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RESEARCH

Significados do processo do morrer e da morte para a equipe multiprofissional

Meaning of the process of dying and death for multiprofessional staff

Significado del proceso do morir e y de la muerte para la equipo multiprofesional

Alessandra Guimarães Carvalho Barbosa [1], Leila Massaroni [2], Eliane de Fátima Almeida Lima [3]

ABSTRACT

Objective: this study aimed to describe the meanings that a multidisciplinary team at Intensive Care Unit Adult holds about the process of dying and death. **Method:** The research was qualitative, conducted through semi-structured interviews with 21 health professionals. The results were analyzed in grounded thematic content analysis, which resulted in the following categories: non-scientific view of death and dying, and scientific view of death and dying. **Results:** Meanings about death were evidenced as a natural process, a step to fulfill a physiological event and extinction. **Conclusion:** It is important to know the meanings that these professionals have about these events for discussions and reflections that help the healthcare team to live with death and dying. **Descriptors:** Death, Attitude to death, Health staff, Thanatology.

RESUMO

Objetivo: descrever os significados que a equipe multiprofissional de uma Unidade de Tratamento Intensivo Adulto detém sobre o processo do morrer e a morte. **Método:** realizada pesquisa de natureza qualitativa, obtiveram os dados por meio de entrevista semiestruturada com 21 profissionais de saúde. Analisaram os resultados embasados na análise de conteúdo temática, que resultou nas categorias: Visão não científica da morte e do morrer e Visão científica da morte e do morrer. **Resultado:** evidenciaram-se significados sobre a morte, tais como: um processo natural, uma etapa a cumprir, um evento fisiológico e a extinção. **Conclusão:** Devido à multiplicidade de significados encontrados ha necessidade de discussão e reflexão sobre o processo do morrer e da morte, com a expectativa de melhor conviver com esses eventos.
Descritores: Morte, Atitude frente à morte, Pessoal de saúde, Tanatologia.

RESUMEN

Objetivo: describir los significados de un equipo multidisciplinario de la Unidad de Cuidados Intensivos de adultos tiene sobre el proceso de morir y de la muerte. **Método:** la investigación fue de carácter cualitativo, realizado a través de entrevistas semi-estructuradas con 21 profesionales de la salud. Los resultados fueron analizados en el análisis de contenido temático a tierra, lo que dio lugar a las siguientes categorías: visión no científica de la muerte y el morir y la visión científica de la muerte y el morir. **Resultado:** significados acerca de la muerte se evidencia como un proceso natural, un paso de cumplir un evento fisiológico y extinción. **Conclusión:** es importante conocer los significados que estos profesionales tienen sobre estos eventos para discusiones y reflexiones que ayudan al equipo de atención médica a vivir con la muerte y el morir. **Descriptores:** Muerte, Actitud frente a la muerte, Personal de salud, Tanatologia.

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INTRODUCTION

Death is assurance of the human condition and integral part of life, providing peculiarity of the human being, because he is the only living being who is aware of his own finiteness.[1] Death is unknowable. We only know that it will be the last event of life, but how will occur and what will come after it is still unknow, and this creates fear, uncertainty and doubt.

Despite being a natural phenomenon, legitimate and right, death has so many nuances that it becomes intricate to describe it clearly. The concept of death and the dying process are complex, changing and influenced by situational context, reflecting on individual and group behavior in these phenomena.[2]

There are records relating to death as loss, breakage, decay, degeneration, but also as allure, seduction, a great trip, delivery, rest or relief.[3] But not all words can express what we imagine and how little we know about it.[4]

Thus, the process of dying and death have varied definitions as the historical moment and the socio-cultural context, making the die are no longer just a biological fact and start to be a process socially constructed, as there is a production practices and significant representations in each historical time.[5]

Death for some people is the end of physical, energetic and spiritual life; for others, it is only the end of life in the physical body, something immaterial (spirit/soul) that survives and live elsewhere. There are still those people who think that death is the return of the spirit/soul to their normal life plan, i.e. the espiritual.[6]

