Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

ORIGINAL ARTICLE

PERSPECTIVE OF NURSING PROFESSIONALS ON DEATH IN THE EMERGENCY

PERSPECTIVA DE PROFISSIONAIS DE ENFERMAGEM SOBRE A MORTE NA EMERGÊNCIA

PERSPECTIVA DE PROFESIONALES DE ENFERMERÍA SOBRE LA MUERTE EN LA EMERGENCIA

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ABSTRACT

Objective: to know the perspective of Nursing professionals, who work in the emergency room, about the process of death and dying. ***Method:*** a qualitative, descriptive and exploratory study, carried out with 17 Nursing professionals who worked in the emergency room of a university hospital. Data was collected through semi-structured, audio-taped interviews that, after being transcribed, were submitted to Content Analysis in the Thematic modality. ***Results:*** categories emerged - Feelings and perceptions regarding the process of death and dying and Alterations in the perception of death in different phases of life. Both show feelings, initial experiences with death as a professional, and lack of preparation on the subject during training. ***Conclusion:*** professionals understand that death is part of the process of living, but they feel sadness, frustration and impotence, especially when the patient stays for longer in the emergency room. It is believed that this study may contribute to the professionals feel motivated to reflect and discuss more humane and supportive care in the hospital emergency service. ***Descriptors*:** Death; Nurse Practitioners; Emergency Medical Services; Emergency Service Hospital; Perception; Professional-Patient Relations.

RESUMO

Objetivo*:** conhecer a perspectiva dos profissionais de Enfermagem, que atuam na sala de emergência, sobre o processo de morte e morrer. ***Método*:** estudo qualitativo, descritivo e exploratório, realizado com 17 profissionais de Enfermagem que atuavam na sala de emergência de um hospital universitário. Os dados foram coletados por meio de entrevistas semiestruturadas, audiogravadas que, após transcritas, foram submetidas à Análise de Conteúdo na modalidade Temática. ***Resultados*:** emergiram as categorias - Sentimentos e percepções frente ao processo de morte e morrer e Alterações na percepção da morte em diferentes fases da vida. Ambas mostram sentimentos, experiências iniciais com a morte enquanto profissional e a falta de preparo acerca do tema durante a formação. ***Conclusão: os profissionais entendem que a morte faz parte do processo de viver, mas sentem tristeza, frustração e impotência, especialmente, quando o paciente permanece por mais tempo na emergência. Acredita-se que este estudo possa contribuir para que os profissionais se sintam motivados para refletir e discutir sobre cuidados mais humanos e solidários no serviço hospitalar de urgência. ***Descritores*:** Morte; Profissionais de Enfermagem; Serviços Médicos de Emergência; Serviço Hospitalar de Emergência; Percepção; Relações Profissional-Paciente.

RESUMEN

Objetivo: conocer la perspectiva de los profesionales de Enfermería, que actúan en la sala de emergencia, sobre el proceso de muerte y morir. ***Método:*** estudio cualitativo, descriptivo y exploratorio, realizado con 17 profesionales de Enfermería que actuaban en la sala de emergencia de un hospital universitario. Los datos fueron recolectados por medio de entrevistas semiestructuradas, audiogravadas que, tras transcritas, fueron sometidas al Análisis de Contenido, en la modalidad Temática. ***Resultados:*** surgieron dos categorías - Sentimientos y percepciones frente al proceso de muerte y morir y Alteraciones en la percepción de la muerte en diferentes fases de la vida. Ambos muestran sentimientos, experiencias iniciales con la muerte como profesional y la falta de preparación acerca del tema durante la formación. ***Conclusión:*** los profesionales entienden que la muerte es parte del proceso de vivir, pero sienten tristeza, frustración e impotencia, especialmente cuando el paciente permanece por más tiempo en la emergencia. Se cree que este estudio puede contribuir a que los profesionales, se sientan motivados para reflexionar y discutir sobre cuidados más humanos y solidarios en el servicio hospitalario de urgencia. ***Descriptores*:** Muerte; Enfermeras Practicantes; Servicios Médicos de Urgencia; Servicio de Urgencia en Hospital; Percepción; Relaciones Profesional-Paciente.

