

EXPERIENCE OF THE TRAGIC TRIAD IN NURSING CARE FOR THE PERSON IN LIFE'S FINITENESS

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ABSTRACT

Although death is a constant issue in the hospital, caring for the person in life's finiteness unveils suffering, guilt, and powerlessness in face of death. A phenomenological study was carried out in order to analyze the experience of nurses' care for the person in life's finiteness with regard to the tragic triad. We interviewed 14 nurses from a general teaching hospital. The collection of speeches was conducted by means of a phenomenological interview, after approval by the Research Ethics Committee. The phenomenological analysis guided this process, going through the steps of description, reduction, and understanding, and, as a theoretical support, we resorted to the existential analysis. As a result, 3 categories emerged: suffering in face of death in the daily work, guilt and powerlessness in face of the other's death, and fear experienced in face of life's finiteness. The speeches showed that suffering is experienced not only by the patient and her/his relatives, but also by the health professionals, especially the nurses who establish an emotional bond with them throughout the hospital stay period. In face of death, there emerged guilt and powerlessness in the provision of care and the pursuit of good quality care in face of the working conditions and the person undergoing the death process.

Keywords: Nurse. Nursing care. Death. Qualitative research.

INTRODUCTION

This article focuses on the doctoral thesis entitled *Meaning of life: experiences of nurses' care for the person in life's finiteness*. The theme was inspired by the author's experience, as a nurse and professor, in caring for people with critical and chronic illnesses admitted to the hospital, which are involved in human terminality and are present in the daily life of the nurse, the patients, and the relatives.

The tragic triad consists of suffering, guilt, and death. It is possible to turn suffering into a human achievement and accomplishment. Extracting from guilt the opportunity to change oneself for better. Making the transitoriness of life an encouragement to undertake responsible actions⁽¹⁾.

Man as *a being in the world* or *being at the world* comprises the world far beyond the geographic space he occupies and to which he belongs. *Being at the world* corresponds to the different ways how man lives and the modes of relation to the entities⁽²⁾.

The existential analysis focuses on man's struggle for a meaning, not only with regard to suffering, but also to life. It has shown that suffering has a meaning and that, along with suffering, fate, guilt, and death are parts of life. Nobody will be able to avoid facing with endless suffering, insurmountable guilt, and inevitable death⁽³⁾.

In the hospital, contact with the possibility or occurrence of death is constant. When thinking of death, we relate it to the meaning of life, and this takes place with much suffering. In the unit for long hospital stay patients and in the medical clinic, contact with death and dying is routine, something which leads us to experience a sense of emptiness, fear, and failure.

Such sensations faithfully reproduce the usual reality in hospital organizations with regard to the complexity of situations. Treatment is continuous and, on certain occasions, invasive, with the possibility of recurrences in the painful condition and undesirable side effects or complications requiring prolonged hospitalization, causing suffering to the patient, the family, and the professionals.

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The aggravating factor, in our culture, is that health professionals, especially the nursing professionals, are unprepared to deal with issues related to death and the dying process⁽⁴⁾.

Thus, it is worth having in mind that people need a meaning or a reason to live and to die, by considering that man must be seen as a whole with regard to his three-dimensionality, as a biological, psychological, and spiritual being⁽⁵⁾.

Suffering is something more comprehensive than pain and it is associated to an illness situation which leads us to interpret life as devoid of meaning. Providing life with a meaning, a reason for life or the condition undergone often reduces suffering⁽⁶⁾.

Some studies highlight the frustration of professionals when faced with a patient's death, because their training is focused on saving lives. They experience the dying process as loss and suffering^(7,8).

The study which generated this article was conducted in order to answer to the following question: "How nurses experience the tragic triad in their daily lives by caring for people in life's finiteness?". The aim was analyzing the experience of nurses' care to the person in life's finiteness when faced with the tragic triad.

METHODOLOGY

This study consists in a qualitative research grounded on phenomenology which was carried out due to the closer relation to the reality experienced by nurses when caring for people in life's finiteness and to the possibility of analyzing their world-life.

