

THE DYING AND DEATH OF ELDERLY HOSPITALIZED IN PERSPECTIVE OF NURSING PROFESSIONALS¹

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ABSTRACT

This study aimed to analyze the perception of nursing professionals about the death of elderly hospitalized. It is characterized as a qualitative, descriptive study, using the theoretical framework of research convergent assistance, held in a medical clinic unit. To obtain the data, it was used an interview and thematic workshops. The subjects were 20 professionals from nursing staff. The ethical precepts were respected and the information analyzed in the light of the thematic analysis of content. As a result, there was the construction of a theme addressing the death of elderly hospitalized in perspective of nursing staff. The data indicate that the death in elderly generates suffering, for his family and nursing staff, causes frustration, guilt, sadness and loss. But death can be in relief when there are not more therapeutic resources to be implemented, in addition to comfort and support. Thus, it is highlighted the importance of nursing staff possessing knowledge and specific skills to deal with this population and their families, in particular, in the finiteness of life.

Keywords: Nursing Staff. Elderly. Hospitals. Palliative Care in the Completion of Life.

INTRODUCTION

The process of dying is in a stage of life that is commonly understood as something negative, sad and faced with grief and mourning. In the past, death was experienced with no major pain. In the 20th century, it is seen as a taboo, in which the process of dying and death is still little discussed, although it is increasingly close to the people, especially by the advancement of telecommunications⁽¹⁾.

It is known that in ancient times, the death occurred at home. However, currently, with the technological advances in health and cultural changes, the finiteness of life has occurred mainly in the hospital environment. It should be noted that, regardless of where it occurs, the process of dying and death need to unfold with

dignity. In this scenario, the principles of palliative care predict that the patient can choose the location he wants to die, while preserving his autonomy. In this context, the World Health Organization published a report on palliative care for older people. This newsletter points out that palliative care makes it possible to improve the quality of life of patients and their families, who are facing a life-threatening illness, through the prevention and relief of suffering by means of identification, evaluation and treatment of pain and other physical, psychosocial and spiritual problems. When it comes to the elderly, palliative care guidelines have as its main focus the realization of actions addressed not only to the improvement of the symptoms of the disease, but also the guarantee of dignity and quality of life of the elderly person who are at the end of his life⁽²⁾.

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From this understanding, it is understood that palliative care has the objective of the preparation for death⁽³⁾. Death is part of the natural process of life, as biological point of view, and comes built socially of symbolism, values and meanings related to the historical and cultural context in which the subject is inserted. In this way, death is present in daily life and is the right destination of all living beings⁽⁴⁾. Even characterized as an element of life, death always aroused fear in the human being and one of the forms of expression of that feeling is the difficulty in dealing with the finitude of life⁽⁵⁾, since often there is discussion of the process of dying of others and will never be accessible in its real dimension.

The process of dying can be experienced in different ways and, in this sense, the family environment is seen in a positive way once it offers affection, companionship and safety to the patient, constituting a differentiated care space⁽⁶⁾. In the case of death in different age groups, the one of an elderly person commonly has better acceptance by society, although it might not be for him and his family. This occurs by the realization that the elderly has already done his route in terrestrial sphere.

The relationship between aging and death is in fact both involve mixed feelings, in that, for many times, the age is seen as a journey to the end of life⁽⁷⁾. It should be noted that, with the increase in life expectancy of the population, there is an increase in the incidence of diseases of the elderly, requiring more frequent hospitalizations. Thus, under hospital nursing staff requires knowledge and skills to meet the demands and peculiarities of these patients, including those relating to the process of dying and death.

However, even if death is inherent in the process of living, one realizes that nursing professionals are little prepared to deal with it⁽⁸⁾. This situation can produce mixed reactions in members of the nursing staff, who give meaning to this moment from their beliefs and values. It is Highlighted that the nursing, in the case of hospitalization, is closer to the patient and his family, which can produce feelings of helplessness, frustration, guilt and irritation, which can interfere with the provision of care⁽⁹⁾. So, is the need to expand the discussions

involving aspects of death in order to minimize the personal suffering of the team and to qualify for assistance⁽¹⁰⁾.

