THE PROCESS OF DEATH AND DYING IN NURSING STUDENTS PERCEPTION

O PROCESO DE MUERTE Y MORIR NA PERCEPÇÃO DE ACADÊMICOS DE ENFERMAGEM

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ABSTRACT

Objective: to analyze the perception of nursing students facing the process of death and dying. Method: descriptive, exploratory study with a qualitative approach, accomplished with 19 nursing students. For data collection, an interview was conducted using a semi-structured script. Data analysis was performed according to the content analysis technique. Results: from the grouping of results, three thematic categories emerged, which reveal the understanding of death; the feelings experienced in academic practice and approach the theme “death” in the gym. Students believe that a subject or a differentiated approach by teachers would be a way to guide them better for working life. Conclusion: nursing students have feelings of fear, sadness, anxiety related to patient deaths, the emotional immaturity and academic unpreparedness to deal with this event. Descritores: Death; Nursing Education; Students.

RESUMO

Objetivo: analisar a percepção dos estudantes de enfermagem diante do processo de morte e morrer. Método: estudo descritivo-exploratório, com abordagem qualitativa, realizado com 19 acadêmicos de enfermagem. Para a coleta de dados, realizou-se uma entrevista utilizando um roteiro semiestruturado. A análise dos dados foi feita de acordo com a Técnica de Análise de Conteúdo. Resultados: a partir do agrupamento dos resultados, emergiram três categorias temáticas, que revelam a compreensão da morte; os sentimentos vivenciados na prática acadêmica; e a abordagem da temática ‘morte’ na academia. Os acadêmicos acreditam que uma disciplina ou uma abordagem diferenciada por parte dos docentes seria uma forma de orientá-los melhor para a vida profissional. Conclusão: os estudantes de enfermagem apresentam sentimentos de medo, tristeza, angústia relacionados às mortes de pacientes, à imaturidade emocional e ao despreparo acadêmico em lidar com este evento. Descritores: Morte; Educação em Enfermagem; Estudantes.

RESUMEN

Objetivo: analizar la percepción de los estudiantes de enfermería frente al proceso de muerte y morir. Método: estudio descriptivo-exploratorio, con enfoque cualitativo, realizado con 19 académicos de enfermería. Para la recolección de datos fue realizada una entrevista utilizando una guía semi-estructurada. El análisis de los datos fue realizado de acuerdo con la Técnica de Análisis de Contenido. Resultados: a partir del agrupamiento de los resultados, surgieron tres categorías temáticas, que revelan la comprensión de la muerte; los sentimientos vividos en la práctica académica y el enfoque de la temática ‘muerte’ en la academia. Los académicos acreditan que una disciplina o un enfoque diferenciado por parte de los docentes sería una forma de orientarlos mejor para la vida profesional. Conclusión: los estudiantes de enfermería presentan sentimientos de miedo, tristeza, angustia relacionados a las muertes de pacientes, a la inmadurez emocional y a la falta de preparo académico en lidar con este evento. Descritores: Muerte; Educación en Enfermeria; Estudiantes.
INTRODUCTION

Death is a subject seen in different dimensions, which do not allow us to affirm absolute truths because, when approached, arouses curiosity, causes discomfort and is always accompanied by many questions to which is the undisputed answer that dying is inevitable, intrinsic to life and is sure that every birth is associated with an end.¹

The perception of experiences of death and dying has undergone changes over historical time, following the changes in society with regard to attitudes toward death, evolving from a quiet experience, and even desired, in the Middle Ages for a chance full of anguish, fear and distress, which should be avoided at all costs at the present time.²

Death is not only a biological phenomenon of human evolution, but a process socially constructed, which is indistinguishable from the other dimensions of the universe of social relationships. Thus, death is present in the daily lives of human beings, regardless of their causes or forms.³

It is important to remember that, of all the people who have to live with the feelings caused by death, there are health professionals, ideally nurses, which are more closely linked, as in the scenario of health institutions death is constantly present, reason of being a relevant issue, however, difficult reflective approach, especially in the nursing care practice.⁴⁻⁵

By coexisting directly and more time with patients, nurses are exposed to death and dying process. However, it does not mean that they are fully prepared to face this process.⁶ Since his formation, the professional nurse receives teaching and training on disease prevention and health promotion for sustaining life, and to preserve it; he should feel trained. His academic background is based on the healing, and it is his greater gratification. Thus, when in their daily work, they require dealing with death, in general, they feel unprepared, and tend to get away from it.⁷⁻⁸

The theme of death and dying should be studied in their training to provide adequate technical capacity or as a matter of security to their mental health.⁹⁻¹⁰ Thus, given the key role of higher education institutions for the training of professional to deal with the process of death and dying and due to the identification of an incipient number of publications on the subject, the research is justified on the perception of nursing students about the process of death and dying.

