

SOCIAL REPRESENTATIONS OF NURSES ON THE PROCESS OF DEATH AND DYING IN ICU

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ABSTRACT

Despite the fact that death receives multivariate denominations and representations depending on cultural and religious aspects, however, talking and discussing this natural process of life, especially in Western countries, may still seem to be a taboo. This study aimed to investigate the social representations of nursing master and doctoral students about the process of death and dying in Intensive Care Units (ICU). This is an exploratory and descriptive research with qualitative approach, developed in two public universities in Rio de Janeiro and Pernambuco. Data were analyzed according to the Theory of Social Representations, with the aid of Iramuteq software. Results showed the record of 2923 occurrences and 655 different forms. The hapax number confers with 362 words, corresponding to 12% of the occurrences. Occurrences that had higher chi-square were: death, life, process, suffering and passage. It is concluded that, with respect to death and the dying process, feelings were expressed before a concrete possibility, that is, for them, the patient that is under care in the ICU has a real condition in the death and the dying process, because being admitted to this unit may mean to be fighting for life and against death, faced with the uncomfortable feeling of mortality.

Keywords: Death. Critical Care. Nursing.

INTRODUCTION

Even today, in the twenty-first century, it is difficult for many people and for us, health professionals, to understand death as natural, perhaps due to the fact that mortality can be represented in many ways and different contexts. Over the years, many theorists and researchers have been leaning on this issue with the aim to seek answers that were able to explain human behavior before the process of death and dying. From the twentieth century, the man's profile maintains a distant relationship with death, unconsciously dodging this and considering it shameful, a failure that should be hidden⁽¹⁾.

Inevitably, man has experienced many losses, whether real or symbolic. They are losses due to diseases, sometimes the loss of

relatives or friends; losses related to job, separations, all situations often faced. However, the difficulty to approach and discuss the theme of death and dying process is undeniably, as this still represents a taboo in the accidental society. This happens because death in itself reminds us the idea of our own mortality⁽²⁾.

The advancement of life supporting technologies has provided the increase in life expectancy of critically ill patients. On the other hand, this has significantly increased the promotion for debates on bioethics, because these technologies allow also to postpone death. Death is recognized by health professionals as a stage of life, what can minimize the suffering caused by it⁽¹⁻³⁾.

Artificial fans are a strong evidence of the healing factor as a goal to be achieved because these equipment have allowed until today

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success in the course of treatment of severe, chronic or acute diseases. In turn, this interferes in a globalized manner the outcome of death in intensive care units, giving priority to the maintenance of life at all costs⁽⁴⁻⁵⁾, what may have close relationship with the concept of therapeutic obstinacy, when procedures are disproportionate and futile, considering the actual overall context of the patient and without providing any benefit to him, and that may cause pain, representing a bad clinical practice.

The adequacy of the therapeutic effort in the management of patients in the end of life should be consistent and appropriate, whether from the clinical point of view as well as from the ethical point of view, although this does not represent an easy task for the healthcare team, which often face many difficulties, and the main of these difficulties is the decision to suspend interventions that were initiated⁽⁶⁾.

The present study has the aim to investigate the social representations of nurses about the process of death and dying in the ICU.

METHODOLOGY

This is a descriptive study based on the contributions of the Theory of Social Representations of Serge Moscovici developed in two Graduate Nursing Programs - Master and Doctoral programs of two Public Universities, one federal university located in the municipality of Rio de Janeiro (RJ) and the other, a state university located in the city of Recife (PE).

To obtain the data, we used the Technique of Free Association of words, also called Word Evocation Technique⁽⁷⁻⁹⁾ or test by Association of Words which is, in turn, used as a projective test in Clinical Psychology and Neurology, such as the memory test. The inducing stimulus of words was the display of the movie "The Departure" and the inducing term was the word "death".

The goal of the word evocation technique can be defined as the apprehension of the reality that a particular social group perceives from a semantic composition of pre-existing reality. Such a composition is usually very concrete and imagery, organized around a few simple symbolic elements that replace and

guide the objective information or the real perception of the object under study⁽²⁾.

It is noteworthy that, although the spontaneous character of the technique could allow researchers to achieve more quickly the structural elements of social representations, the same does not happen with the data analysis. To minimize these difficulties, the researcher can use a specific software, such as the Iramuteq⁽⁷⁻⁹⁾.