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INTRODUCTION

The process of death and dying is part of the natural cycle of life, although it is seen by contemporary society as an event that goes in the opposite direction, marked by feelings of grief, impotence and frustration, mainly because it involves not accepting the loss and difficulties of facing it.[1]

There are various meanings and concepts about death that involve biological, religious, material, and cultural aspects. Death can be understood in a simplistic way as the junction of biological and pathological factors resulting from the failure of some vital organ through accidents, acute or chronic degenerative diseases.[2] Notably, it is an event that all human beings experience, however, what varies are the forms of confrontation, since they are dependent on cultural, religious and social formation.[3] It is observed that the act of dying has become solitary, inhuman and mechanical. Faced with the involvement of a pathology with some degree of complexity and severity, the patient is referred to the hospital environment. This, most of the time, is done abruptly and quickly by the family or by rescue and pre-hospital health care professionals. With this fact, a physical and emotional distance between the patient and his / her relatives is promoted, including decisions related to the treatment and the process of evolution of the clinical situation, which should be together.[4]

In part, solitary dying in the hospital may occur because health professionals are increasingly qualified to work with different high complexity technologies that extend the life of the patient, especially those inserted in emergency or intensive care units. However, many professionals are not prepared to deal with the patient and his family in the process of death and death. In turn, it is difficult to experience the loss of the patient also for health professionals.[5]

The fear of facing death by Nursing professionals can bring individual harms and also the work environment as a whole. Supposedly, these professionals would be able to deal with the process of death of the patients, however, the difficulty of confrontation begins in the graduation, well before the professional practice, since the subject death and to die often is little approached in the course theoretical and practical disciplines.[6-7]

In this sense, it is revealed that the chronological context of human development (being born, growing, reproducing, aging and dying) becomes more acceptable and natural to health professionals when elderly people die. It is accepted, with greater difficulty, the death of newborns and children, since these beings could not know, produce and leave marks in the family and in society. It is therefore a great challenge for professionals to lose a pediatric or young patient, especially in the face of acute health problems or accidents and external causes, as they do not know how to deal with this type of adversity.[8]

It is known that in the emergency context, the patient and the rescue of his life should be the focus of care, but, on the other hand, it is necessary to ensure that the team welcomes distressed relatives and at the same time provides a family and patient-centered care.[9] It is imperative that family members in the emergency department be treated as a secondary patient, taking into account their needs, as they often reach the hospital environment anxious, agitated, distressed and insecure. You should clarify your doubts about the illness and your fears about the possible death of the loved one.

In general, knowing the perspectives of nursing professionals about the process of death and dying, it is possible to direct activities / interventions that reduce the suffering of both professionals working in the emergency and family sectors. By better preparing the health team, it is possible to improve the quality of the service provided and experience the loss of the patient more naturally. It is thus allowed to dispense care with ethics, professionalism and in accordance with the principles of the humanization of care.

OBJECTIVE

- To know the perspective of Nursing professionals, who work in the emergency room, about the process of death and dying.

METHOD

A qualitative, descriptive and exploratory study, carried out with nurses and nursing technicians who worked in the emergency room of the prompt care of a Public University Hospital located in the South of Brazil.

This sector has four beds, however, depending on the need, it can hold up to eight patients. By work shift, a nurse and one or two nursing technicians work in the same, according to the number of patients in care.

Altogether, 70 professionals work in the Emergency service/HUM and, although monthly rotation occurs among the professionals of the different sectors of this unit (semi-intensive care ward, post-

consultation medication sector and hospitalization wards), many of them are not escalated to work in the emergency room due to the peculiar characteristics of this sector.

It was defined as inclusion criteria for the study participants: to work in the service for another three months, to be trained more than one year and to have experienced the death of at least one patient. Already as exclusion criterion was defined: being away from the service - attestation / vacation during the period of data collection.

Twenty-eight professionals who met the inclusion / exclusion criteria were interviewed, but for different reasons, 11 refused to participate in the study, so that 17 professionals became informants in the study.

The data were collected from August to October 2017 through semi-structured interviews, individual and recorded in digital media after the participants' authorization.

Interviews were conducted at the institution's premises, in a private place, on the day and time of the participants' choice, so as not to interfere with their work activities. They lasted an average of 20 minutes and were guided by the following guiding questions: How is it for you to lose a patient? As you face the process of death and dying?

During the interviews, an instrument was elaborated by the researcher based on the objective of the study and the current literature on the subject. Firstly, the professionals that met the inclusion criteria of the study were contacted to check the availability and interest in participating in the study. The interviews were scheduled or they were then performed, when they were available for such.

