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THE PROCESS OF DEATH AND DYING IN NURSING TRAINING: PERCEPTIONS AND FEELINGS OF UNIVERSITY STUDENTS

O PROCESSO DE MORTE E MORRER NA FORMAÇÃO EM ENFERMAGEM: PERCEPÇÕES E SENTIMENTOS DE UNIVERSITÁRIOS

EL PROCESO DE MUERTE Y MORIR EN LA FORMACIÓN DE ENFERMERÍA: PERCEPCIONES Y SENTIMIENTOS DE ESTUDIANTES UNIVERSITARIOS

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ABSTRACT

Objective: To understand the perceptions and feelings of university nursing students about the process of death and dying and its approach in academic training. Method: This is a descriptive study with a qualitative, exploratory approach, carried out with 26 undergraduate nursing students from a public university located in a municipality in the Brazilian state of Ceará. Data was collected through semi-structured interviews using an adapted instrument originally created by Arantes (2018) in his master's thesis. Data analysis used the content analysis method of thematic categorization. The research was submitted to the Research Ethics Committee and obtained a favorable opinion under number 4.397.197. Results: From the analysis of the categories constructed: The process of death and dying as a human phenomenon and the meanings attributed to death; Experiences and feelings related to the process of death and dying and Nursing training in the context of the process of death and dying, it was observed that university students feel sad and frustrated when experiencing death, diverting their work to technical and bureaucratic procedures. Conclusion: It is considered that there is a need to approach this subject in different ways, from the beginning of training and in various disciplines.

Descriptors: Attitude to Death; Education, Nursing; Comprehensive health care; Nursing students.

RESUMO

Objetivo: Compreender as percepções e sentimentos dos universitários de enfermagem sobre o processo de morte e morrer e sua abordagem na formação acadêmica. Método: Trata-se de um estudo descritivo de abordagem qualitativa, exploratória, realizado com 26 universitários do curso de enfermagem de uma universidade pública, localizada em um município cearense brasileiro. A coleta de dados ocorreu por meio de entrevista semiestruturada utilizando um instrumento adaptado, originalmente criado por Arantes (2018) em sua dissertação de mestrado. A análise dos dados utilizou o método de análise de conteúdo do tipo categorização temática. A pesquisa foi submetida ao Comitê de Ética e Pesquisa obtendo parecer favorável sob número 4.397.197. Resultados: A partir da análise das categorias construídas: O processo de morte e morrer como um fenômeno humano e os sentidos atribuídos à morte; Vivências e sentimentos relacionados ao processo de morte e morrer e A formação em enfermagem no contexto do processo de morte e morrer, observou-se que os universitários se sentem tristes e frustrados ao vivenciar a morte desviando sua atuação para os procedimentos técnicos e burocráticos. Conclusão: Considera-se que há a necessidade da abordagem desse tema de diferentes maneiras, desde o início da formação e em variadas disciplinas.

Descritores: Atitude Frente a Morte; Educação em enfermagem; Assistência integral à saúde; Estudantes de enfermagem.

RESUMEN

Objetivo: Conocer las percepciones y sentimientos de los estudiantes universitarios de enfermería sobre el proceso de morir y su abordaje en la formación académica. Método: Se trata de un estudio descriptivo con abordaje cualitativo, exploratorio, realizado con 26 estudiantes universitarios de enfermería de una universidad pública localizada en un municipio del estado brasileño de Ceará. Los datos fueron recolectados a través de entrevistas semiestructuradas utilizando un instrumento adaptado creado originalmente por Arantes (2018) en su tesis de maestría. El análisis de datos utilizó el método de análisis de contenido de categorización temática. La investigación fue sometida al Comité de Ética en Investigación y

obtuvo dictamen favorable con el número 4.397.197. **Resultados:** A partir del análisis de las categorías construidas: El proceso de morir y morir como fenómeno humano y los significados atribuidos a la muerte; Experiencias y sentimientos relacionados con el proceso de morir y morir y La formación en enfermería en el contexto del proceso de morir y morir, se observó que los estudiantes universitarios se sienten tristes y frustrados al experimentar la muerte, desviando su trabajo a trámites técnicos y burocráticos. **Conclusión:** Es necesario abordar esta cuestión de diferentes maneras, desde el inicio de la formación y en diversas disciplinas.

