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NURSES' FEELING FACING PATIENT IN AN INTENSIVE CARE UNIT

Sentimentos de enfermeiros frente ao paciente em unidade de terapia intensiva

Sentimientos de las enfermeras hacia el paciente en la unidad de cuidado intensive

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ABSTRACT

Objective: To identify the nurses' feelings towards the palliative patients under their care, their greater difficulties and to discuss aspects relevant to the nurses' preparation in the death/dying process in Intensive Care Units. **Method:** Descriptive and qualitative research carried out in three public and private hospitals at a town in Maranhão state including 33 nurses working in the Intensive Care Units. Data collected between August and September 2015 through a semi-structured interview and analyzed through thematic analysis. **Results**: Organized in three main thematic categories: Feelings that involve nurses facing patients' death; Death in the work routine that affects nurses personally and Nursing undergraduate training to deal with the death process. **Conclusion**: Coping with death is a challenge for nurses since not all educational institutions offer an in-depth approach to the death/dying process.

DESCRIPTORS: Nursing; Terminally ill; Brain death; Caregivers; Palliative care.

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RESUMO

Objetivo: Identificar os sentimentos dos enfermeiros frente ao paciente sem possibilidades de cura, suas maiores dificuldades e discutir aspectos relevantes ao preparo dos enfermeiros no processo morte/morrer em Unidades de Terapia Intensiva. **Método**: Pesquisa descritiva, qualitativa em três hospitais públicos e privados no interior do Maranhão com 33 enfermeiros atuantes em Unidades de Terapia Intensiva. Dados coletados entre agosto e setembro de 2015 com entrevista semiestruturada tendo como base a análise temática. **Resultados**: Organizados em três categorias temáticas: Sentimentos que envolvem enfermeiros frente ao óbito do paciente; A morte na rotina de trabalho que influencia na vida pessoal dos enfermeiros e Preparo do enfermeiro da graduação para lidar com o processo de morte. **Conclusão**: O enfrentamento da morte é um desafio para os enfermeiros visto que nem todas às instituições de ensino oferecem abordagem aprofundada relacionada ao processo de morte/morrer.

DESCRITORES: Enfermagem; Doente terminal; Morte encefálica; Cuidadores; Cuidados paliativos.

RESUMEN

Objetivo: Identificar los sentimientos de las enfermeras hacia los pacientes sin posibilidad de cura, sus mayores dificultades y discutir aspectos relevantes para la preparación de las enfermeras en el proceso de muerte/morir en las unidades de cuidados intensivos. **Método:** Investigación descriptiva y cualitativa en tres hospitales públicos y privados en el interior de Maranhão con 33 enfermeras que trabajan en unidades de cuidados intensivos. Datos recopilados entre agosto y septiembre de 2015 con entrevista semiestructurada y analizados mediante análisis temático. **Resultados:** Organizados en tres categorías temáticas principales: sentimientos que involucran a las enfermeras con respecto a la muerte del paciente; La muerte en la rutina laboral que influye en la vida personal de las enfermeras y la preparación de enfermeras de pregrado para hacer frente al proceso de muerte. **Conclusión:** Enfrentarse a la muerte es un desafío para las enfermeras, ya que no todas las instituciones educativas ofrecen un enfoque profundo relacionado con el proceso de muerte/morir.

DESCRIPTORES: Enfermería; Enfermo terminal; Muerte encefálica; Cuidadores; Cuidados

INTRODUCTION

Death is considered a natural process present in the daily lives of people, causes feelings, varied reactions that every living being experiences, but it is still surrounded by taboos, given that the death, most often is not seen as natural and is surrounded by mysteries, fears and dreads.[1]

In ancient times, people died at home with their relatives in a farewell ritual. Nowadays, with the scientific and technological development, family homes have been replaced by hospitals, where the patient is surrounded by equipment and, most of the time, death comes to the individual unconscious and alone.[2]

In the hospital environment, the nurse plays an important role in the act of caring for the individual out of therapeutic possibilities, closely following the suffering and anguish of the patient and family. This type of treatment requires care that goes beyond technical ability, but also is based on ethics and humanization.[3]