Given this context, the following question was formulated: Are the nursing students receiving adequate preparation for coping with death and dying process? To answer this question, the objective of this study is:

♦ To analyze the perception of nursing students facing the process of death and dying.

MÉTODO

Descriptive, exploratory, and qualitative study, carried out with students of the Bachelor in Nursing, of the Center for Education and Health of the Federal University of Campina Grande, in the city of Cuité/PB in February 2014.

For sample selection, the following inclusion criteria were considered: academics who were older than 18 years old, enrolled in the semester 2013.2; and as exclusion criteria, nursing students who were not in the last year of training. In these aspects, the saturation criterion¹⁰ was also used to obtain this sample. Thus, the sample consisted of 19 nursing students.

To collect data, a semi-structured script was used containing subjective questions involving the subject. When being asked, the participants were informed about the purpose of the study. The secrecy, anonymity and leaving at any time of the survey were guaranteed by reading and signing the Consent and Informed Term (TCLE), provided at the interview. The criteria followed the Resolution 466/2012 of the National Health Council that guides research involving human beings. It was also requested permission to record the interviews.

The interviews were recorded on an MP3 player. The time of the interview depended on the ability of the study participants to provide the desired information. The interviews were transcribed and after the reading, they proceeded to the coding of categories of discourses grouped by similarity, and thus forming the collective corpus of speeches.

For data analysis, the Content Analysis technique of Bardin¹¹ was used that involves the following phases: pre-analysis, material exploration, and treatment of results, inference and interpretation. After the organization of the material, thematic units were identified that emerged from reports of the study participants. These units were grouped by the convergence of meanings, sorted and aggregated into categories that defined the specification of subjects and they were analyzed with literature subsidy.
It is appropriate to mention that to ensure the anonymity of study participants, they were coded, generically, from E1 to E19.

The research was conducted after approval by the Research Ethics Committee of the University Hospital Alcides Carneiro/HUAC, Federal University of Campina Grande/UFCG with CAAE 17386413.0.0000.5182.

RESULTS AND DISCUSSION

There were 19 students in the course of Bachelor of Nursing Education and Health Center - Campus Cuité / PB participating in the study. About the sex of the participants, 14 (73.7%) were women, and five (26.3%) were men. The average age of respondents was 25 years old. For the period of the course, 18 (94.7%) were in the 9th period, and one was in the 10th period. Regarding religion, 14 (73.7%) were Catholic, three (15.8%) were Evangelicals, and two (10.5%) said they did not have any religion.

Thematic categories

Death usually causes great impact on people’s lives. The way each understands death, or how they relate to their personal or professional experiences make a difference in addressing this process. In this sense, the thematic categories and their subcategories are displayed below.

Category 1 - Understanding of death

Some participants showed academic understanding of death as a natural process, as the end of a cycle, an event that all human beings will inevitably have to face, giving it different meanings. Below some statements that explain this are listed:

Sub-category 1 - Natural process of life

Death is a vital process of human life. (E1) It is the end of life. (E9)
This is where you end the [...] vital process. (E11)
It is when the organic matter ceases to function. (E16)

Every human being has an individual perception of himself as to the death that occurs for their cultural heritage or even for their personal training. This mystification in facing of death is influenced by social interaction, media, among others. Death as a natural process cannot be detached from life, but integrated into it to appreciate it. The man only values life when he assumes his death and the death being a possibility; it can come at any time.

During the process of death, there is the awareness that comes in facing this event because the person is faced with the end of authentic and clear, compelling and unforgiving, evidence of the last framework of life.

For some authors, only from the moment the person is discovered finite passes to understand better the finiteness of the other and it is at this time that people start to perceive death as something natural and for all.

In this regard, the participants of the research perceived death as a natural process of the human being, which ends the life; however others have shown that in addition to being a biological process, death is considered a spiritual renewal process.

Sub-category 2 - Process of spiritual renewal

Death is a passage. (E3)
Death is a stage of life that the person is no longer on earth and passes through a spiritual field. (E19)
It is when we leave the material and go to the spirit. (E6)

Belief in human transcendence seems to be, for some participants, trying to ease the pain and suffering from the consciousness of their death.

Authors believe that the beliefs about death and dying process are closely related to religious dogmas since all religions record the belief of the existence of life after death. Thus, two fantasies coexist in this belief: the first concerns the existence of a heavenly world, watered by the pleasure principle and where there is no suffering; and the second refers to a world of suffering and lamentation translated by the image of hell.