Descriptores: Actitud Frente a la Muerte; Educación en Enfermería; Atención Integral de Salud; Estudiantes de enfermería.

INTRODUCTION

Over time, the process of death and dying had varied interpretations, which evolved gradually and slowly, following the historical context, time and social culture, because as societies progress, the ritual surrounding death also evolves positively, starting to be seen as something natural and thus better accepted.¹

Once seen as something inseparable from the good life, death, especially after the social, economic and political revolutions experienced since the 16th century, begins to transform into something dirty, linked to rot and decomposition. In line with this, with the advances and significant changes that have occurred in the field of health sciences, death is now seen not only as a cultural elaboration, but as a biological process.²

Death, even though it is recognized as the last stage of human development, to the detriment of the taboos and myths that permeate it, still entails questioning and fear, which point to the difficulty in dealing with the last and natural phase of life.³

In the care context, death, as it is an event present daily in health services, requires professionals to be able to deal with the process of death and dying of patients, from a technical, scientific and emotional point of view. However, because it is rooted in a social stigma linked to something bad, painful and without a solution, health workers are often not prepared to experience it.⁴

The difficulty of these professionals in dealing with this phenomenon is, in addition to the psychosocial and religious aspects involved, often attributed to academic training, since, generally, graduation does not prepare university students to experience the process of death and dying, emphasizing content aimed at diagnosis and cure.⁵

In this sense, it is important to highlight that health courses need to prepare university students so that, when working as a professional, they are able to deal with their emotions and become professionals capable of dealing with all phases of life, including death.⁶

Therefore, this study has an academic contribution due to the need for adequate training to provide care to people in the process of death and dying, by enabling criticism and reflections on this topic within the scope of nursing practices.

It also has a social contribution, as it can influence the improvement of care for the patient's family, and a scientific contribution as we recognize that nursing literature lacks greater approaches and approaches to the processes of constructing meaning in the process of death and dying.

Therefore, the question arises: what are the perceptions and feelings of university students about the death-dying process? Based on the above, this study aimed to understand the perceptions and feelings of nursing students about the process of death and dying and their approach to academic training.

METHOD

This is a descriptive study with a qualitative approach, carried out between the months of November and December 2020, with students from a public University located in the center-south region of Ceará, in the northeast of Brazil.

The study participants were university students on the nursing course at that educational institution. The inclusion criteria were: university students who were studying from the eighth to the tenth semester, duly enrolled, as they are university students who experience this process more actively in supervised internships, and who were in the physical, emotional and intellectual conditions to participate in the interview, after questions about their lifestyle habits, quality of sleep and ability to concentrate. The exclusion criteria were: university students away from their academic activities, who did not have internet access and university students who did not attend the interview after three scheduling attempts.

To size the number of research participants, the external saturation method was used. This technique can be used in qualitative approaches, in which the saturation point of studies with similar themes is analyzed and the average number of interviews to be carried out is calculated based on the number of interviewees present in the studies analyzed.7 According to the result of the analysis of studies with similar themes researched through the descriptors on the Capes Journal Portal, a quantity of 26 participants delimited reach was to saturation, 31 university students were contacted among the 90 enrolled to reach the final sample, of which five were not

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attended the interview after three scheduling attempts.

Participants were recruited using the snowball methodological technique⁸, also known as snowball sampling.⁸ The initial participants were randomly recruited via institutional email.

To the detriment of the pandemic caused by Covid-19, with the health measures imposed on the population, such as social isolation, which predicted a reduction in physical and personal contact, the interviews took place remotely, through the virtual platforms Google Meet® and Whatsapp ®, with an average duration of 15 minutes. In this case, before starting the collection, the Free and Informed Consent Form (TCLE) was made available via the Whatsapp® and email platforms, and people were asked to read it and agree to participate in the research. Once there was agreement, a screenshot was taken and archived as proof that participation in the study was confirmed. Sequentially, the questions began via audio recording.