Phenomenology is a way of thinking which questions the phenomenon, tries to describe it and capture its essence⁽⁹⁾. It seeks to unveil the phenomenon, i.e. what shows itself, without explaining it through concepts, beliefs, or a predetermined reference.

Once the project was approved by the Research Ethics Committee of the School of Nursing of Universidade Federal da Bahia (UFBA) (Protocol 031/2010), the work began in a teaching general public hospital in the town of Feira de Santana, Bahia, Brazil. The institution has two units with 100 beds for long hospital stay patients undergoing an advanced stage of progressive chronic health

conditions.

The professionals, 14 nurses experienced in caring for people in life's finiteness, when accepting to participate, signed the free and informed consent form. Data collection took place by means of a phenomenological interview from December 2010 to March 2011, previously scheduled, with an average length of 30 minutes in a private room, at the professionals' workplace. The interviews were recorded on a digital device and fully transcribed by the researchers.

The phenomenological interview was conducted using an approaching question: "Have you ever experienced some death situation during the provision of care?". Besides, we adopted two guiding questions: "How was that experience?"; "How do you apprehend the meaning of life in this experience of caring for the person undergoing the process of death and dying?".

In the approach taken, we sought to capture the language of professionals which expressed their own ideas and thoughts⁽¹⁰⁾.

The selection criteria were working at the units for at least 1 year and having already accompanied people dying during the provision of care. The number of professionals was set after identifying the repetition of contents in the statements. Anonymity was kept by randomly using fictitious names. The testimonies were heard by the professionals, aiming at the reliability of information.

Data was analyzed using the phenomenological method and the framework of existentialism. The adopted method is named ideographic and nomothetic analysis⁽⁹⁾. The ideographic analysis concerns the representation of ideas contained in the testimonies of each professional. When reading the contents of testimonies, the researcher seeks to analyze and group the isolated meaning units.

Initially, each testimony was read in order to obtain the overall sense of the interviews, signaling the meaningful units. There were several re-readings of the testimonies, trying to identify the convergences and divergences between the meaningful excerpts, separating, from the set of testimonies, the expressions then regarded as meaningful for understanding the phenomenon.

In such expressions we found the meaning

units and their constituents to approach by means of similarities and divergences. For constructing the empirical categories and grouping according to similarity, we read the testimonies again to look for insights which could be related to the meaning contents, in order to write a summarizing sentence to present the grouping's essence. Then, we reduced groupings for a new reading, searching in the framework of existential analysis the foundation for apprehending meaning⁽¹⁾.

In the synthesis of meaning units which emerged in the naive testimonies of professionals, given the experience with people in life's finiteness, we highlighted the following themes: suffering, guilt, and death.

The nomothetic analysis leads to emerge, through the various ideas of professionals, the construction of empirical categories, in a transition movement from the individual to the general, involving the understanding and connection of these categories⁽⁹⁾.

For carrying out the analysis we used, as a basis, the existential analysis, which proposes the meaning of life and has, among its fundamentals, suffering, guilt, and death as parts of existence⁽¹⁾.

From this process three categories emerged: Category 1 – suffering in face of death in daily work; Category 2 – guilt and powerlessness in face of the other's death; and Category 3 – fear experienced in face of life's finiteness.

RESULTS AND DISCUSSION

We interviewed 14 nurses who developed activities at the unit for long hospital stay patients and the medical clinic, caring for people in life's finiteness. The age ranged between 28 and 55 years, 13 individuals are women and 1 is man. The average length of professional practice ranged from 2 to 30 years.

Suffering in face of death in the daily work

The nurse is the professional who spends more time along with patients and their relatives, thus, she/he has greater possibilities of experiencing suffering, recovery, or death of people she/he cares for. The testimony below expresses this suffering of people being care for a nurse:

[...] I do not know whether I'm right or wrong, but I do not like to see anyone suffering when there is no way or when there are those wounds, a lot of pressure ulcers. I just ask God the person dies soon [...]. (Lotus)

Being involved with the patient, the nurse admits that death, sometimes, may mean relief from suffering, since the more she/he suffers when the person being cared for dies, she/he also realizes the suffering of patient and family.

