

94 - REFLECTIONS ON THE FEELING OF NURSES BEFORE THE DYING PROCESS

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INTRODUCTION

Since its inception humanity is bound to see one of the greatest enigmas of human existence: death. Guess that this question requires a reflection on how we view this physical and social phenomenon: once when it faced with the death of a body (biological) has the physical phenomenon and the death of a person's social phenomenon, because we know only through the death dying process of others, whose experiences we will never be accessible on its actual size (Martins, 1983).

What we have in mind is that the death of her child is a person, adult or elderly person usually means loneliness and pain for those left behind. Therefore, in most cases as a way of blocking for health professionals she is seen only as the destruction of a physical and biological, while at the social it is also to be correlated with one another. The void left by it not only affects people living together who died, but the social network in which it was inserted. Death is the opposite of life. Therefore, it becomes a phenomenon terrifying, disgusting and unknown to our species, which instinctively rejoice life (Ballon, 2005, p. 1).

In recent decades it occurred in Western society a new and startling fact: the refusal to accept our finitude, expression of the great taboo of the twentieth century. In the recent past, the being died at home in the bosom of his family. Nowadays on the quest to extend life through technology, this fact contributed to the site of death was transferred from home to hospital or extended care facilities, so that nursing professionals have an increasing contact experience with death.

The nurses can provide the necessary support to patients and their families during a loss, we must first understand how people often face death and mourning, since the careful patient assessment should include not only physical problems but also psychosocial and spiritual dimensions, both the patient and family. Such conduct will contribute decisively to the nurse to have enough allowances to deal with death without that it will cause psychological problems, since death is a constant in the life of a trader.

Nursing in general is, who for first, deal and feel the patient's death, where this ends up becoming dependent on nursing care, ranging from the most banal, even the most complex. The nurses who work in hospitals are exposed to various risks that may directly affect their health and welfare, among them the constant contact with the suffering of others.

The plight of nurses seems to be masked by the performance of routines stemming from emotional involvement, experienced in hospital and they are directly linked to personal values, life history and the pathology that affects the patient. For many death assumed the role of "rest and relief" from pain or a "tragedy", leading nurses to create mechanisms to defend where it is often considered as "acts of coolness" (Horta, 1975).

Based on the aspects described above, this article intends to reflect on the feeling experienced by nurses on the process of death, and may express fear, anxiety, emotional reactions, lack of preparation and many defense mechanisms that have just labeled them as professionals "cold", since these professionals are prepared to work with life and not death.

This study aimed to: meet some of the different feelings experienced by the nurse before the process dies.

**RESULTS AND DISCUSSION
CHARACTERISTICS OF THE SAMPLE**

This is an exploratory study with quantitative and qualitative approach. The research was conducted at the Regional Hospital of Cajazeiras - Paraíba (HRC). Data were collected between March-April 2009, in the sectors: the Intensive Care Unit (ICU) and Emergency Wards, for being places where the professional nursing experience with great frequency death situations and / or your imminence.

Qualitative data were subjected to content analysis, compared to the literature and presented excerpts exposing the participants' speech, where we cluster: similar responses and divergent responses.

The study population consisted of nurses who were distributed in the sectors mentioned above. The sample consisted of 10 nurses, the following criteria: availability of these professionals, and acceptance to complete the survey, with emphasis on voluntary participation in research and signing the consent form. Survey participants were identified in the text by numbers ranging from 1 to 10 with small and superscript (1-10).

As for the gender of respondents, it was confirmed that nursing is still a profession practiced predominantly by women, where most of the 10 interviewees are female, accounting for 80% and 20% male. The ages of subjects ranged from 27 to 32 years and was most prevalent between 27 and 28 years, with a concentration of subjects with long formed between one and four years.

According to their marital status and religion, we see that 70% of respondents were single and 30% are married and according to the religion all respondents admit having a religion, where 90% of respondents are Catholic, and 10% did not declared.

ADDRESS OF PARTICIPANTS**Question 01: What is the meaning of the body for you and what kind of feeling you feel before the same?**

The body is for me the living matter consists mostly of water and to die is consumed by the earth. The body is what remains of human beings after death. 2

The body is usually associated with a feeling of life, where some subjects overestimate the physiological concept in their work practice seeing the body just as raw.

The body is something we always have respect for the individual honors. 9

The body is just a representation of human beings and why respect is important when it comes to the same death. 7

Many reports refer to the idea of taking care of the body to preserve it, protect it and respect it. But some try to deny your feelings or as an unconscious form of protection or not, reporting that feelings can not be expressed, as they may hinder the

work by making it as mere technicians, according to the speeches below:

The body is the expression of death. We are required to have no feeling in every action we do, because otherwise we would be unable to develop a good work before corpo. 6

The body is what remains of human beings after death. At the moment we are in front of the body should have no feeling, because it can disrupt the development work. 8

The staff nurses feel insecure and unprepared in the face of death. Many still see that in such event the feeling should not exist. They feel unprepared and as a defense mechanism, often unconscious, they end up neglecting the care, running away or moving away from their patients, forgetting that before we nurses are also human, with their emotions and feelings which should not be denied or not expressed.