In this context, address issues relating to the death in the daily life of members of the nursing staff is relevant, since the process of dying and death in elderly patients is a condition present in the work of these professionals. Thus, this study has as its object the perception of death in the elderly hospitalized by the nursing staff, accompanied by the question: How the nursing professionals see the death of an elderly person in the hospital? The goal is to analyze the perception of nursing professionals about the death of elderly hospitalized.

METHODOLOGY

For the realization of the present research, qualitative approach, descriptive character was followed, using as methodological-theoretical referential a convergent-assistance research (CAR), which allows the active participation of the subjects of the study and it is characterized by its proximity and remoteness on the know-how assistance. Three steps constitute the development of CAR: interview, workshops and new interview after the accomplishment of the workshops⁽¹¹⁾. The survey was conducted in a hospital in a town in the Northwest region of Rio Grande do Sul, in an inpatient unit of internal medicine, since patients hospitalized there are mostly elderly. 17 nursing technicians and three nurses participated in the research. Most female, married, aged between 24 and 46 years old.

In this study, the data are from semi-structured interview conducted in the first phase of data collection. The interviews were recorded on digital audiotape and, after, transcribed in full, with the consent of the interviewee. These interviews had an average duration of 60 minutes and were carried out from January to March 2012. The anonymity of each interviewee was preserved by using the code "E" plus a number, not necessarily in the sequence in which the interviews were conducted.

For data analysis, it was used the thematic analysis of content⁽¹²⁾, where it held exhaustive readings and re-readings of the information obtained. The steps followed had consisted in: pre-analysis, material exploration and processing

of results. Ethical aspects were met and the research project received a favorable opinion from the Committee of Ethics in Research from UFSM under nº 0340.0.243.000-11.

RESULTS AND DISCUSSION

The analysis of the information derived from the data produced allowed developing a category of analysis that deals with the death of elderly hospitalized in perspective of nursing staff of a hospital in the Northwest of the State of Rio Grande do Sul. This was subdivided into four subcategories.

Death relieves suffering

Through the lines of the participants of the research, it can be realized that few understand death as a relaxation, a relief to the pain, in virtue of the prognosis of the clinical picture, presented by the elderly, be unfavorable in terms of improvement and the possibility of treatment. Although this situation appears with such characteristics, there are ambivalent feelings, loss and relief by professionals and family.

When the patient is terminally ill is a rest for him (E07).

I think sometimes they just are there waiting to die, are tired of being here, coming and going. I think some goes in peace. If there's nothing else to do, wait [...], medicate, take care as you can, promote the comfort! (E02).

It's a loss. It depends on the case that he is, if he is very weak, it is better, but there's always a feeling involved (E04).

They are often patients who no longer have anything better to do, that the family is aware; it is even a break for him and his family (E09).

This we feel it[...] we are accustomed to deal with, and always followed internal, and have the death here is sad (E13).

Another situation that emerges in the manifestations of the participants of the study concerns the age of the person who is experiencing the process of dying and the care provided by nursing. They point out that, when it comes to the death of an elderly patient, this seems to be more accepted, since the team pays the care required according to their demands.

I think if it is a dignified death, he died because of age, organ failure, all is well. But if he died because he has not good care, it is complicated (E05).

The speech fragment above mentioned allows to infer that death is part of the development of the human being and is part of their life cycle. However, various feelings and understandings can emerge when it happens. The hospitalization of an elderly person can generate grief nursing professional when associated with the finitude of life or social issues such as abandonment by the family. In study on the feelings that emerge in the nursing professionals, related to death, in the course of the provision of care to the elderly person who is hospitalized, it points out that the situation of hospitalization of the elderly can cause suffering to the worker. This is often because they experience intrinsic to the profession issues as the end of life or abandonment of the elderly by the family⁽¹³⁾. In that direction, one must understand that the process of dying and death is part of life. Therefore, to enable a dignified death, providing nursing care with respect, is to provide a complete with minimal suffering and pain⁽¹⁴⁾.

Death challenges the knowledge

In some situations, death can generate sense of guilt and failure in nursing team members as they are trained to save lives. For that, it needs coping mechanisms, both internal and external to deal with death. This condition has increased from the advent of capitalism, when death came to occur mainly in hospitals⁽¹⁵⁾. The following fragment shows this aspect:

It is hard. We're used to seeing death. We feel, it's a loss, we tried and failed, we get upset when it happens, especially when it's on our schedule, a feeling of not having done the necessary, but actually we do, but we have that sensation (E15).