The subjects of the research were graduate nurses enrolled in master and doctorate programs, with experience in Intensive Care Units - ICU. The sample followed the qualitative criteria, in function of the purpose of the research that confers in the exploitation of different social representations (opinions, beliefs, views, etc.) about the process of death and dying in the ICU, which would not be justified by statistical criteria.

The most important is to maximize the opportunity to understand the different positions taken by the members in this social environment. With respect to the point of view of death and the dying process among health professionals, it is understood how varied this may be. However, this may be relatively limited and differentiated in the ICU environment⁽⁴⁾.

Therefore, 23 nurses participated in this study. They are master and doctoral students from two public universities located in the states of Rio de Janeiro and Pernambuco, who work or have already worked in intensive care units of the public or private network. The choice for obtaining the data from two Graduate Programs comes from the possibility of increasing the variety of subjective reality and worldview of the study participants.

Data collection took place between March and April 2016 and this met the requirements of the Resolution 466/12, in accordance with the opinion of the Research Ethics Committees - CEP (UNIRIO). Approved protocol CAAE: 49850115.7.0000.5285, Opinion number 1,296,871.

Data collection took place in two stages, the first through partially structured interviews. The interviews, along with the movies, lasted approximately 1 hour and 40 minutes, were recorded and previously scheduled in a convenient place and time for the participants.

In the second phase, the Word Evocation technique was used based on the projection of a movie that portrays the process of death and dying in the ICU. Then, survey participants verbalized words or phrases that came to mind, and that had relation with the inducing term "death", captured on the movie. The amount of words evoked was not limited by the researcher.

RESULTS AND DISCUSSION

Data analysis occurred in the light of the approach of social representations, which is considered a way to scientifically investigate the common sense of a specific phenomenon, that is, explanations and interpretations of a specific object that shape the practice. These are similar to the theories that arrange around a theme a series of propositions that allow things or persons to be classified, their characters described, feelings and actions explained and so on⁽⁵⁾.

In order to study the social representations on a given object produced by a group or persons belonging to the same context, it is imperative to know the characteristics that are inherent to the subject, giving senses to the object of this proposal of investigation. Therefore, it is worth mentioning some socio-demographic characteristics or variables that are considered fundamental to the smooth running of the content analysis of the data produced.

Most participants (20) were female, they were more than 30 years old (13), had six or more years of education (14), were graduate students (19) and are equally represented by having more or less than three years of experience.

The predominance of women is in line with the profile of nursing professionals and students in Brazil. The age is an indication that more and more graduate master and doctoral programs are receiving very young nurses, what may represent a positive aspect to the advancement of this profession. The study group, therefore, is quite young and has little experience in ICU and the majority belongs to the master program.

After preparation of the *corpus* of the analysis with all the answers of evocations and

interviews, totaling 23 texts to be processed by the Iramuteq 0.7 alpha 2, it was possible to obtain the return of 2923 occurrences (words), distributed in 655 different forms (prepositions, verbs, adjectives, etc.). The number of words the frequency "one" was 362, which represents a few more than 12% of the occurrences and a few more than 55% of the forms, and the mean of occurrence by text words 127.09. It is worth noting that, it was possible to use the lexical analysis with no loss in the context in which the occurrences appear in the responses of the study group, contributing to greater objectivity and allowing the advance of interpretations of text segments⁽⁶⁾.

The analysis of the *corpus* with the Iramuteq allowed the realization of the Factorial Analysis of Correspondence (FAC). In this matter, the values of the frequencies and the Qui2 correlation values of each word contained in the *corpus* are returned from the pre-defined frequency, in this case, following by a minimum of 10. All variables were analyzed and the index used was the Qui2. The arrangement of words evoked by survey participants in two factor analysis, factor 1 and factor 2, respectively, was 12.3% and 13.74% of the occurrences.

It is not possible to identify the color difference, the words and their respective correspondences. Although the words [patient, much, moment and representing] were the words with the highest level of occurrence and, according to Zipf's Law, they are those located in the first Zone, corresponding to the group of trivial words, it is expected that they have high frequency since they show the subject studied. However, its semantic power is small and does not allow any relationship with the emergence of representations. They are instances of higher value of Chi square, varying between subjects⁽⁷⁾. On the other hand, the words that have more semantic power to the subject studied were [suffering, pain and passage], words that are directly related to the process of death and dying.