It is relevant to the practical activities of nurses in their daily work in health institutions, witnessing conflicting moments that transcend the technical-scientific knowledge and require reflection by the subjects involved, not necessarily meaning that they are not prepared to deal with the event of death and dying, given that this happens because little is said about death in the academy even though it is a fact of everyday life of these future professionals.[4]

Death in the hospital environment induces the professional to reflect on the limits of existence itself, since the feelings of pain, suffering, and death experienced by end-stage patients go beyond the family group and are shared with professionals, caregivers, especially nurses.[5]

The patient's needs can be recognized by the nurses, who need to know how to listen, care, and provide moments of comfort. This care is increasingly present in hospitals, especially in Intensive Care Units (ICU) when faced with patients who no longer respond to curative measures. Palliative care must follow the principles of bioethics that are based on four principles for the terminally ill patient: autonomy, beneficence, justice, and non-maleficence.[4,6]

Cases involving life and death decisions are very difficult because they involve clinical challenges and complex ethical issues. The literature has been addressing end-of-life dilemmas more frequently, but there is no consensus or model of medical practice to allow a dignified death, and there may never be one.[7]

The nurse weaves an important link among patients, professionals and family members; thus the understanding of this professional about palliative care modalities is fundamental for his insertion in the planning, direction and execution of ICU actions.[8]

Among the hospital sectors in which nurses work is the ICU, a unit that requires important decision making, high technology and control of life itself when witnessing the death of patients. The intensivist nurse, in addition to coordinating the team, deals with death, and for this he/she must be prepared to face such situations.[9]

The moment of death largely transcends emotion and reaction, since this event reminds us of finitude, which is seen as something sinister, provides a feeling of deep discomfort,

causes anguish, despair, drama, anger and questions. Even though it is part of the daily cycle of life, it is, even nowadays, a polemic subject that is mostly avoided.[10]

In addition to the difficulties experienced by the nursing team in ICUs, they go beyond acceptance due to the lack of ability of certain professionals to adequately manage the profession, seeking support for the promotion, prevention, and recovery of patients. When they do not reach their objectives, they may be affected by feelings of sadness, frustration and stress with the loss that death represents in the life of these professionals.[11]

The study is justified by the daily contact of nursing professionals with the fact of death, as well as the need to focus on it, visualizing a phenomenon that transcends the clinic and moves technological competencies whose meanings strongly affect transdisciplinary care. Its relevance addresses a theme that contributes to the preparation of nurses in dealing with an ever-changing reality experienced in their practice. Considering all the aspects pointed out so far, the question is: what are the feelings of nurses when facing a patient out of therapeutic possibilities?

From this questioning, the following objectives emerged: to identify nurses' feelings towards patients with no chance of cure, their greatest difficulties and to discuss relevant aspects to the preparation of nurses in the death/death process in Intensive Care Units.

METHODS

Qualitative descriptive research characterized by possible relationships between variables in order to establish certain predicates of a population or phenomenon to be explored, providing new insights into an already known reality.[12]

It was developed in the ICU of three large and medium size hospitals of the public and private network in the south of Maranhão state (MA). The selection criteria for these hospitals were based on having an ICU on their premises. The selected participants were randomly composed of intensivist nurses of both genders with a formal contract to a hospital institution and with at least six months of experience in the sector, with a sample of 33 nurses. Information was obtained by means of a semi-structured form composed of five closed and five open questions about daily care during the death/death process, conceptions about death, influence on personal life of living with death at work, feelings involved in this type of care and contribution of professional training to care for patients beyond therapeutic possibilities.

All 33 nurses of the institutions agreed to participate in the research and data collection occurred in the months from August to September 2015. Aiming at anonymity, each subject was coded with the acronym " Nurse", followed by the order number of the sequence of interviewees and, for data analysis, Bardin's content technique was applied,[13] which after repeated readings of the interviews, the results were interpreted qualitatively and grouped into three categories.