Until the mid-fifteenth century, death was seen as a natural event, it was part of everyday life, with participation of the entire community, including children, and it occurred mostly at homes. The man knew the signs that preceded and made all the arrangements in relation to his life and family.[7]

Currently, this theme comes with varied understanding of patterns, surrounded by emotions and determined by interest. Dying and death have become involved in loneliness and fear and related losses only: the other, labor, social position and bens.[8]

Modern man, excited by the success of their achievements, tries to overcome with more vehemently the inescapable reality of death, but it is the last and unavoidable border. Talking about death is talking about the death of the other, placing it as the final stage of a serious illness and not as part of the development of human process.[3]

Death is not an evil to be destroyed, an enemy to be fought or a prison from which we must flee, but part of life, giving meaning to human existence.[9]

Since the dying process can be defined as the interval between the time that disease no longer has a curing conditions to that in which the patient no longer reacts to any therapeutic measure progress inexorably to the procedure of death.[10] During dying process the person has a chance to be truly authentic, to know herself intimately and externalize this to the people who surround her, to strengthen ties and build new relationships, it can be a profound transformation of the being, capable of creating a sense to his death.[11]

The health team of an Adult Intensive Care Unit (UTIA) deals constantly with the process of dying and death, but it shows great difficulty in defining them, outlining different reactions when facing these events, probably because everyone brings their own representations of death for their working every day.

It is necessary that health professionals develop meaning to his death and the others', so they can subsidize their conduct front of it, allowing it to appropriate work with the patients and their families and a better acquaintance with death, and with dying.

On this research the above is intended to describe the meaning that the members of the multidisciplinary health team of the Intensive Care Unit Adult hold on the process of dying and death.

METHOD

The study is characterized by a descriptive-exploratory field research with qualitative approach, which allows to highlight the meanings that social actors have about death and dying, relating them to issues of culture, life history of every and human feelings, to work with the universe of meanings, beliefs, values and attitudes.

The study definition was the UTIA of a university hospital in Vitória (ES). This scenario was chosen because it is a teaching hospital, with their professional trainers of opinion, and the choice of sector happened to be a unit where professionals live daily with death and dying.

It began the research after approval by the Research Ethics Committee of the University Hospital Cassiano Antônio de Moraes at the Federal University of Espirito Santo in the Opinion n° 157.413, and in accordance with Resolution 466/12 of the National Health Council.

The sample was selected to meet the criterion of acting at least two years in UTIA, being excluded those people who were on holidays and leave.

The number of subjects was defined by data saturation, that is, the information was collected until there were repetitions in content and answers already meet and respond to the purpose of the research.

To maintain the anonymity of participants, letters were used to represent the existing professional categories in the sector: M (doctor), F (physiotherapists), E (nurses), T (practical nurse), A (nursing assistants), followed by sequential number of interviews.

Data collection took place from May to July 2013 in the place reserved to professionals in the unity, respecting the privacy and anonymity. Participants were informed about the study objectives, methodology, guarantee of anonymity and confidentiality of information and the freedom to refuse or leave at any time of the study. Those professionals who agreed to participate and signed the Consent Form.

We elected as a technique for data collection a semi-structured interview, whose script consisted of two parts. The first occurred in order to characterize the subjects of the research, the second with open questions addressing social, educational and emotional issues, as well as specifics on that refer to feelings, the meanings and experiences before death. The interviews, previously scheduled, were recorded and later transcribed by the main researcher.

Data were analyzed using Thematic Content Analysis Technique, which turns out to be a set of analysis techniques of communications that uses systematic procedures and description and objectives of the content description.[12]

The material from the interviews was analyzed through three stages: first, a pre-analysis, in which a brief reading of the material was performed to achieve an impregnation of this content. In the second phase of exploration of the material, the data were cut and grouped according to their contents, from the originating units of meaning the material. Finally, the processing of the results (inference and interpretation), which was conducted through the theoretical framework from which emerged the categories: unscientific vision of death and dying, and scientific view of death and dying.