A very interesting fact in this research was that all obtained and ranked words, along with those that were not repeated, when submitted to the Prototypical Analysis in Iramuteq - (Table 1), showed that the behavior of semantic

importance was the same. The words that are closely linked to the probable composition of the core in representations of this group were [relief], [absence] and [loss]. It is important to recall that, the Prototypical analysis is a simple and effective technique developed specifically for the field of social representations aimed at identifying the representational structure from frequency criteria and word order.

<1 Frequency >= 1	<= 12.14 Rangs > 12.14	
	Área Central	Primeira Periferia
	relief - 1 -10	process - 1-32
	joy - 1 3	care - 1-19
	parting - 1-4	pain - 1 -17
	acceptance - 1-5	suffering - 1-31
	absence - 1-7	passage - 1-13
	loss - 1-9	
	moment - 1-12	
	abandonment - 1 - 2	
	rest - 1-6	

Table 1. Possible central and peripheral elements of the social representation in the process of death and dying in the ICU.

In the first quadrant, are present the likely central elements of social representations: relief, absence and loss. In turn, the elements constituting the periphery of the representations of death and dying process can be seen in the second quarter, where are present the words process, care, pain, suffering and passage. These words make up the first periphery of Social Representations.

As for the total frequency of occurrences in the *corpus*, the word [suffering] occurred 31 times and it is present in 65.2% of the speech of the group studied, being absent in only eight speeches (suj_2, suj_5, suj_9, suj_11, suj_16, suj_18, suj_20 and suj_23). The word [pain] occurred 17 times and is present in 43.4% of speech of the group studied. The word [passage] also had an important frequency in

this speech, being present in the discourse of 10 subjects. Table 1 highlights the words of greater correspondence after Descending Hierarchical Classification - DHC from Iramuteq.

DHC returned by Iramuteq after analysis of the *corpus*, a total of 23 texts, distributed in 76 segments of text, 825 forms 2923 occurrences, 655 lemmas, 571 active forms, 74 further forms, the number of active forms with a frequency of 3: 130, production of 6 classes from 65 segments represents 85% of the 76 segments that made up the *corpus*.

Table 1. Most significant words present in the evocation of the subjects participating in the research.

Word	Class frequency	P-value	Chi ²
Conclusion	4	<0,0001	20.92
Feeling	11	<0,0001	17.95
Helplessness	4	<0,0001	18.83
Team	5	<0,0001	38.59
Acceptance	3	0.02756	4.86
Moment	7	0.00523	7.80
Passage	4	0.09315	2.82
Care	3	0.09740	2.75
Absence	4	0.00064	11.63
Possibility	4	0.00200	9.55
Phase	4	<0,0001	15.46
Joy	2	0.01863	5.54
Existence	3	<0,0001	15.44
Relief	6	<0,0001	18.39
Suffering	10	<0,0001	15.39
Pain	4	0.03436	4.48
Rest	3	0,00711	7.24
Being	6	<0,0001	16.13
Missing	9	<0,0001	16.13
Loss	2	0.14688	2.10

Based on the FAC, the Matrix of the Elements of Social Representations and the DHC, the category that emerged was called

"Death as a real possibility in the ICU generating relief and helplessness". We understand that the social imaginary of death and the dying process for the studied group is strongly associated with the core: treat the physical body, however, representing death as a real possibility in the ICU, whose main evident meanings are the feelings of relief from suffering and feeling of helplessness, being the first, the objectification, and the second, the anchoring principles that are necessary for the formation of Social Representations⁽⁵⁻⁹⁾. Thus, the study group points to two possibilities of representation turned to the patient and family, while the other, is directly related to professionals who provide patient care in the process of death and dying.

Everything seems to indicate that the studied group continues appropriating a rational discourse centered on the biomedical model that determines its way of acting, providing assistance and care for these patients in the ICU. It is not the case that this will be perceived as a strange idea for nursing, even because it is not, given that, in fact, the concept of ICU arises from the need for improvement and concentration of material and human resources for the care of critically ill patients, but still considered clinically recoverable. For that, they will require constant and continuous observation medical and nursing assistance⁽⁸⁻¹⁰⁾.

It is easy to see how death can impact the lives of people, the difference perhaps is in the perception of how each one sees and/or understands it and, however, how it relates to her.