The project was approved by the Research Ethics Committee, according to Resolution No. 466/12 of the Federal University of Maranhão with Opinion No. 1,284,448 and CAAE 45926615.0.0000.5087- 2015. The participants signed the Informed Consent Form (ICF) after being explained the objectives of the study, the purpose of the information and guaranteed total confidentiality of their identities.

RESULTS

Regarding the sociodemographic profile of the nurses in the three ICU it was observed that most were between 24 and 30 years old (45.45%) and the smallest between 51 and 57 (3.03%). The female gender with the highest percentage (84.85%), catholic (48.48%), evangelical (36.36%) and the formal link in the hospital institution of less than one year. All interviewees had knowledge or instruction about the method discussed in this study and, after thematic analysis, three categories emerged: Feelings that involve nurses facing the death of the patient; Death in the work routine influences the personal life of nurses and Preparation of undergraduate nurses to deal with the process of death.

Feelings involving nurses when faced with patient death

In this category, when caring for the terminally ill patient, the most frequently mentioned feelings were sadness (13), conformism (nine), anguish (five), fear (four) and incapacity (two). About the daily confrontation during the process of caring for terminally ill patients, most (28) showed care, dealing with the work routine with dedication, giving their best, as observed in these statements.

> *I face the day-to-day work sometimes with sadness, seeing situations I can't avoid. But I always try to do my best.* (Nurse 17)

> *With great care, because they are going through a very difficult time, they deserve all the dedication and compassion.* (Nurse.7)

The nurses, when developing daily care actions, feel satisfaction in their work, enjoying the sense of professional pleasure offered, demonstrating it as a natural process.

> *I face the work routine with naturalness and all necessary care.* (Nurse 9)

> *I try to be practical, but with time you end up getting used to the tragedies of life.* (Enf.13)

Caring for terminally ill patients and facing this condition as a natural process, the nurse seeks adaptive means to deal with the most diverse situations such as spiritual and psychological support, not getting involved with the patient and family, keeping away so as not to suffer when death occurs, according to the following statements.

I believe that I still have psychological support, I can maintain external balance, I don't feel defeated inside, but it is very difficult to live with the suffering of others. I pray to God to give me strength to help my neighbor. (Nurse 1)

It is gratifying to intervene to improve someone's health, but with time we learn to deal with such a delicate situation and what counts is professionalism. (Nurse 31)

The nurses interviewed emphasized the fact that they put themselves in the place of the person being cared for, considering that everyone is susceptible to this situation, and they always try to put themselves in the place of the patient, given what they said.

Everyone is composed of the same matter, so we are exposed to external or even psychological events, no one is better than anyone else. (Nurse 12)

I imagine myself in the hospital bed having to depend on others for everything. It is distressing! (Nurse 15)

Actually, I have already been through certain situations in the ICU when I lost a daughter and it was very difficult for me. (Nurse 17)

We noticed in the speeches the interviewees' awareness when faced with serious illness and death, trying to protect themselves from the anguish felt with the patient's suffering.

It is a feeling of impotence, you do everything to live, when the time comes, there is no way, there is an anxiety! (Nurse 6)

Imagining being in the same situation, no, but we should always take care of our neighbor by putting ourselves in the other's place. (Nurse 1)

ICU professionals imagine ways to protect themselves from suffering with the death of others and reflect on their own. It was evidenced that this experience leads to feelings of frustration and failure. Of the participants, 30 believe that death is a natural process of life, inevitable, a process of transition associated to beliefs and values. For others it means relief and an end to suffering. As described in the following statements.

According to the Bible death is a deep sleep, 1Thessalonians 4:15. The Bible is true and in it I believe that death for those who sleep (die) in the Lord is only a deep sleep. (Enf.25)

It is a natural process of the human body that should occur with the least possible pain to the patient and the due respect to the family members. (Nurse 18)

Death in the work routine influencing nurses' personal lives

About working with death having an extension in personal life, category two showed that 20 of the interviewees answered that the fact does not influence their personal life, claiming to separate the professional side from the personal, while four answered that it does influence, causing there to be appreciation and reflection on life, others reported that over time they began to act more coolly, according to the reports.