The transcripts of the interviews were made as soon as possible or as soon as possible to reduce the possibility of forgetting and to avoid loss of details observed during the interviews.

Then, the material was organized, which was read several times, identifying key passages that corresponded to the purpose of the study. The thematic analysis consists of discovering the nuclei of meaning that make up a communication whose presence or frequency means something for the intended analytical objective.[10-1] From this analysis, two categories emerged: Feelings and perceptions before the process of death and dying and Alterations in perception of death in different phases of life.

During the development of the study, the ethical aspects disciplined by Resolution No. 466/12 of the National Health Council and its complementary ones were followed. The project was approved by the Standing Committee on Ethics in Research with Human Beings of the State University of Maringá (SUM) and registered under CAAE 71053917.7.0000.0104. All participants signed the Free and Informed Consent Form in two ways. We identified excerpts from their reports with the acronym (NUR) for nurses and (NT) for nursing technician followed by a number indicative of the order of the interviews.

RESULTS

The study included 17 professionals, of whom ten were nursing technicians and seven were nurses. The age group was between 22 and 55 years of age and the majority were female (15). The time in the area ranged from three to 33 years and seven of them had postgraduate / specialization in different areas. It is noteworthy that, of the ten Nursing technicians, three had undergraduate Nursing, however, they exercised technical activities.

From the data analysis, two empirical thematic categories emerged, described below.

♦ Feelings and perceptions regarding patients' death and dying process

This category presents the reports of the perceptions and feelings of nursing professionals regarding the process of death and dying, as well as their involvement during the loss of the patient and the lack of training / preparation to cope with death during graduation.

Specifically, the testimonies point to the difficulty that professionals have to address the issue and deal with death, especially when the patient stays in the emergency room for longer. This is because, the professionals begin to deal, not only with the hospitalized subject, in a serious state of health, but also with their family, often creating bonds with the relatives.

> *You create a family bond, so if the patient stays a long time and you become attached to the family, the suffering is even greater (...). (NUR3)*
>
> *You cry to see the pain of the family, that cry of the mother of wanting to see your child back. It is difficult to talk about death, especially in the emergency, you feel incapable. (NT4)*
>
> *To talk about death will always be a difficult thing, because it is something that nobody works well (...). (NUR5)*

When questioned about the main feelings experienced in the process of death and death of the patient in the Emergency Room, professionals identified that suffering was the most common experience and this was qualified by the feelings of sadness, impotence and frustration with the care provided.

> *It makes me sad, it gives frustration (...) if it had been better attended, but it generates, yes, mainly, enough frustration, I get frustrated, because it was made of everything, but the person died, sometimes in an accident, pretty hard. (NT2)*
>
> *It is a feeling of embarrassment, that you could have done more. (NUR3*)

The subjects reported in their testimonies that, during professional training, they did not have, as expected or believed necessary, training, nor support to face the death of patients. They emphasized that after entering the labor market, the reality was very different from that experienced in the sparse theory dealt with on the subject and it was in the workplace where they had the opportunity to develop coping skills and strategies to face / support the family of the patient who died.

> *No, I had no preparation, what I had was: "Go, you have to face!". I remember the teacher very well telling us this. I missed it a lot during graduation because you can not get away from it, one hour we're going to have to face it. (NUR7)*
>
> *I had no preparation. When I took the technical course we always learned to deal with saving lives and not with death. (NT5)*
>
> *In college one does not speak of death, one does not speak of loss, one speaks only of wanting to help, to care for and to heal. (NUR5*)

Some professionals believe that professional experience promotes changes in care practice, characterized by professional and personal maturity, impersonality and discernment in working with the situation of loss.

It was identified during the interviews that these professionals conceive the work in the emergency room as stressful and stressful, especially in cases of patients without therapeutic possibilities. They rely on different strategies in an attempt to eliminate negative feelings related to the frustrating situations of the workday, so that these feelings do not affect their personal life and also, so that they do not interfere in the care of the other patients.

