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DISCURSIVITY OF NURSING PROFESSIONALS IN COPING WITH THE DEATH OF HOSPITALIZED PATIENTS WITH COVID-19

Discursividade de profissionais de enfermagem no enfrentamento da morte de pacientes hospitalizados com Covid-19

Discursividad de profesionales de enfermería en el afrontamiento de la muerte de pacientes hospitalizados con Covid-19

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RESUMO

OBJETIVO: compreender o enfrentamento da morte por profissionais de enfermagem na assistência a pacientes hospitalizados com covid-19 e a utilização de tecnologias leves. **Método:** estudo de abordagem qualitativa, realizado com 23 profissionais de enfermagem. Os dados foram coletados entre maio e junho de 2021, analisados a partir da Análise de Discurso de matriz francesa. **Resultados:** os discursos revelaram os sentimentos associados às mortes pela covid-19, como tristeza, angústia e impotência. Mencionam tecnologias leves para o suporte emocional dos familiares dos pacientes, a aceitação da morte como uma atitude, aprendendo a lidar com esse processo e demonstrando respeito pelo luto. **Considerações finais:** a compreensão da maneira pela qual esses profissionais enfrentaram a morte possibilitou enfatizar a importância do apoio psicológico e do suporte emocional diante das perdas.

DESCRIPTORES: COVID-19; Profissionais de enfermagem; Atitude frente a morte; Tecnologia culturalmente apropriada.

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ABSTRACT

OBJECTIVE: understand how nursing professionals face death when assisting hospitalized patients with covid-19 and the use of light technologies. **Method:** qualitative study, carried out with 23 nursing professionals. Data were collected between May and June 2021, analyzed using French Discourse Analysis. **Results:** the speeches revealed the feelings associated with deaths from Covid-19, such as sadness, anguish and impotence. They mention light technologies for the emotional support of patients' families, accepting death as an attitude, learning to deal with this process and demonstrating respect for mourning. **Final considerations:** understanding the way in which these professionals faced death made it possible to emphasize the importance of psychological and emotional support in the face of losses.

DESCRIPTORS: COVID-19; Nurse practitioners; Attitude to death; Culturally appropriate technology.

RESUMEN

OBJETIVO: comprender cómo los profesionales de enfermería enfrentan la muerte al atender a pacientes hospitalizados con covid-19 y el uso de tecnologías ligeras. **Método:** estudio cualitativo, realizado con 23 profesionales de enfermería. Los datos fueron recolectados entre mayo y junio de 2021, analizadas mediante el Análisis del Discurso Francés. **Resultados:** los discursos revelaron los sentimientos asociados a las muertes por Covid-19, como tristeza, angustia e impotencia. Mencionan tecnologías ligeras para el apoyo emocional de los familiares de los pacientes, aceptando la muerte como una actitud, aprendiendo a afrontar este proceso y demostrando respeto por el duelo. **Consideraciones finales:** comprender la forma en que estos profesionales enfrentaron la muerte permitió enfatizar la importancia del apoyo psicológico y emocional ante las pérdidas.

DESCRIPTORES: COVID-19; Enfermeras practicantes; Actitud frente a la Muerte; Tecnología culturalmente apropiada.

INTRODUCTION

Coronavirus disease (covid-19) is a viral illness that emerged at the end of 2019 in China and quickly spread around the world, triggering an unprecedented pandemic. The causative agent of this disease is SARS-CoV-2 (Severe acute respiratory syndrome coronavirus 2), a highly contagious virus that affects the human respiratory system. Since its emergence, COVID-19 has profoundly impacted the lives of billions of people, overloading health systems, imposing social distancing measures and challenging societies.¹

The COVID-19 pandemic has had a devastating impact on mortality worldwide. Millions of lives have been lost to the disease, leaving families in mourning. In total numbers, by April 24, 2024, 7 million people worldwide had died as a result of COVID-19.² In Brazil, by May 9 of the same year, 712,038 deaths had been recorded since the beginning of the pandemic.³

Nursing professionals have been directly involved in combating the pandemic and have faced significant problems: the risk of contamination, which has resulted in time off work, illnesses and deaths. They also endured intense psychological distress, sleep disturbances and the constant fear of contracting the disease, as well as dealing with the deaths of inpatients.⁴

Death can be seen as a phenomenon of a social nature, since its perception is deeply intertwined with cultural construction.⁵ Dealing with death can be a time of high stress, giving professionals a feeling of helplessness, especially when dealing with a previously unknown disease that has interrupted the lives of thousands of people so quickly. This highlights the fear and taboo surrounding death, as it forces individuals to confront the harsh reality of their own finitude, making it a present and tangible element in their lives.⁶

When patients do not show improvement in their clinical condition with treatment aimed at modifying the progression of the disease and death becomes inevitable, an essential premise is the implementation of strategic approaches to provide care and support in coping with the patient's end of life, as well as helping family members deal with the memories resulting from this process.⁷

It is imperative to understand the perspective of coping with death in nursing care for hospitalized patients with covid-19, in addition to the use of technologies considered to be light in relation to this process, embracing the complexity of the topic in question, needing to offer a wider range of theoretical resources related to coping with death. The aim was to understand how nursing professionals cope with death when caring for patients hospitalized with COVID-19 and the use of soft technologies.