Data collection took place through semi-structured interviews, using an instrument adapted⁹ by the researchers, initially created by Arantes (2018) which initially asks questions about the sociodemographic data of the interviewees: Age, sex, semester they are studying and religion. In the second moment, questions

about conceptions about death follow: What do you understand by the process of death and dying? What meaning do you attribute to death? Has the process of death and dying ever been addressed in any discipline? Which? In what way? Regarding feelings about dealing with the process of death and dying: During the internships, have you ever had contact with a patient in the process of death and dying? How did this moment happen? If yes, what were your feelings when providing care to patients in the process of death and dying? How do you deal or believe you would deal with your emotions when caring for a person facing death or terminal illness? In assisting with the death and dying process, would anything affect you emotionally? What? Why? Regarding care: How prepared do you feel you are to care for patients in the process of dying? Have you ever participated in an event, lecture, round table, mini-course that addressed the topic of death, dying or done any work aimed at caring for people in the process of death and dying? In your training environment, do you find theoretical/practical basis for providing care to patients in the process of finitude? What would you recommend to improve the nursing training process to improve care for people in the process of death and dying? What care do you consider important for patients in the process of death and dying?

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The study was submitted for consideration on Plataforma Brasil and was forwarded to the Research Ethics Committee (CEP) of the Universidade Regional do Cariri (URCA), for assessment of its feasibility and authorization to carry out the research. Thus obtaining a favorable opinion, under number 4,397,197.

It is worth noting that in this research, compliance with the standards for research involving human beings, present Resolutions no 466/2012 and 510/2016 of the National Health Council of Brazil, was ensured, through the four basic references of bioethics: autonomy, non-maleficence. beneficence and justice, in addition to following the guidelines established by letter no. 2/2021 for research procedures in a virtual environment. 10,11

The interview was transcribed in full by the researchers and the confidentiality of the interviewees' identities was guaranteed through the use of code names.

Data analysis used the content analysis method, through the thematic categorization technique, which in turn is operationalized in three stages that were followed: preanalysis, in which the corpus was constituted and exhaustive reading; exploration of the material, in which cores of meaning and categorization identified; and treatment and interpretation of results.¹²

The adoption of the Consolidated Criteria For Reporting Qualitative Research (COREQ)13 in this article is highlighted due to the methodological reliability accredited by the scientific community.

RESULTS AND DISCUSSION

CHARACTERIZATION OF RESEARCH PARTICIPANTS

When characterizing the participants, the variables age, gender, period of the course in which they were enrolled and religion were identified. 24 university students aged 22 to 27 years and two aged 34 to 40 years participated in the research, seven males and 19 females, of which four were in the eighth semester, 10 in the ninth and 12 in the tenth semester. of the nursing course. As for religion, 17 said they were Catholic, four Protestant and five said they had no religion.

THEMATIC CATEGORIZATION

From the participants' statements, three thematic categories emerged that were discussed in light of the relevant literature, namely: the process of death and dying as a human phenomenon and the meanings attributed to death, Experiences and feelings related to the process of death and dying and Training in nursing in the context of the death and dying process.

Category 1 – The process of death and dying as a human phenomenon and the meanings attributed to death

From the analysis of the university students' statements, it is clear that they see the process of death and dying from a biological perspective, when they highlight the cessation of vital parameters and the body's anatomophysiological activity, necessary for the maintenance of human life, as expressed below:

...Your body stopped working, your brain stopped working...ACAD02

...it's a physiological process that all people are destined for...ACAD09

Currently in the field of health, the criterion used to define death is brain function, since it is possible to preserve cardiac and respiratory functions through life support measures, while there are no means to maintain brain functions.¹⁴

Death permeates the biological conception, it is a phenomenon that involves an entire cultural, social, psychological context and does not only involve the subject who died, but has repercussions on the lives of family members and people he lived with.