Thus, it is believed that the most distinct cultures seek answers in religion to understand the unknown and remedy the pain, fear, and uncertainty generated by death.

Category 2 - Feelings related to the death of the patient in academic practice

Other participants of the research verbalized the feeling of fear about death because it is a fact and that is connected to the unknown. Since it cannot be predicted when the patient will die, some students reported fear of the fact that its occurrence and fear to use all the strategies needed to keep the patient alive. Below, there are the lines that reveal this.

Sub-category 1 - Fear

I am afraid because you cannot give time for me to do everything I wanted to do. (E2)
I fear for the event. (E19)
Fear is the most common psychological response in the face of death. The fear of death is universal and affects all human beings, regardless of age, sex, socioeconomic status and religious belief. This feeling is present at all times and in all people, as for man, death is the idea of finitude and punishment, what makes it so feared and that brings suffering to human beings. However, fear is directly related to psychological maturity, beliefs, religion and socio-cultural context of the person.

The finitude is inevitable and may not need the exact moment that occurs. However, this combined imprecision the uncertainty of what will meet ahead and doubt on the possible continuation of some form of life are also responsible for the feeling of fear. Fear of loss of a patient can be explained by the fact that it is one of the most painful experiences that the students may suffer. It is painful not only for those who experience it but also for those who also notes the student present individual limitations, techniques, and the patient present a higher demand attention than necessary at the time of death.

Through the various ways the study participants perceive death and dying, there was a variety of feelings, including sorrow, grief, and pain.

♦ Sub-category 2 - Sorrow, grief, and pain

I felt sadness! Because it is the end of a cycle. It was a feeling of anxiety [...] is a loss. It hurts! (E3)

I spent days to recover. It greatly moved me; I was sorry to lose a patient. Shocked, scared. I was down! (E6)

The grief reactions to the death and dying process vary according to the care strategies that are used. Students who engage more with the patient reveals a deep sense of sadness and anxiety connected with such care.

The feeling of sadness arises due to the training of nursing students who are prepared to maintain and regain life. However, when they are in situations where they cannot preserve it, they feel depressed and powerless. Thus, based on this training for the profession, norms and behaviors are followed to save lives and prevent death, that when it is present, can have a profound state of sadness, since seeing the lifeless body a patient for which it provided care, devoted time and care, is something that causes a lot of strangeness.

Although death is part of human development and that in some conceptions, means both the end point of evolution as the possibility of rebirth, the proximity to the dying process raises in people issues that include their experiences reflecting the feeling of anxiety. In this sense, from the academic training of nursing professionals, death generates existential anguish arising from the weakness of the other projection and identification with the patient.

Another aspect worth mentioning is the possibility that the feeling of anxiety about death is originated from the person’s helplessness before the inevitable fact of death of those who care and can also generate the feeling of sadness for the loss of a prolonged coexistence and a pleasurable engagement between the caregiver and the person being cared.

Thus, there is a need for great attention to the emotional aspects of students to address their concerns before the process of death and to die, given the occurrence of feelings like sadness, anguish and pain that permeate their professional life.

However, although several studies with nursing students address the occurrence of frustrating feelings about death, some of the participants in this study also demonstrated facing death with feelings of overcoming, acceptance and naturalness. Below, we observe some lines that highlight these aspects.

♦ Sub-category 3 - Overcoming feelings, acceptance, and naturalness

I try to overcome [...], and face life forward. (E1)

I have no difficulty about it! (E7)

My reaction was normal! Moreover, I was surprised … I do not know if I was cold, but I felt compassion for the patient who was dying there in front of me [...] I acted normally. (E9)

We have to accept [...] in the best possible way. (E13)

There’s nothing to do; you’ll have to adapt to the situation! (E18)

In nursing, understanding of death as natural and acceptable is considered a defense mechanism, protection against suffering, where it becomes experienced with certain normality and naturalness.

The natural reaction may be due to the daily familiarity with death, which causes the person face it with a certain naturalness, coldness or even indifference. Thus, in an attempt to protect the academic they end up explaining feelings, such as isolation, fear, and distress, going to understand often that a good professional is one who becomes apathetic.