Even though one of the interviewees did not have experienced the situation of death, to see the patient dying make them unpleasant sensations of sadness, helplessness and considers it an unknown. Of all the people who need to live with the process of dying, health workers are more exposed because the death is present within hospital institutions. A study of undergraduate students in nursing showed that the theme of death and dying is still little

discussed during the undergraduate program, resulting in an insufficient preparation for dealing with situations of that nature. As a result, nurses commonly present difficulties in support to the dying patient and his family, as a function of stress, anxiety and insecurity⁽¹⁶⁾. Still in this line of thought, although death is inevitable in the life of the human being, it is not a topic discussed frequently, since it is represented by fear and rejection⁽¹⁷⁾.

If it is a person who suffers a lot we suffer together. Then sometimes we ask for the patient to go away. I actually never see one person dying. I never got an obit yet, but always elderly patients died in the afternoon or evening, they never died in the morning with me (E06).

I often walk away to not cry, because it is an end of line, it's over, it's sad, it's reality (E12).

Then, death is one thing, I have no explanation. Is the end of life. I can't think (E13).

The speeches of respondents reinforce that the death of a patient produces feeling of helplessness, sadness and compassion in nursing staff, for the loss of a human life, which was under their care. This condition may be related to aspects of subjectivity of professionals involved⁽¹⁷⁾.

Health services, including hospitals, are characterized by being committed to healing institutions, having the routines to fulfill and death is a threat to this function. Thus, professionals see it coated with responsibilities to care for infallible way, understanding that death represents a failure of the service. In this sense, in the hospital space one of the situations that trigger anxiety in nursing staff is having to deal with death, since this often emerges as a happening painful and difficult acceptance, bitter and cruel situation which produces, in the professionals, conflicting reactions and imposes certain limits who always fight for life⁽¹⁷⁾.

The everyday assists the team in understanding the process of dying and death

The profession can become an element that helps in the understanding of the process of dying and how to deal with it. However, the professionals can create mechanisms of stiffening of the feelings involved, passing the deal with death as a routine event in their daily

lives. In this context, to some professionals often assist the dying person becomes more an activity to be held in the daily life of their work.

Over time, you stay so, harder, there's no way to explain very well, you don't raises awareness so much. (E19)

At first I was super upset, now I'm already used to it, because each elderly person, there's no way you don't grasp. But now I'm able to accept more than I accept at the beginning. At the beginning I cried (E03).

By the speech of the subject of this study, it is identified a few personal factors that can harm a dialogue about death, so it happens. However, there is a need for the nursing team members to assume the task of supporting the family at the time that the patient's death.

It is a part of your work process, that you have to go through. To give an orientation also spirituality for the family, according to the familiar sees death. I have the habit of saying 'he rested, because he vegetating on top of a bed, is no life to who cares or who is there (E11).

The nursing staff must be available and prepared to support the family of the elderly person who was died. This is justified because the relatives have the expectation that the team can give some explanation for what happened because they are nursing professionals who are generally closer and longer, by the person who died and their families. In addition, these workers need to understand that sometimes the relatives they attribute the blame for the death of the loved one to relieve their suffering, can be evidenced in the following statement:

They want to hear from you, they want your support, they want to hear you talking about death, because they want you to give a solution to the problem and, often, if you keep quiet, doing nothing might revolt on their part. This happens a lot of them to blame the nursing staff, because it's the team that's in front of them and it is the first, is the exhaust valve and we can't blame them, because they are the first people that are there in front of them. He will present and demonstrate his anger, revolt in some way. So, it happens with the people who are close to him and, generally, is the nursing staff (E14).

It is important that nursing staff have the understanding that family members to experience the process of dying and the death of

a loved one, they present significant emotional consuming. To this end, they may react by expressing various emotions, among them: anger, rejection and powerlessness, for which often requires the intervention of nursing.

Another aspect highlighted by the respondents concerns the religiosity. Religious principles permeate the nursing, in particular when it comes to the process of dying, influencing the way the professionals to accept, since religion comforts them and helps to overcome this situation⁽¹⁸⁾.

I pray more [...], so when I see that we don't have anything better to do, I say: you have to pray for him to go to a place better than here (E03).