> *Today I already face different, because I know that my technique is well developed, I have a very broad knowledge (...). (NUR1)*
>
> *You learn to deal with the situation (...) you start to accept things more, you have to see the natural process (...). (NT4)*
>
> *We keep the professional look, day by day is becoming more prepared. Seeing that patient is a life, we maintain the ethical posture, but we feel (...). (NUR6)*
>
> *You have to have professionalism to not take it to day to day, (...) do not take it out for you .... From the moment you leave, you have to let go. (...) I as a professional get involved a lot, but I have to leave it here, I can not take it from the door, otherwise you do not live, ... being professional is doing it inside a hospital. From the As you close your work journey, you have to forget and take your life forward. (NUR2*)

♦ Changes in perception of death in different phases of life

To illustrate this category, we have selected statements that express the difficulties experienced by some professionals in dealing with the death of young people or children - especially victims of acute diseases or external causes. This difficulty is justified by the simple fact that this is not the chronological order of life. It is believed that these people would still have many dreams to be fulfilled and a promising future, which is abruptly interrupted by death. Some professionals showed great emotional involvement and experience of feelings such as disappointment and sadness in these cases.

> *It is a small being and lived nothing, I think this is the sensation, it was not time to die, we think we die old, and we know that there is no time to die. (NUR5)*
>
> *It was very difficult for me, so much that I do not even like working with children, it's not that I do not like children, I'm very affectionate, I like, I suffer together, I cry together with the family, I end up getting very involved. It is difficult to see the mother and the family desperate. I have difficulty working with the child. Here in the emergency I do, I go and do what I have to do, I'm a professional. (NUR6)*
>
> *I was very upset (...). No one is expecting the death of a child, even we who are health professionals, (...) it is a deception, it is complicated, I was very tearful (...). (NUR1*)

It was observed that the death of older patients or patients with terminal illness is more easily accepted by professionals, since they believe that this constitutes the natural course of life. They position themselves differently in the face of the death of a young patient and that of an elderly person, since they have the belief that the elderly person has already gone through all the phases, has

had its history and left descendants. In these cases, death is an expected event.

> *So when you are an elderly, you want to comfort, you do the care, it is a palliative care, is a person of 80, 100 years, the family is feeling, suffering, but so, he already had grandchildren, great-grandchildren, he already had a story. (NT4)*
>
> *An old man has lived, not that we do not feel, so we can understand better. (NUR6)*

DISCUSSION

It is part of the work routine of health professionals, especially those inserted in critical and emergency care environments, the process of death and dying. This theme, however, is not easily addressed even by those professionals who, commonly, react differently to the event.

A study was carried out in the Intensive Care Units (ICUs) of two hospitals in Patos-PB, and it was observed, mainly, the insecurity of the professionals to speak directly on the subject, many of whom avoided mentioning the word "death", the which was replaced by other words like: term, passage, certainty and event. This finding is in line with the results of this research, in which it is pointed out that the resistance to discuss the theme is one of the main reasons for the difficulties encountered.[1]

Restricted professionals were faced with the recognition and confrontation of the finitude of the human being appearing sensations of diverse natures. Feelings such as impotence, sadness, frustration and pain were detected in the speeches.

A study was carried out in a public hospital in the Zona da Mata of Minas Gerais, with ten professionals from the Nursing team (nurses, technicians and auxiliaries in Nursing), in which it was shown that death is part of the routine work of these professionals. In this context, the human fragility is highlighted, leading professionals to recognize their own finitude. Frustration is another feeling that is very present in daily life, because when the patient goes to death, the bond between patient-nurse is broken.[12]

It can be seen that there is still an understanding that hospitals have the purpose of curing hospitalized people and that death presents itself as an opposition to this. Health professionals perceive themselves as having the task of dealing with life, and when they witness death, they are prone to portray it as a failure to provide care resulting in feelings of anguish, guilt, stress, and impotence in the face of the saving function lives.[13-4]

Professional experience is a great ally for coping with death. The safety obtained by the exhaustive execution of the assistance practice of the multiple clinical cases experienced with varied ends is shown to be relevant.

It has been demonstrated in studies that health professionals, especially nurses, believe that experiencing death and dying in daily work is challenging, but in many cases they can recognize that it is a natural life, and that, inevitably, everyone will one day go through it and that is part of the daily reality of work. It is tried to create strategies to deal with death with the minimum of emotional involvement because, even if there is no therapeutic reaction on the part of the patient, one has the feeling of accomplishment.[12,15]

It is affirmed that daily living with the death of patients triggers feelings of grief in professionals. In these cases, it is necessary to have a greater understanding about this event and control of the emotions. In this way, it is believed that it is possible to offer support to the patient in the process of finitude of life and to their relatives.[15] In this way, it is necessary to keep emotional distance from what occurs frequently in their work environment, being understood as a mechanism of defense and protection for the majority of professionals.[8]