I have more strength to face difficulties, a more human look at the less favored. (Nurse 7)

The emotional aspect of the nursing professional is never prepared, we were taught to care and save lives, when this doesn't happen we sometimes get emotionally shaken. (Nurse 15)

Preparing undergraduate nurses to deal with the death process

The nurses believe that the professional training related to the factors that facilitate facing death is relevant to the approach of the theme during the undergraduate course, as seen in the following statements.

My teachers gave opportunities to witness situations to reflect on the patient's death. (Nurse 17)

Yes, I did, in the psychology course, but the day-to-day reality is totally different from what we hear in the classroom, seeing someone dying is distressing! (Nurse 7)

We had the course "death and the dying process", I don't remember if this was really the name, but I remember that the professor was from the social sciences area and he emphasized well the death process. (Nurse 12)

DISCUSSION

The results contribute to call the attention of other researchers on the theme, those who care for ICU patients who may be involved with the event of death of family members and friends. The findings allow for the development of hypotheses about the bereavement experience, feelings, emotions, and modes of support of bereaved people. Death is routinely experienced in the life of nurses in the ICU as well as in other sectors, but being the one who has more contact with terminally ill patients, they build affective bonds. To avoid suffering in the face of this loss, they go through various ways of facing death, trying to avoid emotional damage and harm to the work process, not to say that they do not suffer with losses.[14]

These feelings are part of the interviewees' daily life and, when dealing with the loss of a patient, they feel bad, trigger negative feelings such as pain, suffering, lose their mental balance, and compromise their physical and emotional well-being. They relate the concept of death according to their personal experiences of loss inside and outside the professional environment, and these aspects influence their actions when facing death and dying of the patients under their care.[15-16]

Mourning constitutes emotional suffering resulting from a loss, deep sadness, a dynamic, individualized, and multidimensional process through which the individual who has lost something significant. There are a number of factors involved that can complicate or extend the grieving process, such as: violent death, suffering, or a reversal in the natural order – children dying before their parents. These factors tend to aggravate the grieving process. [17]

Denying death is a way of "protecting" the self, understanding it as an evil that has no perspective of treatment and cure, running away from the fact that we are all terminal. Denial works as a shock absorber, acting after unexpected and shocking news, letting the patient recover with time, mobilizing other less radical measures.[18]

Nurses draw on belief and faith as ways to cope with death on a daily basis. Such escape valves are important in daily life, however, they must be identified by the workers, because if it is the only alternative and especially in an individual way, they can cause alienation and make suffering commonplace.[19]

There is probably no universal answer to the concept of death. However, there are elements that constitute a peaceful death, such as having autonomy in decision-making, being free of pain, physical, psychological, and spiritual suffering.[20]

The distancing of professionals from patients is seen as a way of not letting assistance influence their lives outside the hospital unit. Keeping away from reality is a form of defense for certain professionals, preventing the suffering of the patient from becoming torture in their social life. Psychological stress at work influences the work of nurses in the ICU, and is the generating source of various conflicts, among them the Burnout syndrome.[21]

Defined as a state of physical, emotional and mental exhaustion, Burnout syndrome is described as a chronic emotional reaction generated from direct, excessive and stressful contact with work. It is characterized by lack of motivation, disinterest, internal malaise, and occupational dissatisfaction, impairing professional and personal performance.[22]

To ensure a better quality of life, it is necessary to take care of oneself in the personal and professional spheres, and these professionals can vent their fears and frustrations at home as a way of letting off steam, making family members an escape valve for the suffering experienced during their work routine.[23]

These professionals, when performing their tasks, require concentration and, therefore, their physical and psychological conditions must be in harmony, considering that the level of stress to which they are submitted during the work day becomes a predisposing factor for physical and psychological stress to set in.[24]

Addressing the process of death and dying since graduation is to prepare the professional for the reality to be experienced in practice, since death is present in the daily life of nurses since their training, during life and hospital experience.[25]

Most of the interviewees (30) answered that they had no content or discipline with the process of death of patients in undergraduate studies, while three answered yes. Therefore, the curricula of health courses emphasize the importance of assisting the human being in order to recover his integrity, but little is addressed issues related to the finitude of life, such as the dying/death process26, corroborating this research.