The deaths more striking are those patients who have established links with the nursing staff, as well as identifying with some relatives, reason which leads the professionals sometimes engaging the other patients to overcome death. However, in the face of death on a daily basis helps to ensure that workers do a reflection on his own life, seeking other goals and priorities to live it with more intensity⁽¹⁰⁾.

On the other hand, also, there is the understanding that nursing workers should limit their involvement with the person who is dying and their families. This understanding is to minimize the suffering that is triggered on that situation, though understand that dealing with the process of dying is an inherent to the work of the task team of nursing, evidenced in the following talks:

Very sad. Because many times we have to be strong, but also thinking, we're in the our profession, it is a profession, it's our job. Then you have to try to maintain at least a minimal appearance, because if you're going to grieve for each one who dies, when you see, you won't have enough psychological to take care of other people (E11).

The researchers understand that build defensive mechanisms are important to give an account of everyday life, in the process of dying and death. However, this does not mean, necessarily, that the care required is not carried out in such a way as to meet the demands of both the patient and his family. However, it is distinguished that, sometimes, this form of deal can produce emotional stiffening that leads the

professional to play its role in an almost exclusively technical way.

Currently, it is observed that the nursing professionals appreciate the technical care, to the detriment of the care of the psycho, socio and spiritual dimensions. However, it is also identified a concern with respect to the person who is in the process of death and dying and their families⁽¹⁴⁾.

Death is a natural process in the elderly

It is noticed that some professionals see death in a natural way, inherent in the aging process, in which study participants understand that the elderly person has already experienced all the stages of the life cycle. They consider, as well, that death, in these cases, constitutes a natural event, different from the view they have when the death of a child, manifested in the following lines:

And it's different when you lose an elderly, who has already completed the whole cycle of his life, he was born, grew up, begat children, worked and it's there on finiteness with 97, 98 years old, and when you lose a child, then there are totally different reactions (E14).

I see death as a natural process, because there are some grandfathers of 92 years, that generally, which have no more life prognosis, I see as natural (E16).

The death of the elderly, death is a natural cycle of life (E17).

It's more peaceful, I see as more peaceful death of an elderly person (E20).

It is natural (E01).

The aging and dying are inherent to the process of living. However, feelings and opinions about the situations change among people, since each has a way to position itself and to put in place the elderly facing the process of dying⁽⁷⁾. Even though some professionals have positioned in agreement that the death of an elderly individual is natural, it must be considered that, for the family, generally is not.

Therefore, it is necessary to be careful not to trivialize the end of life of an old man and not the suffering of their families, because there is the involvement of multiple feelings and perceptions, both in nursing professionals and of the patient and his family. The members of the

nursing staff observed in elderly patients who are experiencing the process of dying feelings of loneliness, fear, pain, anger, revolt and relief on the possibility of death. This condition resembles the five stages that a patient may experience during the completion of his life, namely: denial, anger, bargaining, depression and acceptance⁽¹⁹⁾.

But, in relation to families, professionals often suggest presence of anguish, helplessness and fear. To do so, it is highlighted the importance of nursing preparation so that they can deal with the situations of dying and death among older people who access health services, with a view to develop their work with lower level of suffering and, consequently, have tools that enable support the elderly and the family at the time of the finiteness of life, qualifying, therefore the nursing care provided.

The design of finitude of humans requires changes in the paradigm of care and the insertion of the discussion about death in the training process. Thus, it is necessary that the nursing staff understand death and dying as an integral part of the life cycle and discuss this topic in academic training and in everyday practice, considering the care as inherent in the praxis of nursing⁽¹⁴⁾.

It is Stressed that, in addition to the feelings of loss, frustration, helplessness, sadness, among others, is also pointed out by one of the respondents to the identification of empathic situations, that favor to qualify the assistance provided to the dying patient and his relatives.

I see it as very difficult, because you also have to think that you had elderly family members, or who went away, or were in the process of the disease and that it was not easy, you have empathy to put in place the other (E11).

Although death is understood as a natural process, the empathy of a nurse constitutes an important and significant therapeutic support. However, it can cause tension, fatigue and irritability for identification with the condition experienced. In this scenario and in accordance with the professional way to handle the situation, there may be interference in his work performance⁽²⁰⁾.

It reinforces that the debate about topics related to death and dying is characterized as an important instrument of qualifying for nursing

care for the elderly person as to his family. It should be noted that there are still gaps in the scientific literature addressing this subject, which stresses the need to develop studies of this nature.