Although this aspect seems to be a positive point in coping with death and dying process, the apparent reaction of naturalness in front
of this process, it is still an indication of the lack of preparation in academic education.27

Another defense mechanism used by some people concerning the interaction between introjected religious beliefs during the life of the individual, the intensity, and quality of projective mechanisms. In this sense, it is emphasized that to face the death there must be the development of understanding of it, considering the concepts of irreversibility and universality.28

The irreversibility refers to the realization that the physical body cannot live after death. Therefore, it includes the recognition of the impossibility of changing the biological course or return to a previous state. Universality refers to the realization that everything is alive dies.28 These aspects are highlighted in the statements of some participants, which shows that death is perceived as part of the life cycle, so there is the notion that no being will live forever. In this sense, the confrontation of the process of death and dying may represent an opportunity for students and nursing professionals provide humanized care, thus ensuring respect for the dignity of patients and families who experience this process.8

Category 3 - The theme 'death' in the school

The act of caring goes beyond technical doing implying care actions with the person as a whole, in full. Thus, what is expected of the nursing staff is to be prepared to develop actions aiming not only to watch the human being at birth but commit at the time of death.29

Thus, for the academic and professional nursing future can be prepared to provide proper care effectively to the patient experiencing a terminal illness, taking knowledge beyond the pathological process. It also implies the ability to deal with the suffering of people and to their emotions to the patient with or without prospect of cure and need to look and identify their real needs, thus learning to cope with the process of death and dying.13

In the area of nursing, little attention has been given to the process of death and dying by educational institutions.30 This aspect is revealed in the statements of the research participants.

Sub-category 1 - Insufficient subjects/topics on the theme death.

We have not learned how to deal with this situation. So, when I went to my practice I have seen death happen, I did not know what to do. (E3)

We only learned techniques [...] nothing related to the feeling of the human being and on the professional-patient. (E4)

Well, in the subjects, for example, focused on mental health, psychology, psychiatry, was geared more towards you give support to the family through that type of situation. (E10)

I saw once in practice as was the preparation of the corpse, as dealing with the body, but the experience of death, or feel death or assist family was in no way shown to us. (E12)

Research conducted with nursing professionals are unanimous in pointing out the deficiency in academic education as primarily responsible for the difficulty of coping with death and dying process.24,31

One of the aspects that are responsible for this deficiency is the absence of a formal space for approach to death and dying in academic education, it can lead the student not to reflect on the issues surrounding the issue, making it difficult to care for the dying person as was emphasized by one of the research participants.20

Another aspect worthy of attention are the curricula of the training area of health professionals, in which death has been at most approached pragmatically from the scientific point of view, focusing on abiotic signals. Regarding the field of emotions, disturbances and changes that the possibility of death brings little is said.32 This is evident from the speeches of the academic participants, where you can observe the process of death and die is approached superficially in some disciplines, covering only the techniques of how to deal with the dead body.

● Sub-category 2 - Thematic improvement need

A subject would add a lot and make you think death as a broad process that involves several aspects: think of being that lives, but to also die; [...] The family grief; [...] The humanization on the patient's suffering; [...] (E3)

It does not need a specific subject, but each semester, teachers of various subjects focused that matter, it would be easier for us [...] (E13)

I wanted to learn how to deal with death in different situations, whether in an emergency, but also in the death of a terminally ill patient. (E14)

Mostly learn the communication process before the process of death. (E17)

By inadequate preparation of research participants nursing students, it was observed that they agree that it is necessary to create a
course that addressed various aspects of death and dying process to be better prepared.

This aspect converges with other studies, where it is expressed that the mere creation of new courses cannot be considered as the solution to such a problem. Although undergraduate nursing courses in Brazil have incorporated subjects that provide input to the understanding of death and dying process, there is still a lack of reflection and discussion on the subject. Thus, not enough new subjects or content additions on the subject of death to teach their training. It is necessary, above all, a reflection on the meaning of life and care, so that spaces are open to the construction of the teaching and learning process. Thus, reformulating curricula and defragment content are important actions, but they are not enough if they are alone.

Thus, it is emphasized that the inclusion of courses on death and dying does not guarantee adequate training to deal with this process. For best results, coordination of an undergraduate degree in nursing needs to know redirect and guide teachers to an appropriate approach. In this context, to work the process of dying and death in the school, they need to provide benefits to both teachers as the students, so that they can be prepared for coping in this process.

**FINAL CONSIDERATIONS**

Nursing students have different concepts of death and feelings of fear, sadness, anxiety and pain related to patient deaths, the emotional immaturity and academic unpreparedness to deal with this event; feelings of naturalness are related to a defense mechanism against suffering.

Other aspects observed were the lack of preparation for the theme death in academic practice and the need to create spaces that allow the discussion of issues related to death and dying process. Thus, the concern of these students is related to the assistance that they will offer as future professionals.

Thus, it is seen the need for reflection and discussion on the process of death and dying in the training of nursing students, allowing them to become able to face this situation during their professional practice. In this regard, it is emphasized the importance and changes of urgency in the curriculum of nursing courses in the pursuit of an education that offers emotional support by addressing this issue through training, allowing appropriate assistance to those who experience this process.

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