In palliative care, adequate communication is considered the basic pillar for the implementation of this practice. It is a support that the patient can use to express his anxieties when he needs integral and humanized care, only possible when he uses communication skills with the terminally ill patient, establishing an effective relationship.[27]

In the terminal phase, the patient wishes to be understood as a being that suffers, in addition to physical pain, and goes through existential conflicts and needs that drugs or high-tech devices cannot provide. Sharing his fears and anxieties, relating through communication, he feels cared for, supported, comforted, and understood by the nurses with a feeling of protection, consolation, and inner peace.[28]

The little academic approach and difficulty in accepting death as a natural process may lead to the emergence of experiences imbued with anxiety, suffering, guilt and failure, especially when training is geared to saving lives.[29] This gap in nursing training makes it difficult to provide care and adequate support to patients beyond therapeutic possibilities.

In an ICU in the city of Minas Gerais, nurses highlighted the issue of academic training and unavailability of experience as a situation that impairs the professional, making them weak in their work with patients, especially those out of therapeutic possibilities. Faced with this situation, the professional is faced with certain peculiarities in the ICU such as death and dying, motivating him/her not to act in a qualified manner due to deficiency of learning during his/her academic training. Anguish, frustration, fear and lack of preparation of some nurses in dealing with death arise. It is mentioned as a failure of undergraduate teaching that does not prepare them for the hard routine in hospitals, which is to live in common with the suffering of others.[30]

In a qualitative research developed in Londrina (PR), the objective was to investigate feelings in the work of ICU nurses and the strategies to face these feelings. It was based on content analysis and complementary support from studies of the Psychodynamics of Work. The data collection occurred between January and March 2007, obtaining a sample of eight nurses by data saturation, semi-structured and recorded interviews after authorization. The study concluded that the nurses express feelings of suffering at work related to the critically ill patient, showing difficulties to face activities that may interfere with patient care. The defensive strategies that they approach in their daily lives are expressed by searching for strength in religiosity, physical activities, and staying away from the patient and the family. The strategies are fundamental to protect against suffering, however, when collectively, they strengthen the team through union, facing the resistance of reality when building the meaning of work in the situation of suffering.[31]

CONCLUSION

In view of the results, it was perceived that the various concepts about death are affected according to each person's experience, such as personal, professional, religious, beliefs and values. There are several feelings that involve nurses when facing a patient in the final stage and the most cited were sadness and conformism.

Considerations about ICU theoretical and practical implications for most interviewees do not affect their personal life, justified by the fact that they separate their personal and professional lives.

The contribution of the study to the advancement of scientific knowledge in the ICU stands out due to the importance of valuing these aspects, identifying them by means of the communicative process that takes place even in the waiting room with a welcoming, humanized attitude and planned education, correlating guidelines on informational support to the families of patients in the ICU.

In a certain way, the research does not intend to exhaust this theme, considering limitations when studying a theme that involves the subjectivity of individuals, but it can be said that these results show the reality experienced in public universities with perspectives for expansion of new investigations on death and dying, physical, mental and emotional stress to patients, family members and caregivers who experience the reality of the ICU, especially of the terminally ill.