Some authors corroborate this statement by considering that death is not particularly a biological event, thus, the definitions of death have been modified over time, until it is seen as a natural process.¹⁴

At the same time, other interviewees surpassed the biological understanding of the process of death and dying, attributing subjective meanings to the phenomenon of death. In these, aspects focused on transcendence, spirituality, purposes and missions are listed, as demonstrated in the following statement:

 \dots a transition process... death represents our exit from this world, but also the entry into a spiritual life. ACAD02

As in study¹⁵, most students believe that life consists of a mortal physical body with an immortal soul. This position is reinforced by most religions and spiritual organizations that preach the concept of immortality and irreducibility of the soul. Therefore, nursing students tend to associate death with the meaning of transcendence. The majority of those interviewed are Catholics, which helps to understand death beyond the biological aspect.

The way of viewing death constructed from the social and cultural environment in which university students are inserted, having an influence directly related to the religiosity and spirituality practiced by them not. or Such characteristics will influence the wav patients experience death, with the training process guiding the quality of care.¹⁵

The way of understanding death was constructed through a process in which

experiences directly influenced the academic's vision and the way they felt about the last phase of life.²

Category 2 – Experiences and feelings related to the process of death and dying

When asked about their experiences and feelings about death, some interviewees mentioned that they had the opportunity to witness the phenomenon, sometimes within the scope of curricular internships in health institutions, sometimes in their own family environment, as can be seen in the clippings: It was a woman who had just lost her baby and she was still in one of the stages of mourning...ACAD06

So my grandmother, but not during the internship, until when she passed away it was me who said, I was the one who looked at her vital signs...ACAD21

When sharing feelings related to the reported experiences, university students mainly indicated frustration, anguish and sadness. Sometimes, these feelings become confused in a process of personal coping, which is defined by participants as difficult, complicated and impactful.

It was a very difficult moment... I felt a lot of sadness inside me, I felt sorry for the person.ACAD07

The findings converge with previous research, carried out with nursing students from a Chilean university who had already had contact with hospital practice, in which it was found that depending on the approach to patients with life-threatening illnesses and

the therapeutic plan developed, the process of death and dying awakens feelings of sadness, anguish and difficulty in accepting finitude.¹⁶

Although professionals are moved by the grief generated by the loss of a patient, they, in most cases, limit their feelings and demonstrate strength in the face of family members who need support. This fact can be considered a challenge faced by the professional, since, during these difficult moments, the emotional dimension is highlighted.¹⁷

For a good interaction with the public, there must be emotional management, seen as the basis of professional and personal performance, as emotions influence communication, attitudes and motivation.17

During graduation, healthcare university students are professionally prepared to save patients' lives and remove the pain and suffering experienced during this process. When faced with contexts in which it will not be possible to reverse the process of death and dying, professionals tend to feel incapable, disillusioned and divert their actions to bureaucratic processes.¹⁸

There is a need to broaden the nursing student's vision on the subject, so that they can see beyond the visible circumstances, and get to know the processes of death and dying, so that their assistance is qualified

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with a view to holism and humanized care. to the care provided to the patient, making it effective and with greater contact between the patient and the family.¹⁹

Category 3 – Nursing training in the context of the death and dying process

When asked about how the process of death and dying is approached during graduation, the reports point to a deficiency in academic preparation in the discussion of this topic. As seen in the cut:

...but it's very basic, right... in undergraduate courses we basically only see it from above, you know, we only really have contact when we go to practice...ACAD15

... then we see that it is a very embedded thing that catches on in other disciplines... ACAD01

Therefore, it is possible to infer that issues related to the death and dying process are little addressed in academic training. This fact may be related to a hegemonic attention given to maintaining life and restoring health, seeking at all costs to cure the disease and, sometimes, disregarding death as inherent to the human condition.

