May16];62(6):856-62. Available from: http://www.scielo.br/scielo.php?pid=S0034-71672009000600009&script=sci_arttext.
2. Horta WA, Castellanos BEP. Processo de enfermagem. São Paulo: E.P.U. 1979.
3. Abrantes MJG, Figueiredo FJG, Sousa ATO et al. O significado da morte de pacientes para profissionais de enfermagem. J Nurs UFPE on line [Internet]. 2011 Jan/Feb [cited 2012 May 25];5(1):37-44. Available from: <http://www.ufpe.br/revistaenfermagem/index.php/revista/article/view/1181>.
4. Carvalho LS, Oliveira MAS, Portela SC et al. A morte e o morrer no cotidiano do estudante de enfermagem. Carvalho LS, Oliveira MAS, Portela SC, Silva CA, Oliveira ACP, Camargo, CL. A morte e o morrer no cotidiano de estudantes de Enfermagem. Rev Enferm UERJ [Internet]. 2006 Apr/June [cited 2011 June 06];14(4):551-7. Available from: <http://www.facenf.uerj.br/v14n4/v14n4a10.pdf>
5. Minayo MCS, organizadora. Pesquisa social: teoria, método e criatividade. 30th ed. Petrópolis, RJ: Vozes; 2011.
6. Figueiredo NMA (Org.). Método e metodologia na pesquisa científica. 3rd ed. São Caetano do Sul: Yendis; 2008.
7. Brasil. Ministério da Saúde. Conselho Nacional de Saúde. Resolução nº196, de 10 de outubro de 1996. Dispõe sobre pesquisa envolvendo seres humanos. Brasília (DF): MS, 1996.
8. Bardim L. Análise de conteúdos. Lisboa: Edições 70; 1979.
9. Bellato R, Araújo Apde, Ferreira HF, Rodrigues PF. A abordagem do processo do morrer e da morte feita por docentes em um curso de graduação de enfermagem. Acta paul Enferm [Internet]. 2007 Mar [cited 2011 May 23];20(3):255-63.
10. Custódio MRM. O processo de morte e morrer no enfoque dos acadêmicos de enfermagem. Encontro Rev de Psicologia. [Internet]. 2010 [cited 2011 June 06];13(18):127-42. Available from: <http://sare.unianhanguera.edu.br/index.php/rencp/article/viewFile/2330/1134>.
11. Boemer MR. A morte e o morrer. 3rd ed. Ribeirão Preto: Holos; 1998.
12. Martins RM. Aspectos religiosos da morte [cited 2011 May 16]. Available from: http://www.rosanemartins.com/aspectos_religiosos_da_morte.htm
13. Vargas D. Morte e morrer: sentimentos e condutas de estudantes de enfermagem. Acta paul Enferm [Internet]. 2010 June [cited 2012 June 03];23(3):404-10. Available from: <http://www.scielo.br/pdf/ape/v23n3/v23n3a15.pdf>.

Submission: 2013/07/06

Accepted: 2013/10/08

Publishing: 2013/11/15

Corresponding Address

Verônica Caé da Silva
Av. Dom Helder Camara, 6001 Bl. 05/1005
Bairro Pilares
CEP: 20771-002 – Rio de Janeiro (RJ), Brasil