The representation of the process of death and dying in the ICU as a concrete possibility is a fact that, for the group studied, the concreteness of death is part of the biological nature of man, and therefore, an inevitable moment in the life of all of us, the end of a cycle of life, but it may be reduced or delayed when the patient is being assisted in this unit⁽¹¹⁾. It is reasonable to infer that this attempt to represent death as the end of everything, or even as a form of relief or solution for pain and the anguish involved in this process, is a *modus operandi* that these professionals found to protect themselves from psychological suffering that could result from the loss of the patient,

despite all technological apparatus available in these units. The main thing that we are sure of is that life is finite for all living beings, and death and its process is determined by many factors, many of them beyond our control, and others, belonging to the cultural universe and health care. However, one thing can be said; we all converge to the assertion that dying will always be a radical experience such as being born⁽¹²⁻¹³⁾.

Although, from a conceptual point of view, the ICU is not the most suitable place for the provision of nursing care to a person in the process of death and dying, yet, it is one of the hospital environments where this process divides an extremely tenuous border line with life, given the clinical conditions that often lead patients to hospitalization. In these conditions, when the basic physiological needs for the maintenance of life are not addressed, this by itself makes the patient start to experience the process of dying, a process that will only be completed with death. Therefore, in fact, the ICU is a place where death is a real possibility, whether in the biological level or in the common sense level⁽¹⁴⁻¹⁷⁾.

Although the individual in the process of death and dying in the ICU is surrounded by people to provide prompt care, offer and maintain comfort, yet his departure, his end, his death, is lonely, and often without the opportunity to say goodbye to the loved ones. Even being a solitary process, the process of death and dying not necessarily should be experienced with/by the patient in a helpless condition, because dying assisted by others is part of the human dignity. Therefore, only the patient who is supported/cared/comforted by trained professionals who are aware of the pain and suffering of the patient and his loved ones.

In some cases, it is possible that the concreteness of the death of the patient in the ICU contribute for some old wounds be reopened in the depths of the human unconscious, wounds that are closely related to emotional aspects, sometimes unresolved, especially when these professionals are psychically weakened for any reason. This is another sign that, in the point of view of these professionals, death is no more considered a

natural phenomenon, but failures, helplessness or malpractice⁽¹⁸⁾.

As discussions on death are not common in the Western culture, it can be understood that this subject is feared, hidden, little discussed. However, the sense of relief referenced by the study group allows inferring to a certain point that this relief comes from the processes of death and dying in which the patient finds himself in a situation of suffering and is sometimes abandoned by his family, a situation that is common in the daily life of public hospitals in Brazil.

It can be inferred that representing death as a relief or as a definitive solution for the pain, for the anguish and suffering that surrounds this moment is, for the group studied, a viable way, thought and represented to protect the psychological distress resulting from the loss, the helplessness, failure before what it is, inevitable by nature, the concreteness of death.

Whatever the sensation experienced by the health professional, it can be said that the ICU context causes the daily confrontation of these professionals in permanent conflict, fighting for life and against death, in many cases taking on the responsibility of saving lives and/or relieving suffering when a cure is not the real goal to be achieved, either due to the clinical condition of the patient, or due to the lack of resources. In the hospital environment, in particular the ICU, a space for care where the first priority is to restore/save the lives of critically ill patients, in some way, the concreteness of death can directly influence the work of the multidisciplinary team, either through the sense of relief for the patient who died and his loved ones, or the helplessness to those who provide assistance and care and pain for professionals and loved ones⁽¹⁴⁻¹⁸⁾.

Observing the process of death and dying in ICU patients in the condition of nurses, and understanding the representation of this group as a concrete possibility that causes relief, pain and helplessness, it is actually to assume that sooner or later this will be the fate of all human beings. Perhaps for this reason these words converge towards the belief on euphemisms, however, without the full ability to express truly what is imagined, thought and understood about this process.

FINAL CONSIDERATIONS

This investigation about death and the dying process in intensive care units considered the experiences of a group of nurses who are master and doctoral students and who contributed with their views to build a set of knowledge that allows us to approach to the proposed object, even more specifically in the possibility of representing the image. In this sense, the meaning given by this group refers exclusively to the sphere of the individual plan as an unknown phenomenon. This occurs because when they talk about death and the dying process, they refer to their patients, their experiences of caring for these individuals experiencing this process. Hence, for this reason, the phenomenon of death, for the respondents, still needs to be better understood.