The speeches reminding us of issues that the failure in the performance of nursing care with the body may be in the curriculum that end up forming nurses as if they were merely technical, without any knowledge of the process before death/dying.

The nursing staff, as well as other health professionals, tend to stay longer in contact with the patient, often accompanying the entire process of death and dying. These professionals are mostly a load of emotions and conflicts that end up interfering in the care process. We see the need in the training of nursing staff as professionals who have sensitivity, which can express their feelings and work, as well as providing spaces that lead to discussion and reflection, leading academics and practitioners to gain an insight / understanding sharper about the process Death and Dying.

How many times have we heard the phrase in nursing do not cry, you can not cry or show their feelings in front of the patient, if you follow these statements, perhaps the personality types with the appropriate function would be psychopaths and sadists (Bret et al. 2006, p.478).

The body also assumes a dichotomy: body, soul and physical and spiritual, where the division ends up happening between them.

The body is a gift from God. The feelings are love and the respeito. 5

It is a blessing from God, for whom we must be ever watchful. 8

We observe that the religious sense is present as the main source of human creation. In most reports we see that the body is linked to the creation of God, referring to the socio-cultural context to which we belong.

Question 02: How do you prepare the body after death?

Respondents acknowledge the preparation of the body after death as an assignment of nursing staff which is part of everyday life and it is impossible to escape. As noted, the following sentences:

A procedure like many others, that should be done with respect and responsibility. 7

For the professional practice is a routine procedure, like anybody else. 3

Naturally and normally. 8

They also consider how a common procedure, that there are no links to the most intense and perform their activities of routinely overestimating the technical aspects as a form of protection so that no involvement with the suffering before death (FRANCE, LIPSTICK, 2005).

However, others point out that the professional preparation of the body after death is a difficult procedure to be done, as the sentences below:

It is a procedure that must be done with respect but in my view is more difficult than any other procedure. 10

I do not like to prepare the body after death. Why do you need but do not like. 1

It is a regret, not like this assignment to the nursing staff. 5

It is one of the worst situations. 6

It is known that the body acquires concepts and meanings according to the standard socio-cultural and economic history of each people. According to Crespo (1990, p.07) states that:

The importance attached to the body, in our time, is opposed to blurring that was submitted in the past, a phenomenon observed in the sequence of a remarkable reversal of values, reflected in the passage of ideas and savings accumulation of concerns consumption and energy expenditure . The new values of beauty, happiness and youth identify themselves as a body that becomes the object of care and restlessness.

We emphasize the story of the guy who says:

It is a moment of sadness, because every day of hospitalization of a patient we cling too much and although the reality is hard to accept. Not an easy task, it is difficult for us to accept death. 9

There are professionals who tend to develop a unique and different relationship and this moment is permeated by feelings of sadness and emptiness, as the preservation and extension of life are your goals (Sousa, et al., 2009). They work in a humane way, express feelings, care for the body of his patients not only as technical procedures or under compulsion, but by commitment to care, but understand that the situation is quite delicate and requires ethical and emotional balance to carry it in daily life.

Question 03: When you are preparing the body comes into some kind of thoughts? What?

The vast majority responded that it had no kind of thinking to prepare the body. We identified the following reports in the sentences below:

I do not comment. 4

Nothing to report. 6

Not like I said, is a normal routine procedure, I never stopped to think about my feelings, it is a purely technical procedure. 7

The death brings fear and disgust in humans. Often it is easier not to think about death, which leads to denial of the "phenomenon", making the experience before her seemingly easier, others use defense mechanisms and protection, such as denial of the situation, coldness, aloofness and maintaining relationships surface with patients.

However, some professional nursing staff are involved with their technical tasks being played by different feelings and emotions.

Yes, could be any member of my family or someone I love. 9

Where is this spirit? What is my feeling that if my family get some? Etc. 8

In this perspective, we see that a path of change and maturity begins to emerge when the nursing staff perceive that their work does not end with death to argue that their activities need to be wider so that we can consider the family of patients. The nursing staff did not know how the family will react, and may feel insecure and unprepared in the face of different forms of reaction in each family.

FINAL THOUGHTS

There were some difficulties during the research due to rejection of some professionals with the theme. The study allowed for reflection on the vision of the nurse facing the dying process. Death to these professionals, although it is often constant, it still constitutes a major taboo. Something must be working with these professionals, as well as future professionals, so that there is more discussion and less denial with the theme above.

The reality of nursing work leads them to create defense mechanisms that make them cold and insensitive to the various situations faced by them. We see that many nurses still end up suffering psychological damage not know how to deal with the issue causing them to denial and therefore the emotional disturbance caused by fear of death and its impact on the family.

The study provided important contributions to my personal and professional training, where I acquired many lessons, enabling rethink the role of nurses in the current context. Adding the need for integration of these concepts in socio-psychological disciplines and even in technical, travel nursing, so that professionals can confront the issue with calmness and balance, with all possible technical support while part of humanity and humanism profession.