[...] we see the family's suffering and often the patient is unconscious there and we cannot feel her/him present, she/he is more absent than present [...]. (Rose)

[...] for me, it is very painful providing care when we see that there is no way, we see the suffering of patient and family. (Lily)

For respondents, the suffering experienced in face of death in daily care constitutes a remarkable experience.

[...] some patients are more remarkable, as a patient, with cancer, who suffered a lot, we could see his pain and the pain of his family [...]. (Acacia)

[...] the most remarkable thing is pain, the patient's suffering [...]. (Azalea)

The testimonies indicate that the death process takes place with suffering, because the nurse does not accept death as something natural, she/he performs procedures in an attempt to relieve suffering and pain, however, the results are not satisfactory and they indicate an extension of time for the person's death, increasing suffering of the patient, her/his family, and the nurses.

Suffering is a human condition and it affects the person in the following dimensions: social, emotional, physical, family, and spiritual^(11,12).

Nurse's involvement in the death process is associated to the length of time for which the patient remains hospitalized, the intensity of suffering experienced in face of death of patients who remain hospitalized for a longer period, with whom she/he establishes a bond. These speech fragments allow understanding it:

[...] these terminal patients, we end up becoming intimate and trying to take comfort measures at this separation time [...]. (Violet)

[...] we end up becoming intimate due to the patients' length of stay, it generates a bond with the patient and family [...]. (Daisy)

[...] when we are faced with the issue of death, I, particularly, even today, put myself in the family's shoes, it is inevitable to establish this bond with patients and relatives, and, when the patient dies, we get quite upset [...]. (Jasmine)

Nurses reveal that caring for people in life's finiteness generates an involvement with the hospitalized patients and their relatives. Due to the lengthened period, it generates an affective bond.

This bond is referred to in studies on death from the nursing perspective⁽¹³⁾. The nurse creates a bond with the patient because she/he is present at difficult times, for the patient and her/his family, deals with the relatives' suffering, answers to questions, support when there is distress, and she/he is the person the patient seeks to talk about her/his fears when dying⁽¹³⁾. Understanding that the person, at the end of life, needs, in addition to the truth about her/his own body, a proper professional support, in order to face her/his death with dignity.

The existential analysis searches for a meaning in life and suffering. This cannot be taken by someone else, this is the way how she/he supports her/his own suffering, as a possibility of a unique and singular achievement. When the person realizes that she/he is surrounded by suffering, she/he can feel, in this pain, a particular, original, and unique task.

Guilt and powerlessness in face of the other's death

Nurses compare witnessing death to the recovery and healing actions, by unveiling the feelings of power and powerlessness, for failing to cure the person and find out death as something inevitable. The struggle against death is evidenced in these speech excerpts:

[...] we feel guilty, we think we might do more, and it is as if a piece of us was missing, because we live, for several months, along with patients and we ask ourselves without remembering that death is part of our script. Oh! God, why did it happen? Why did the patient die? Why were we unable to save the patient? [...]. (Camellia)

[...] we feel guilty when the patient dies [...]. (Carnation)

[...] sometimes, we feel guilty for not providing a better care, powerless in face of many situations. (Sunflower)

The nursing professionals report that the closeness of a patient's death, to whom she/he dedicated hours of work, can arouse feelings of helplessness and guilt⁽¹⁴⁾.

The care provided by nurses to people who die has still been a heavy burden, consisting of scenarios of suffering, fear, and distress, because the other's death leaves us at the mercy of conflicts which generate guilt. The guilt of not caring to cure, the failure to fulfill the task⁽¹⁵⁾.