RESULTS AND DISCUSSION

A multidisciplinary team composed of doctors, nurses, physiotherapists, technicians and nursing assistants participated in the study ICU, not being available psychologists and social workers. From the 21 respondents, age ranged from 25 to 54 years-old, with a mean of 37 years-old. The average length of training was 12.5 years-old. The average time of experience in UTIA was 8.8 years. As for religious belief, most professionals are evangelicals, followed by Catholics and other religions, and one respondent reported is agnostic. On the educational level, about 40% of respondents had higher education and the vast majority of these had level of expertise or graduate.

From the analysis of the interviews, it was possible to identify different meanings based on the experiences and knowledge of the daily life of professionals who are not always

defined scientifically, so we chose to categorize the answers found in the interviews, as the unscientific view of death and dying and the scientific view of death and dying.

Unscientific vision of death and dying

Death is an event that cannot be definitively described, designed, named and it depends on how each one perceives it. The idea that a person has about death is the label that is given to what is known and lived.

Even though an inexorable event, talking about death causes discomfort due to the view that human beings have about this event and the feelings that it's raised. But avoid thinking and talking about death does not prevent their arrival and hamper their naturalization.[13] This statement can be identified in this speech:

> [...] Nobody wants to die, even those who have religion and think they are going somewhere. It's sad when you think the death of a loved one is so well [...]. I try not to think, because when I'm thinking I get scared. (T6)

Most of the answers given by respondents to the question "What is death for you" were short; this revealed some discomfort as in trying to just get over it: *Death for me is the passage from this life to something better, I think that's it.* (A 1). This can come from the feeling of anguish and helplessness surrounding the death and the unknown.

Dying is the undeniable truth of every human being, and death is the final stage of human growth. It is an unavoidable fact which is part of the life cycle as much as birth.[9] Similar definition was presented by the interviewee: *It is a natural process, you are born, live and die [...] Everyone will go through it.* (A3)

Although death is a natural process which health professionals experience in personal and professional life, it can be configured as a time of suffering, being perceived as a loss. The academic background in healthcare faces the mission of healing, and death is associated with failure to maintain life.[14] *[...] it is the moment when we have tried to do everything [...] and we lost a life.* (F1)

Western society prepares the human being for life, not for death, making it difficult to understand this as an irreversible and true situation, arousing feelings of impotence, losses, and contributing to the absence of a spiritual or philosophical concept that see death as part of human existence.[7]

It was observed in speech which was exemplified below that many professionals believe in life after death - this can be explained since the vast majority of respondents had a religion and all religions have the belief of the existence of life after death; [15] *[...] we are living right now in this world half of our lives [...] and we have another future, eternal life. (E2)*

Beliefs and religious values strongly influence the meanings of death and dying process, and all religions record the belief of the afterlife, which it perceived as a religious phenomenon in which it is believed that the essence of nature human is spiritual rather than

material; [16] *[...] I relate with reading and convincing knowledge that we are not here for nothing, as we are in a learning process. (E1)*

Through speech below, we can see that another sense that can be given to death is a passage, being understood as a goal achieved, transposition into a new stage to be fulfilled: *Death is the passage of earthly life to the spiritual. (M1)*

The interviews also showed that death can be conceived under the vision of Western materialism, which defines death as the total and absolute end, nothing remaining after its passage. There are thinkers who see death as something negative; for some, it is the reverse of the will to live, it is a phenomenon that is opposed to the love of life and the effort to keep it and prolong it as much as possible, so common attitude to modern man;[17] *I think that my silence says [...] I have no concept of death, to me is loneliness, aloneness, complete absence of life. (M4)*

Man is the only living being who believes in life after death, performing funeral rites, which believes in the revival of the dead. This is displayed for many centuries, with procedures such as mummification and burial of the dead with their stuff.[2] This definition is shown in the following statement: *[...] it is a sleep, you die but you will rise again. (A3)*

Scientific view of death and dying

There are several concepts of scientists on death, but all have something in common: the arrest of vital functions and separation of body and soul. So, at first, death can be seen by scientific side that defined death as total and irreversible arrest of brain functions, with absence of reflexes and brain electrical activity,[18] *[...] it is the failure of systems and cerebral part. (T6)*