The study of death helps the professional nursing staff to cope better with their constant presence, causing them to become more familiar with death since graduation causing them to have better personal and professional preparation by reducing the various levels of stress and anxiety that come with living daily with situations of suffering, leading them to draw benefits before their concerns about the unknown, being able to maintain an interpersonal relationship of support, which is the essence of caring, both with the patient who needs to be helped at this stage of his life, and for their families.

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REFLECTIONS ON THE FEELING OF NURSES BEFORE THE DYING PROCESS**ABSTRACT**

Since its inception humanity is bound to see one of the greatest enigmas of human existence: death. In the context of professional nursing that issue becomes more relevant and challenging, as they quite often experience situations of death and / or its imminence in the workplace. This study aims to evaluate some of the different feelings experienced by the nurse before the process dies. This is an exploratory study with quanti-qualitative approach, developed at the Regional Hospital of Cajazeiras - Paraíba (HRC). Data were collected between March-April 2009, in the sectors: the Intensive Care Unit (ICU) and Emergency Wards, with a sample of 10 nurses. It was evident the need to insert the problematic death in socio-psychological disciplines and even techniques of nursing, so that professionals can confront the issue with calmness and balance, with all possible technical support while part of humanity Humanism and the profession.

KEYWORDS: Nurses; death; reflections.

RÉFLEXIONS SUR LE SENTIMENT DE INFIRMIÈRES AVANT LE PROCESSUS DE MORT**SOMMAIRE**

Depuis ses débuts de l'humanité est lié à voir l'une des plus grandes énigmes de son existence: la mort. Dans le contexte des soins infirmiers professionnels cette question devient plus pertinente et plus difficile, car ils vivent des situations très fréquentes de décès et / ou de son imminence en milieu de travail. Cette étude vise à évaluer certains des sentiments différents vécus par l'infirmière avant le processus meurt. Il s'agit d'une étude exploratoire à l'approche quanti-qualitative, développé à l'hôpital régional de Cajazeiras - Paraíba (HRC). Les données ont été recueillies dans la période Mars-avril 2009, dans les secteurs: l'unité de soins intensifs (USI), d'urgence et les pupilles, auprès d'un échantillon composé de 10 infirmières. Il était évident que le besoin d'insérer la problématique des sujets socio-mort et même des techniques psychologiques, le programme de soins infirmiers, afin que les professionnels peuvent répondre à la question avec sérénité et d'équilibre, avec tout le soutien technique possible tout en faisant partie de l'humanité Humanisme et de la profession.

MOTS-CLÉS: infirmières et infirmiers, la mort, des réflexions.

REFLEXIONES SOBRE EL SENTIMIENTO DE ENFERMERÍA ANTE EL PROCESO DE MORIR**RESUMEN**

Desde sus inicios de la humanidad está obligada a ver a uno de los grandes enigmas de su existencia: la muerte. En el contexto de la enfermería profesional que se convierte en cuestión de mayor relevancia y difícil, ya que viven con gran frecuencia situaciones de muerte y / o su inminencia en el lugar de trabajo. Este estudio tiene como objetivo evaluar algunos de los diferentes sentimientos experimentados por la enfermera antes de que el proceso de morir. Este es un estudio exploratorio con el enfoque cuanti-cualitativo, desarrollado en el Hospital Regional de Cajazeiras - Paraíba (CDH). Los datos fueron recolectados en el periodo marzo-abril de 2009, en los sectores: la Unidad de Cuidados Intensivos (UCI), Emergencia y Barrios,

con una muestra de 10 enfermeras. Era evidente la necesidad de insertar los temas problemáticos muerte socio-e incluso las técnicas psicológicas, el programa de enfermería, para que los profesionales pueden abordar la cuestión con serenidad y equilibrio, con todo el apoyo técnico posible, mientras que parte de la humanidad Humanismo y la profesión.

PALABRAS CLAVE: enfermeras, la muerte y, por reflexión.

REFLEXÕES ACERCA DO SENTIMENTO DO ENFERMEIRO DIANTE DO PROCESSO MORRER

RESUMO

Desde os seus primórdios a humanidade se vê ligada a um dos maiores enigmas da sua existência: a morte. No contexto do profissional de enfermagem esse assunto se torna mais relevante e desafiador, já que estes vivenciam com grande frequência situações de morte e/ou sua iminência em seu ambiente de trabalho. Este estudo tem como objetivo conhecer alguns dos diversos sentimentos experimentados pelo enfermeiro diante do processo morrer. Trata-se de um estudo exploratório, com abordagem quanti-qualitativa, desenvolvida no Hospital Regional de Cajazeiras – Paraíba (HRC). Os dados foram coletados no período de março a abril de 2009, nos setores: Unidade de Tratamento Intensivo (UTI), Emergências e Enfermarias, com uma amostra constituída por 10 enfermeiros. Evidenciou-se a necessidade da inserção da problemática morte em disciplinas sócio-psicológicas e mesmo em técnicas, do curso de enfermagem, para que os profissionais possam enfrentar a questão com serenidade e equilíbrio, com todo o respaldo técnico possível sem deixar de lado a humanidade e o humanismo da profissão.

PALAVRAS-CHAVE: Enfermeiro; morte; reflexões.