There are considerable advances in nurses' curricula in relation to holism and treatment of human beings as a whole, but the most emphasized aspects in the curricular matrix concern the promotion, recovery and preservation of life, reinforcing the fight against death based on the non-

recognition of that it is a phase of the life cycle. 16

Guiding nurses towards professional practice must go beyond techniques and theories, it is necessary to train them to know how to act in situations that involve their feelings, such as the process of dying and death of patients with a life-threatening illness.²⁰

Furthermore, it was identified that nursing students' view of the process of death and dying is restricted to caring for the post-mortem body and the phases of mourning, due to a failure resulting from the degree that summarizes this subject in a few moments in the curricular matrix. , anchoring technical training.

... We already had a class on post-mortem care.ACAD08

... I remember those stages of grief well...ACAD05

The question of how to take care of your body was discussed more...ACAD26

From this perspective, there is a need to expand and deepen the preparation of university students throughout the course, not limited to a single subject. It is appropriate to offer seminars, lectures and simulations of death and dying situations so that care strategies are strengthened and, in the internship field, contact with death becomes viable with more preparation.

As the process of death and dying is worked on, qualified professionals are trained to provide assistance in death situations and there is the possibility of maturation of the emotional aspects of university students.²¹

Regarding the grieving process, it is important that it is recognized by university students and that they allow themselves to go through this experience, but spaces must made available for experiencing mourning in a practical field and not eminently in the theoretical field, when death is part of the everyday life of health services and the lives of university students. According to authors¹⁷, it is worth investing in strategies that enable the experience of expressive emotions build grief, and emotional intelligence.

With regard to specific moments that dealt with the process of death and dying in academic training, the participants agree that it is necessary to seek support on this subject outside the walls of the university.

I already participated in an event, but it was not linked to the institution. ACAD17

So to say, I already participated in a mini-course offered by UNASUS on palliative care. ACAD16

I've watched lives even during the pandemic.ACAD03

The non-constitution of permanent training processes that are related to the death and dying process and its incursions into the nursing care field suggests the lack of building an open space for dialogue, exchange of experiences and learning on the subject, leading university students to seek knowledge in other institutions.

The theme of death and dying needs to be included in the curriculum from the first semester of the course through different pedagogical approaches, providing undergraduate students with an understanding of living and dying, as well as a space to listen and understand the suffering of university students regarding the topic. 15

It is important include to theoretical/practical methodologies that discuss with greater emphasis and more directly the themes of death and dying through extension projects, research support, seminars, to contribute to the development of skills for more human and collective care. In this way, it is possible to guarantee the provision of equal services, ensuring that patients reach the end of their lives in a dignified and comfortable way. However, all alternatives these must function something complementary to undergraduate classes, not as something independent.²²⁻²³

The training process must overcome the technical dimension and encourage university students to explore their feelings, therefore, opening practical spaces during graduation to experience dying situations 4: 13(1):e202416

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reduces the possibility of insecurity in the professional field.

CONCLUSIONS

Therefore, issues related to the process of death and dying in the graduation of health courses, especially nursing, can help in understanding it, not as an enemy to be fought, but as an event that is part of life, in the end of a trajectory of human existence.

It can be stated that the objectives proposed by the research were achieved, by elucidating the understanding of university students regarding the process of death and dying. The participants showed their vision of what they understand the process to be, what meanings are attributed to it and how it influences nursing care. Furthermore, the feelings arising from the experience of death situations were described.

It should be noted that making university students understand the process of death and dying and the aspects involved suggests the introduction of a critical-reflexive look at death in academic training, which should be considered an urgent measure in health and nursing courses, reiterating that it is possible to provide quality care at the end of life, especially when the professional has been sensitized about the topic, enabling personalized care for the family and the patient and for the professional to deal with their emotions.

The main limitations of the study were obtaining data from only one university, not allowing the generalization of results and the fragility of dialogue with participants through remote data collection. Furthermore, data collection took place during the pandemic caused by Covid-19, in the context of death and dying, making it painful and difficult for the participants who experienced this process.

Therefore, it is suggested that studies be developed that point to other horizons relating to the topic, such as investigations that include teachers or that look in more detail at the curricular syllabi to broaden understanding of the phenomenon in question.

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