The understanding of death is not restricted to their biological objective aspect, but also involves the subjective existential dimension.[19] To define death based solely on physiological criteria is not always enough to give significance to it and calm the fear and anguish that it can cause. *[...] I thought death is too scared, I did not want to die, so far no one wants to die, even those who have a religion and think they will go to somewhere, no one wants to die [...] it is not a normal thing to see people dying all the time. (T6)*

As for what respondents understand in regard to dying process, there was a lack of understanding of the term, with lack of responses, and it can be seen by the paucity of literature on the significance of the process of dying: *I do not know how the process of death is; I have no opinion about it. (A2)*

CONCLUSION

In this study, it was found that the meanings of death are varied, ranging from a natural process, going through a stage to be fulfilled, a physiological event, to the understanding of extinction. This variability is explained by the dependence of knowledge and personal experience to draw up a definition of death.

With regard to what means the process of dying, it was noticed the little knowledge to support the formation of a concept about it. It is important to grasp and understand the meanings that death and dying are for health professionals, since they have daily and continuous contact with these events, which can be feelings of generators not always well understood.

These meanings can be the basis for discussion and reflection in daily practice and academic life, helping the multidisciplinary team to better live with the process of dying and death.

REFERENCES

1. Montaigne M. De como filosofar é aprender a morrer. Ensaios, volume 1. São Paulo: Abril Cultural; 2000.

2. Morin E. O homem e a morte. Rio de Janeiro: Imago; 1997.

3. Kovács MJ. Morte e desenvolvimento humano. 5ª ed. São Paulo: Casa do Psicólogo; 2010.

4. Cassorla RMS. Prefácio. In: Kóvacs MJ. Educação para a morte: desafio na formação de profissionais de saúde e educação. São Paulo: Casa do Psicólogo/FAPESP; 2012, p.13-20.

5. Menezes RA. Em busca da boa morte: antropologia dos cuidados paliativos. Rio de Janeiro: FIOCRUZ; 2004.

6. Keizer B. Dançando com a morte: observações sobre o viver e o morrer. São Paulo: Globo; 2008.

7. Ariès P. História da morte no Ocidente. 4ª ed. Lisboa: Editorial Teorema; 2010.

8. Souza EP, Gonçalves SP. Visão e atuação do enfermeiro na assistência a pacientes fora de possibilidades terapêuticas. In: Rezende VR (Org). Reflexões sobre a vida e a morte: abordagem interdisciplinar do paciente terminal. Campinas: Editoria da Unicamp; 2000, p.49-59.

9. Kübler-Ross E. Sobre a morte e o morrer. 9ª ed. São Paulo: Martins Fontes; 2008.

10. Moritz RD. Os profissionais de saúde diante da morte e do morrer. Revista Bioética. 2005; 13(2): 51-63.

11. Hennezel M. A morte íntima: aqueles que vão morrer nos ensinam a viver. São Paulo: Ideias e Letras; 2004.
12. Bardin L. Análise de conteúdo. 3ª ed. Lisboa: Edição 70; 2011.
13. Cesar B. Superando o preconceito de falar sobre a morte. In: Figueiredo MTA. (Coord). Coletânea de textos sobre Cuidados Paliativos e Tanatologia. São Paulo: Unifesp/EPM; 2006, p.4-7.
14. Sanches PG, Carvalho MDB. Vivências dos enfermeiros de unidade de terapia intensiva frente à morte e o morrer. Rev Gaúcha Enferm. 2009; 30(2):289-96.
15. Borges MS, Mendes N. Representações de profissionais de saúde sobre a morte e o processo de morrer. Rev Bras Enferm. 2012; 65(2):324-31.
16. Macedo ES, Marques IM, Pinheiro MM, Góes FGB. The perception of nurses faced with the death of adult icu patients. Rev de Pesq: cuidado é fundamental. 2010; 2(1):690-703.
17. Schopenhauer A. Da morte – metafísica do amor – do sofrimento do mundo. São Paulo: Martin Claret; 2003.
18. França GV. Direito Médico. 7ª ed. São Paulo: Fundo Editorial Byk; 2001.
19. Boff L. O cuidado necessário: na vida, na saúde, na educação, na ecologia, na ética e na espiritualidade. Petrópolis: Vozes; 2012.

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