[...] feeling of frustration and powerlessness in the face of death situations. (Orchid)

[...] we do things so that the person recovers. So that the person is discharged enjoying a good health condition, when the person dies we feel useless [...]. (Gardenia)

The understanding the meaning of guilt provides us with an excellent opportunity to collaborate to the spiritual renewal of life, to which we are constantly called upon⁽¹⁶⁾. "The meaning of guilt favors the understanding of the meaning of life and enriches the possibilities of struggling for our status as human beings"^(16:96).

Fear experienced in face of life's finiteness

Nurses reveal a feeling of fear when caring for people at the end of life, by considering the possibility of death within the period she/he cares for the patient.

[...] we talk more about life and caring for, but in our experience we are always struggling against death. We do not want to accept death. (Violet)

[...] the fear of witnessing death leads us, sometimes, to depart from these patients [...]. (Orchid)

The non-acceptance of death is revealed by nurses they do not feel prepared for this experience, leading them to depart from the patients who are in life's finiteness, for fear of witnessing death.

Studies indicate that death is a basic fear which influences on all others, a fear to which no one is immune, no matter how disguised it may be⁽¹⁴⁾.

I wanted to perform the procedure and leave, I wanted to get rid of that patient. I wondered why was I afraid? Why did I want to get away soon? Then, that was fear of death which took me away! (Sunflower)

[...] initially, when I came across these patients in a terminal situation, I was afraid, I often, you know, I felt like paralyzed [...]. (Jasmine)

Death is part of everyday life of health professionals, both directly and indirectly⁽¹⁷⁾.

Death, according to existentialism, plays the role of forcing man to reframe every detail of his existence, thus becoming a vital process. In our society, there is an inversion in the death characteristics, which stops being regarded as a natural phenomenon of life, precisely because it represents a failure⁽¹⁷⁾.

Death is part of life, but, usually, nurses are not emotionally prepared to face death, they have some difficulty to assist the patients who, slowly or suddenly, will evolve to death⁽¹⁸⁾.

A pioneering study in the approach to patients undergoing the dying process⁽¹⁸⁾ advocates for the idea that everyone should have a good death, which means undergoing no suffering, being able to choose the place where she/he will die, choosing to die at home, having someone to listen to her/him, and avoiding to be put at the last ward of the hospital, away from everyone⁽¹⁸⁾.

Dying with dignity means being allowed to die along with her/his character, her/his personality, her/his own style⁽¹⁹⁾.

The powerlessness of sick people, the feeling of emptiness, the constant expectation of death, the disbelief with regard to the therapeutic measures constitute a reality in the hospital⁽¹¹⁾.

In our culture, nurses are not prepared to deal with issues related to death and the dying process. This tends to be regarded as a less important issue in health care organizations, because the hospital image is that of a place for cure, and everyone who seek it hope to leave enjoying a good health status.

However, the disease and the possibility of death must be faced as a human experience, representing a continued learning and growing process, in which the patient, the family, and the nurses need to adapt their behavior, whenever needed, in order to improve quality of life and death for the people who are cared for.

The professional aimed at caring for patients at the end of life must be prepared to face situations of extreme suffering and death, because this reflects a limit of the professional's capacity⁽²⁰⁾.

FINAL REMARKS

Nurses at the units for long hospital stay patients and the medical clinic experience the tragic triad in the daily care for people in life's finiteness. We realize that living along with death and the dying process in the hospital represents a difficulty for nurses working at these units involved in this study, because this implies the possibility that any person can *stop being at the world-life*.

Thus, we highlight as something significant that the nurse experiences the tragic triad when caring for the person in life's finiteness, unveiled by suffering of the nurses, the relatives, and the patients, and by the difficulty to deal with the end of life.

These difficulties, reported by nurses, emerge strongly, according to our view, in the context of caring for within a lengthened hospitalization period, when there is a bond between the nurse, the family, and the patient, something which leads to suffering when the patient dies, but it is inherent to human existence.

We observe, in the testimonies, that the professionals, despite realizing death as a relief to the suffering of patients and relatives, have a strong tendency to deny it, because they are aware that their work is aimed at life rather than death, the reason why they refuse to accept it.