METHOD

This article is part of the study “Use of soft technologies in nursing care for hospitalized patients with covid-19”, developed during the 2020/2021 term of a scientific initiation project and is characterized as a qualitative approach study, guided and organized based on the Consolidated Criteria for Reporting Qualitative Research (COREQ).⁸

Michel Pêcheux’s Discourse Analysis was used for methodological guidance. Pêcheux theorizes the materialization of language in ideology and its mode of expression through language. He sees discourse as the space where this interaction takes place and, by analyzing how discourse works, his aim is to reveal the mechanisms of the historical determination of the processes of signification.⁹

The study was based on the discourses of 23 nursing professionals - 12 nurses and 11 nursing technicians - who provided care to adult patients hospitalized with COVID-19 in two public hospitals in Campina Grande, Paraíba, Brazil. They were called E1, E2 and T1, T2 and so on, as the interviews were carried out, for nurses and nursing technicians, respectively. Those who were off work for any reason during the data collection period were excluded.

The sample was selected by convenience and intentionally, in order to ensure representation of the different professional categories of the participants. The sample size was determined using the theoretical saturation technique, until a satisfactory level of density and intensity of discourse was reached, in a continuous analysis of the material collected.¹⁰ The participants were approached in person at their workplaces, in sectors such as the medical clinic, infectology and the intensive care unit.

The information was obtained through individual semi-structured interviews with the nursing professionals in May and June 2021, in a private room that guaranteed the privacy of the participants. A questionnaire containing open-ended questions was used to identify the possible health needs of people hospitalized with COVID-19, the health technologies used, the feelings experienced and the care provided to patients who died.

The interviews, which lasted an average of 10 minutes, were recorded using a tape recorder and later transcribed to create a set of data that served as the basis for the analysis. There was no need to repeat interviews. In addition, the researcher used

a field diary to record observations related to the production context and the interviewees’ non-verbal communication.

The data was analyzed using the French Discourse Analysis (DA) technique. In the DA technique, the text consists of a complex unit of meanings and the finished discourse for the purpose of analysis. However, as a theoretical object, the text is infinitely unfinished, directed towards the context that engendered it and the ideology impregnated in it.¹¹ The corpus was analyzed in three stages: the passage from the linguistic surface to the object of discourse; the passage from the discursive object to the discursive process; and the passage from the discursive process to the ideological formation.¹²

To carry out this study, the ethical aspects for research with human beings, established by Resolution 466/2012 of the National Health Council, were respected. The study was submitted to the Brazil Platform, with Certificate of Submission for Ethical Appraisal (CAAE) No. 40344320.7.0000.5182 and started with a favorable opinion from the Research Ethics Committee of the Alcides Carneiro University Hospital of the Federal University of Campina Grande (CEP/HUAC/UFCG) under Opinion No. 4.569.376.

RESULTS

Of the 23 nursing professionals interviewed, 20 (87%) were female; 22 (96%) were aged between 25 and 49; nine (39%) were married or in a stable union; 18 (78%) had school-age children; 17 (74%) were Catholic; 13 (57%) had completed higher education. As for their health conditions, three (12%) reported having a chronic illness, and nine (39%) were responsible for caring for one or more vulnerable people.

With regard to length of service at the hospital where they worked, 13 (57%) had been working for up to 6 months; 15 (65%) had temporary contracts; nine (39%) had completed their undergraduate or technical degree between 2015 and 2021, and 12 (52%) were studying or had already completed postgraduate courses. Among the postgraduate areas, the Urgency and Emergency area stood out, being mentioned by seven (30%) of the participants.

The professionals were asked about their day-to-day experiences of caring for patients and how they deal with the high mortality of the disease, with their discursive sequences and discursive fragments related to feelings shown in Chart 1.