It is noteworthy that, in the perception of the professionals under study, during the graduation, little is addressed the theme of death.[16] Academicians are prepared to care for, promote life and cure. The commitment to the preservation of the life of the patients under their care is realized and, when this does not happen, one perceives death as an unforeseen or a failure in their professional life. Therefore, in Brazil, there is little work on the issue of death in curriculum matrices and this gap generates a lack of preparation in the future of the professional.[16-8]

The process of death and dying is a challenge for nursing students because of the lack of preparation that professionals in the area demonstrate in coping with death, a behavior responsible for enhancing the feelings of impotence and aversion generated during graduation. In addressing the death process and dying in classrooms, practice labs, and especially in the field of internships, future professionals are prepared to assist and intervene with hospitalized patients and their families. Finally, it contributes to the care of the patient with a more humane look and experiencing the situation with less professional suffering.[19-20]

When analyzing the second category, it is found in studies carried out with pediatric ICU nursing professionals from the public health network that the process of death and dying in the pediatric area raises feelings of discomfort in professionals. This is because they create affective bonds with these patients, which makes visible the difficulty of coping and intensifies the idea of unacceptable event for a being who is beginning to live.[21-2]

Death and dying are aspects inherent to the human condition and it seems that this condition is more felt when it extends to the child population. To accept the death of a child or adolescent seems to withdraw hope by placing the professionals before the premature end of a existence.[15]

Some members of the nursing team are believed to become sentimentally involved, experiencing feelings of discomfort, pain, and suffering when providing care to pediatric patients. Moreover, the death of young patients is contrary to life expectancy, causing a reversal of chronological order.[8,22]

It is identified that many professionals believe that death is intertwined with the senile process and that the elderly person has already gone through all phases of the life cycle assuming, therefore, that these individuals have already carried out their trajectory on Earth.[13]

It is known that death can occur at any stage of life, but it is better accepted and expected to be more frequent in the elderly, without disruption of the different stages for which a human being should naturally pass. However, death occurs not only in old age, but also because death is an ever-present possibility. From birth we are old enough to die, but death is more accepted and expected in old age and, at best, it will make its arrival into old age.[15]

It is stated that death, at any stage of life, can be a cause of suffering among professionals, depending on the circumstances in which it occurs and on the way defense mechanisms are used to deal with it. In this sense, a study about the feelings of nursing professionals regarding the death of an elderly person hospitalized identified the presence of suffering because they experienced issues intrinsic to the profession as the end of life or the abandonment of the elderly by the family.[23]

Given the above, it is believed that the findings of this research can impact clinical practice and teaching. It is pointed out that educational activities for coping with death in health services, especially those offering critical and emergency care to patients in different life cycles, are strategies that are needed to be used by the units' continuing education services, as well as such as universities / colleges. It is possible, therefore, that the professionals feel, in some way, better prepared for the daily confrontation of the process of death and die with the patient in the finitude of life and his family.

It should be noted that this research has limitations. Many professionals, even though they opted for the interview to be held elsewhere, did not accept that it occurred outside the work environment. This enabled a larger number of professionals to participate, but at the same time, it was a limitation because, although another colleague stayed in the sector, the others worried about the possibility of some patient entering in the industry during the interview, which made them brief. Moreover, it is added that this study occurred only in one emergency unit and its findings, therefore, are limited to the population investigated, caution being needed in comparison with results of other studies.

CONCLUSION

It is concluded that, from the perspective of professionals working in the emergency room, death is part of the process of living, it is a relatively common occurrence in this sector and yet it is an event that generates negative feelings. They are seen as influential in this perspective: previous experiences in the personal and professional spheres; the clinical condition and the age of the patient and the time of permanence / coexistence with the patient and his / her family.

It is considered that the results of this study will contribute to the advancement of knowledge insofar as they show the deficiency of the approach of the subject under study in the training of professionals of technical and higher level and also when they explain the factors that influence their perspectives on the process of death and dying, as well as the strategies used to address this issue in daily work.

It is believed that the results of the study can contribute to the Nursing team working in the emergency room feel more motivated to reflect and discuss in their work environment on death and dying and coping mechanisms reflecting in more humane and supportive care when faced with the death of patients in any age group.

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Submission: 2018/01/16
Accepted: 2018/02/11
Publishing: 2018/05/01

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