When the patients remain hospitalized within a long period, a bond is established, which may be regarded as the ability to transcend oneself and become interested in caring for the other.

We think that the nurses participating in the study conduct care surrounded by emotions and doubts, since they were not prepared to care for people undergoing the death and dying process.

By closing this study, we may affirm that nurses experience the tragic triad in their daily life by caring for people in life's finiteness and, for understanding this experience with death and dying patients, nurses must understand death as part of existence, otherwise they cannot care for terminally ill patients in an authentic way.

Studying death may help working with its constant presence in the hospital, in order to decrease suffering of the nurse who lives along with this situation on a daily basis.

We recognize as a limiting factor for the execution of this study the lack, in the hospital,

of a palliative care unit with an interdisciplinary and multiprofessional team specific to care for the person at the end of life and a center for study and research which discuss, investigates, and publishes on themes regarding existence and the death and dying process.

VIVÊNCIA DA TRIÁDE TRÁGICA NOS CUIDADOS DE ENFERMAGEM À PESSOA NA FINITUDE DA VIDA

RESUMO

Embora a morte seja constante no hospital, cuidar da pessoa na finitude da vida desvela sofrimento, culpa e impotência diante da morte. Realizou-se um estudo fenomenológico com objetivo de analisar a vivência dos cuidados dos enfermeiros à pessoa na finitude da vida em relação à tríade trágica. Foram entrevistados 14 enfermeiros de um hospital geral de ensino. A coleta dos depoimentos foi realizada por meio de entrevista fenomenológica, após aprovação do Comitê de Ética em Pesquisa. A análise fenomenológica guiou esse processo, passando pelas etapas de descrição, redução e compreensão e, como suporte teórico, recorreu-se à análise existencial. Como resultado emergiram 3 categorias: o sofrimento diante da morte no cotidiano do trabalho, a culpa e a impotência diante da morte do outro e o temor vivenciado diante da finitude da vida. Os depoimentos revelaram que o sofrimento é vivenciado não só pelo paciente e seus familiares, mas pelos profissionais da saúde, principalmente os enfermeiros que estabelecem vínculo afetivo com eles ao longo da internação. Diante da morte emergiram culpa e impotência na prestação de cuidados e a busca de um cuidado de qualidade diante das condições de trabalho e da pessoa em processo de morte.

Palavras-chave: Enfermeiro. Cuidados de enfermagem. Morte. Pesquisa qualitativa.

VIVENCIA DE LA TRIÁDE TRÁGICA EN LA ATENCIÓN DE ENFERMERÍA A LA PERSONA EN LA FINITUD DE LA VIDA

RESUMEN

Aunque la muerte sea una constante en el hospital, cuidar a la persona en la finitud de la vida desvela sufrimiento, culpa e impotencia delante de la muerte. Fue realizado un estudio fenomenológico con el objetivo de analizar la experiencia de la atención de los enfermeros a la persona en la finitud de la vida con relación a la tríade trágica. Fueron entrevistados 14 enfermeros de un hospital general de enseñanza. La recolección de los relatos fue realizada por medio de entrevista fenomenológica, después de la aprobación del Comité de Ética en Investigación. El análisis fenomenológico guió ese proceso, pasando por las etapas de descripción, reducción y comprensión y, como soporte teórico, se recurrió al análisis existencial. Como resultado emergieron 3 categorías: el sufrimiento delante de la muerte en el cotidiano del trabajo; la culpa y la impotencia delante de la muerte del otro; y el temor experimentado delante de la finitud de la vida. Los relatos revelaron que el sufrimiento es experimentado no solo por el paciente y sus familiares, sino también por los profesionales de la salud, principalmente los enfermeros que establecen un vínculo afectivo con ellos a lo largo de la hospitalización. Delante de la muerte emergieron culpa e impotencia en la prestación de cuidados y la búsqueda de una atención de calidad delante de las condiciones de trabajo y de la persona en proceso de muerte.

Palabras clave: Enfermero. Atención de enfermería. Muerte. Investigación cualitativa.

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