Chart 1 - Feelings of nursing professionals in coping with death during the care process of hospitalized patients with covid-19. Campina Grande, PB, Brazil, 2021

Discursive sequences	Discursive fragments
Feelings when facing patients' death	Sad, destroyed, often. So, I received my shift today, then she said: "your patient died yesterday", then you work the whole shift thinking about him [crying], it's sad. (T3)
	It's difficult, it's very difficult, because we get attached to them, we get sad, shaken, because we hope they'll be discharged, go home with their family. Many of them get things off their chest, talk about what their life is like, and when that happens we get sad, right? I still have a heart, but there are many here who don't anymore. (T4)
	It was horrible. [...]. My first death, it was very shocking for me, because he was a very dear patient, who went home, came back, and was a patient who asked not to die, and ended up dying in front of us, and we did everything [...], caring for him was very difficult for us, very difficult, that was the one that shocked me the most [crying], and when it was time to pack him up, it was very, very shocking, that's what marked me the most. (E2)
	It's very sad, isn't it? It's something you try to get used to, but you can't, can you? Sometimes we end up getting attached to the patient, creating a greater bond and it ends up affecting us in every way. (E5)
	[...] It's time to go, if everything has been done it's time to accept it, it's not a feeling of sadness, it's a feeling of understanding that the situation has happened and you have to accept it, there's not much you can do, I won't be happy, but I won't be sad either, I'll be indifferent. (E6)
	[...] However, there are the younger patients who move us the most, not because the others are elderly, no, but the younger ones are really shocking us. (E8)

The professionals' speeches highlighted the feelings linked to the fatalities resulting from covid-19, with sadness emerging as the most frequently mentioned feeling, also accompanied by reports of anguish and a sense of powerlessness. These emotions reveal a connection between the nursing professional

and the patient, marked by the building of interpersonal bonds, thus characterizing a form of soft technology.

Chart 2 shows the discourse of nursing professionals on their attitudes to dealing with the deaths of people hospitalized with COVID-19.

Chart 2 - Attitudes towards coping with death by nursing professionals in the process of caring for hospitalized patients with covid-19. Campina Grande, PB, Brazil, 2021

Discursive sequences	Discursive fragments
Attitudes towards patients' death	[...] It's very difficult, because actually, when that moment comes when a patient dies, you look at that patient and you know how much pain the family is going to go through, because many of us have also lost someone in this pandemic, I myself am proof that I've lost people very close to me, so you don't get used to the situation, but you have to learn to deal with it, it's not easy. (T11)
	Normally, sometimes there's a husband and wife, sometimes the husband loses his wife here, and I say to him: "look, what had to be done, as far as we could go, we've done it, so the other part is up to God". This also has a lot to do with religion, right? Spirituality. So, accepting, because what had to be done, was done, what had to be done with that patient, I did everything, so the other part no longer depended on me, so it's more acceptance really [...]. But then I respect the mourning, I stay silent, for that person, for the relatives he left behind, for the story he left behind, but I know that we have a deadline here on Earth, so I've already worked on that, from the years of experience I have as a nurse. (E6)
	[...] Often knowing that the worst can happen, but we always have to be positive with the family member. (E1)
	[...] You have to have respect for the patient and for death too, because we study this and know about it [...]. With regard to contacting relatives, we also try to ease the situation. We know it doesn't, but we try, and in relation to the death, afterwards, with the family member. (E8)
	[...] We usually pray, each in our own religion, and prepare the body. So, with a lot of respect, because I usually say: "it's not because you've died that you're no longer someone's loved one", every patient is someone's love. (E12)

In the discursive fragments, the professionals mentioned accepting death as one of the attitudes they adopt, as well as learning to deal with this process and showing respect for the patient's grief and history. In addition, the spirituality linked to death management is strongly present in the speeches, as some pointed out the importance of seeing this moment as a divine will and highlighted the need to perform prayers as part of their actions during the death. They stressed the importance of contacting the family and passing on words of comfort and support to minimize the pain of their loved ones.

DISCUSSION

In the scenario of caring for hospitalized patients with severe forms of COVID-19, nursing professionals have faced the high number of deaths resulting from the disease on a daily basis. They worked intensively on all aspects of the pandemic: raising awareness and providing guidance on preventive measures to avoid the spread of the virus, saving lives or offering the necessary comfort in the face of death.¹³

This challenging experience not only tested their technical skills, but also exposed the depth of their connections with hospitalized patients. Their accounts revealed stories of loss and deep emotional struggles as they strove to provide care to patients and support to affected families.

