

“To die is normal but not when is my patient with cancer”: the nurse’s experience in death and dying process.

Marina Macedo Funes

Faculdade Israelita em Ciências da Saúde Albert Einstein, Brazil

Abstract:

According to the National Cancer Institute of Brazil (INCA), cancer is the second leading cause of death with 190,000 deaths a year, and this number of deaths will double worldwide within the next 20 and 40 years. The World Health Organization (WHO) estimates that by 2030, 27 million new cases of cancer will appear and 17 million deaths will occur because of this disease. (Ministry of Health, 2016) Although the advances in medicine related with treatment of terminal diseases, cancer is still considered a taboo, and it is often associated with death sentence. (Bernardes, Bitencourt, Parker, Luz & Vargas, 2014) Oncology care requires higher technical knowledge by nurses, but more importantly, they need the ability to deal with feelings and emotions of patients who can be or not be cured. (Cruz & Rossato, 2015) This is part of the daily routine of the nurse to deal with suffering, anguish, sadness and fear that arise during the caring and dying processes. (Barbosa & Silva, 2007; Magalhães, Silva, Trombetti, Barreiros, Requena & Lima, 2007) This study was guided by the questions, What is the meaning of death to nurses? How nurses’ cope with the need to take care of terminal cancer patients? Objective: To understand nurses’ experiences and perceptions about death of cancer patients. Method: This was a descriptive and qualitative study conducted in the oncology unit of a private hospital in the city of São Paulo, Brazil. The sample included nine nurses, and most of them were women (77.7%) aged between 24 and 46 years. In 2017, after approval by the Research Ethics Committee (CAAE: 64980817.0.0000.0071), data were collected using personal semi-structured interviews. Participants signed an informed consent form prepared according to Resolution 466/2012. (Ministry of Health, 2013) Results: Analysis of data were performed using the Bardin’s Content Analysis Technique. (Bardin, 2011) After analysis, three categories



appeared: the meaning of death to nurses, which is natural when they thinking it as part of the life’s process; their history and practical experience with cancer patients, and they frustration and anguishing when they lost one patient, the personal and emotional involvement of this professional with cancer patient and his/her family before patient’s death, because to them, it is hard to separate personal from professional feelings. Final considerations: This study enables to understand nurses’ experiences and perceptions regarding death of cancer patients, who reported great anxiety and distress when face such situation. To develop effective strategies to approach individuals dealing with distressful situations in research context can contribute to obtain subsidies that will guide clinical practice in health area. Working with individuals’ perception and feeling needs preparation from researchers who find the qualitative research approach as a support to investigate their concerns.

Publication of speakers:

1. Marina Macedo Funes : Cuidado humanizado de enfermagem: o agir com respeito em um hospital universitário. Rev Bras Enferm, 2007.
2. Marina Macedo Funes: Cuidados com o paciente oncológico em tratamento quimioterápico: o conhecimento dos enfermeiros da estratégia saúde da família, 2015.