The results show that, in relation to death and the dying process, the group expressed feelings against a real possibility. For them, the patient is under care in the environment of intensive care, they see in the process of death and dying a real condition because being hospitalized in this unit may be the same of being fighting for life and against death. This situation seems to put professionals face to face with the uncomfortable feeling of mortality. There is no life without death and this is part of life of health professionals.

The feelings found/expressed were relief and helplessness. We understand and infer that relief is directly related to the end of suffering experienced by patients and their families, while helplessness, a feeling that arises from the failure, despite the highly technical environment with qualified professionals, yet death can overcome the struggle for life.

These representations found here are in the same direction of other studies, whose scenario was the intensive care unit in some cases, which suggests that the process of death and dying represents, for health professionals, a very similar condition, although in different contexts. It is clear that the problem of health professionals when dealing with death cannot be reduced solely to the environment in which it occurs but also to multiple intrinsic and extrinsic factors of the human nature, his mental, spiritual, social nature, as well as the

conditions under which the patient experiences this process.

REPRESENTAÇÕES SOCIAIS DE ENFERMEIROS SOBRE O PROCESSO DE MORTE E MORRER EM UTI

RESUMO

Em que pese o fato da morte receber denominações e representações multivariadas de acordo com aspectos culturais e religiosos, contudo, falar e discutir este processo natural da vida, sobretudo nos países ocidentais, ainda pode parecer um tabu. Objetivou-se investigar as representações sociais de enfermeiros mestrands e doutorandos sobre o processo de morte e morrer em Unidades de Terapia Intensiva (UTI). Pesquisa exploratória, descritiva com abordagem qualitativa, desenvolvida em duas universidades públicas, no Rio de Janeiro e em Pernambuco. Os dados foram analisados à luz da Teoria das Representações Sociais, com a ajuda do software Iramuteq. Registrou-se 2923 ocorrências e 655 formas diferentes. O número de hápax confere com 362 palavras, correspondente a 12% das ocorrências. As ocorrências que obtiveram maior qui-quadrado foram: morte, vida, processo, sofrimento e passagem. Conclui-se que, em relação à morte e o processo de morrer, foram expressados sentimentos diante de uma possibilidade concreta, ou seja, para eles, o paciente que está sob cuidados na UTI tem no processo de morte e morrer uma condição real, pois estar internado nesta unidade pode significar estar lutando pela vida e contra a morte, os colocando frente a frente com a incômoda sensação da própria finitude.

Palavras-chave: Morte. Cuidados Críticos. Enfermagem.

REPRESENTACIONES SOCIALES DE ENFERMEROS SOBRE EL PROCESO MUERTE Y MORIR EN LA UCI

RESUMEN

Pese el hecho de que la muerte reciba denominaciones y representaciones multivariadas de acuerdo con los aspectos culturales y religiosos, el hablar y discutir este proceso natural de la vida, sobre todo en los países occidentales, aún puede parecer un tabú. El objetivo fue investigar las representaciones sociales de enfermeros de máster y doctorado sobre el proceso de muerte y morir en Unidades de Cuidados Intensivos (UCI). Investigación exploratoria, descriptiva con abordaje cualitativo, desarrollada en dos universidades públicas, en Rio de Janeiro y en Pernambuco. Los datos fueron analizados a la luz de la Teoría de las Representaciones Sociales, con la ayuda del software Iramuteq. Se registraron 2923 ocurrencias y 655 formas diferentes. El número de hápax confiere con 362 palabras, correspondiente al 12% de las ocurrencias. Las ocurrencias que obtuvieron mayor ji-cuadrado fueron: muerte, vida, proceso, sufrimiento y pasaje. Se concluye que, respecto a la muerte y al proceso de morir, fueron expresados sentimientos ante una posibilidad concreta, o sea, para ellos, el paciente que está bajo cuidados en la UCI tiene en el proceso de muerte y morir una condición real, pues estar internado en esta unidad puede significar estar luchando por la vida y en contra a la muerte, poniéndoles frente a frente con la incómoda sensación de la propia finitud.

Palabras clave: Muerte. Cuidados Críticos. Enfermería.

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