FINAL CONSIDERATIONS

By analyzing the perception of nursing professionals in relation to the death of elderly patients who are hospitalized, the results indicate that death can be seen as relief of suffering for the elderly at a time when he has no more maintenance conditions of life. Even so, there may be feelings of loss, guilt and failure in nursing staff, since commonly the academy forms the professional with theoretical and practical support to preserve lives and issues concerning dying and death are barely addressed. In this context, it should be noted that nursing care is committed to life, but not decoupled from death.

It should be noted that, faced with a situation of death, most of the employees participating in the study reported the presence of suffering. This is because often there is a formation of bond and emotional involvement between the patient, the family and the team. For that, many times, it is used a mechanism of defenses to minimize their suffering.

Another fact which emerged relates to the fact that when the death of an elderly person, that has received attention and care required, professionals see it as a closing of a life cycle, understanding that this person did with his earthly sphere temporality.

Respondents express that it is significant to assist also the family in the process of dying and death of an old man. This implies having to listen, support and guide the family about what happened. In addition, they do not accept empathy and religiosity as tools of care to offer comfort and better acceptance of the finiteness of life.

So, it is highlighted the need nursing staff to possess specific knowledge and skills to care for elderly hospitalized and lead with the process of dying and death. Thus, it is relevant to discuss such aspects in order to facilitate and qualify the nursing care to these patients and their families.

O MORRER E A MORTE DE IDOSOS HOSPITALIZADOS NA ÓTICA DE PROFISSIONAIS DE ENFERMAGEM

RESUMO

Este estudo teve por objetivo analisar a percepção de profissionais de enfermagem acerca da morte de idosos hospitalizados. Caracteriza-se como um estudo qualitativo, descritivo, que utiliza o referencial teórico da pesquisa convergente assistencial, realizado em uma unidade de clínica médica. Para a obtenção dos dados, utilizou-se entrevista e oficinas temáticas. Os sujeitos constituem-se de 20 profissionais da equipe de enfermagem. Os preceitos éticos foram respeitados e as informações analisadas à luz da análise temática de conteúdo. Como resultado, houve a construção de um tema abordando a morte de idosos hospitalizados na ótica da equipe de enfermagem. Os dados apontam que a morte em idosos gera sofrimento, para sua família e equipe de enfermagem, provoca sentimento de frustração, culpa, tristeza e perda. Ainda, a morte pode se constituir em alívio quando não há mais recursos terapêuticos a serem implementados, além de conforto e apoio. Desse modo, destaca-se a importância da equipe de enfermagem possuir conhecimentos e habilidades específicas para lidar com essa população e seus familiares, em especial, diante da finitude da vida.

Palavras-chave: Equipe de enfermagem. Idoso. Hospitais. Cuidados Paliativos na Terminalidade da Vida.

EL MORIR Y LA MUERTE DE ANCIANOS HOSPITALIZADOS EN LA ÓPTICA DE PROFESIONALES DE ENFERMERÍA

RESUMEN

Este estudio tuvo por objetivo analizar la percepción de profesionales de enfermería acerca de la muerte de ancianos hospitalizados. Se caracteriza como un estudio cualitativo, descriptivo, que utiliza el referencial teórico de la investigación convergente asistencial, realizado en una unidad de clínica médica. Para obtener los datos, se utilizó entrevista y talleres temáticos. Los sujetos eran 20 profesionales del equipo de enfermería. Los preceptos éticos fueron respetados y las informaciones analizadas a la luz del análisis temático de contenido. Como resultado, hubo la construcción de un tema abordando la muerte de ancianos hospitalizados en la óptica del equipo de enfermería. Los datos señalan que la muerte en ancianos genera sufrimiento, para su familia y equipo de enfermería, provoca sentimientos de frustración, culpa, tristeza y pérdida. También, la muerte puede constituirse en alivio cuando no hay más recursos terapéuticos a ser implementados, además de confort y apoyo. De este modo, se destaca la importancia del equipo de enfermería poseer conocimientos y habilidades específicas para lidiar con esta población y sus familiares, en especial, frente a la finitud de la vida.

Palabras clave: Equipo de enfermería. Anciano. Hospitales. Cuidados Paliativos en la Terminalidad de Vida.

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