This professional category faced an intense range of emotions, including fear, loneliness, sadness, anguish, fragility, impotence and exhaustion. Another significant factor that contributed to psychological distress was dealing with many deaths of patients under their care, as well as knowing about or experiencing the illness and death of coworkers.¹⁴

In the speeches, there is a break in expectations when they see the hospital environment as a place for health recovery and, at the same time, they are faced with countless deaths, which reveals the curative ideology that still predominates in the hospital care scenario. This exposes them to an often challenging reality, causing a clash between the idealization of the hospital as a place of healing and the reality of loss of life.¹⁵

Professionals place significant emphasis on the feeling of sadness that permeates their experiences in the care

environment. This feeling is a natural response to the constant exposure to situations of suffering and the loss of human life, which have been part of their daily work in caring for hospitalized patients with covid-19. In addition, the professionals frequently highlighted the importance of the human bond in the care process.

While hard and soft technologies play a crucial role in carrying out technical procedures, nursing professionals also indirectly highlight the use of soft technologies, which are translated into active listening, emotional support and understanding the individual needs of each patient.¹⁶

On the other hand, some professionals are emotionally silent in the face of death, which may be the result of a defense mechanism to deal with the constant stress of caring for vulnerable lives. This silencing does not necessarily mean insensitivity, but a form of psychological self-preservation.

The interviewees pointed out the need to acquire skills to deal with death situations related to covid-19 among the patients under their care, also highlighting the loss of loved ones and friends.

In addition, they also revealed a deep sense of responsibility when dealing with this situation, understanding that communication with family members could be a crucial moment for managing the grieving process and, therefore, sought to do so with compassion and empathy, in a therapeutic way. Many shared the importance of being emotionally present for family members and recognized the need for words of encouragement.

In some circumstances, they have had to mediate contact between seriously ill patients and their families through devices such as cell phones or tablets, a practice that has become common in different realities during the pandemic.¹⁷

Professionals with extensive experience reproduce the same ideas as their less experienced colleagues who are new to the profession. Therefore, professional experience alone is insufficient for professionals to develop a deeper understanding and adequate skills to deal with death on a daily basis.¹⁸

The nursing professionals' discourse revealed the relevant role of spirituality as a coping strategy for patients' deaths, emphasizing the importance of prayer as an integral part of their discourse, which provides nursing professionals with a sense of meaning and purpose amidst the chaos and loss they face. Prayer, whether individual or group, is one way in which nursing professionals seek support and strength.¹⁹

Religiosity, spirituality and prayer are personal coping resources and can be used as therapeutic resources. Offering space for patients to express their spiritual beliefs and desires can create a more compassionate care environment, as well as guiding, talking about or reducing the spiritual pain of

suffering through therapeutic interventions that respect the diverse beliefs and religious dogmas of each human being.²⁰

The professionals emphasized respect for mourning, observing moments of silence, dealing with the unsaid, resorting to prayer and preceding the preparation of the body. These actions play an essential role in providing support while coping with bereavement, which is summarized in the use of soft technologies.²¹

In the face of death, empathy and respect for the bereaved are used as coping mechanisms in a stressful reality, marked by the high use of hard and soft technologies, in dealing with death on a daily basis, which helps family members in the grieving process.

Soft technologies play an essential role in understanding the individual in their singularity, taking into account their particularities and life contexts, promoting comprehensive care that enriches and expands the critical thinking of health professionals, permeating the entire care process, as well as in its final moments.²² The insertion of these technologies aims to humanize care, offering technical support without losing sight of the patient's human essence.²³

The study's limitations include the fact that the selection by convenience and intent may lead to a sample that is not representative of the population of nurses and nursing technicians. This limits the generalizability of the results to a wider context. In addition, the study was conducted in only two hospitals, which may not represent the diversity of contexts of care for patients with COVID-19. Different institutional realities can influence the responses and experiences of nursing professionals.

Furthermore, by examining how nursing professionals deal with the death of hospitalized patients with covid-19, the study offers significant results about the psychological impact of this work environment. It also reveals the coping strategies adopted by professionals to deal with the loss and explores the use of soft technologies in the provision of care.

FINAL CONSIDERATIONS

The reflections and results of this study shed light on the complex and challenging reality faced by nursing professionals during the care of hospitalized patients with covid-19, revealing the emotional connection between professional and patient, with feelings of sadness, anguish and impotence dominating their experiences.

Acceptance of death, learning how to deal with this process and showing respect for the patient's history and experience emerge as fundamental values. Spirituality also stands out,

through prayers, playing a significant role in the coping practices of nursing professionals.

It is imperative to recognize that the human element and soft technologies play a crucial role in building high-quality, compassionate care. This holistic approach reflects the commitment of nursing professionals to providing meaningful care in the context of health, including in times of loss.

Thus, understanding the way in which these professionals face death has made it possible to emphasize the importance of psychological support and emotional support in the face of loss, necessitating the implementation of psychology services dedicated to nursing professionals.

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