REFERENCES

1. Santos FS (org). A arte de morrer: visões plurais. São Paulo: Comenius; 2009.
2. Pinho LMO, Barbosa NA. A relação docente-acadêmico no enfrentamento do morrer. Rev. Esc. Enferm. USP. [Internet]. 2010 [cited 15 de janeiro 2020 J]; 44(1). Available from: http://dx.doi.org/10.1590/S0080-62342010000100015
3. Pinto MH, Cruz MF, Cesarino CB, Pereira APS, Ribeiro RCHM, Beccaria LM. O cuidado de enfermagem ao paciente oncológico fora de possibilidade de cura: percepção de um grupo de profissionais. Cogitare enferm. [Internet]. 2011 [cited 15 de janeiro 2020]; 16(4). Available from: http://dx.doi.org/10.5380/ce.v16i4.25433.
4. Santana JCB, Rigueira ACM, Dutra BS. Distanásia: reflexões sobre até quando prolongar a vida em uma Unidade de Terapia Intensiva na percepção dos enfermeiros. Bioethikos. [Internet]. 2010 [cited 15 de janeiro 2020]; 4(4). Available from: http://www.saocamilo-sp.br/pdf/bioethikos/80/Bioethikos_402-411_.pdf
5. Bandeira D, Cogo SB, Hildebrandt LM, Badke MR. A morte e o morrer no processo de formação de enfermeiros sob a ótica de docentes de enfermagem. Texto & contexto enferm. [Internet]. 2014 [cited 15 de janeiro 2020]; 23(2). Available from: http://dx.doi.org/10.1590/0104-07072014000660013
6. Sousa ATO, França JRFS, Santos MFO, Costa SFG, Souto CMRM. Cuidados paliativos com pacientes terminais: um enfoque na bioética. Rev. cuba. enferm. [Internet]. 2010 [cited 15 de janeiro 2020]; 2(3). Available from: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S0864-03192010000300004.
7. Gaudencio D, Messeder O. Dilemas sobre o fim-da-vida: informações sobre a prática médica nas UTIs. Ciênc. Saúde Colet. [Internet]. 2011 [cited 15 de janeiro 2020];16(Supl.1). Available from: http://dx.doi.org/10.1590/S1413-81232011000700012.
8. Barros NCB, Oliveira CDB, Alves ERP, França ISX, Nascimento RM, Freire MEM. Cuidados paliativos na UTI: compreensão, limites e possibilidades por enfermeiros. Rev. enferm. UFSM. [Internet]. 2012 [cited 15 de janeiro 2020]; 2(3). Available from: http://dx.doi.org/10.5902/217976925857.
9. Furtado AMO, Souza SROS, Ramos JS, Ferreira MCA. O enfermeiro frente ao paciente fora de possibilidade terapêutica: dignidade e qualidade no processo do morrer. Enferm. glob.. [Internet]. 2011 [cited 20 de janeiro 2020]; (22). Available from: http://scielo.isciii.es/pdf/eg/v10n22/pt_administracion6.pdf.
10. Lima MGR, Nietsche EA, Teixeira JA. Reflexos da formação acadêmica na percepção do morrer e da morte por enfermeiros. Rev. eletrônica enferm. [Internet]. 2012 [cited 20 de janeiro 2020]; 14(1). Available from: https://doi.org/10.5216/ree.v14i1.14173.
11. Rochembach JV, Casarin ST, Siqueira HCH. Morte pediátrica no cotidiano do enfermeiro**:** sentimentos e estratégias de enfrentamento. Rev Rene (Online). [Internet]. 2010 [cited 20 de janeiro]; 11(2). Available from: http://periodicos.ufc.br/rene/article/view/4525/3411.
12. Gil AN. Métodos e técnicas de pesquisa social. 6ª ed. São Paulo: Atlas; 2010.
13. Bardin L. Análise de Conteúdo. São Paulo: Edições 70; 2011.
14. Bousso RS. A complexidade e a simplicidade da experiência do luto. Acta Paul. Enferm. (Online). [Internet]. 2011 [cited 20 de janeiro]; 24(3). Available from: http://dx.doi.org/10.1590/S0103-21002011000300001.
15. Farinasso ALC, Labate RC. Luto, religiosidade e espiritualidade: um estudo clínico-qualitativo com viúvas idosas. Rev. eletrônica enferm. [Internet]. 2012 [cited 20 de janeiro 2020]; 14(3). Available from: http://www.fen.ufg.br/fen_revista/v14/n3/pdf/v14n3a15.pdf.
16. Kuster DK, Bisogno SBC. A Percepção do enfermeiro diante da morte dos pacientes. Disc Scientia [Internet]. 2010 [cited 20 de janeiro 2020]; 11(1). Available from: http://www.periodicos.unifra.br/index.php/disciplinarumS/article/view/91.

17. Mota MS, Gomes GC, Coelho MF, Lunardi Filho WD, Sousa LD. Reações e sentimentos de profissionais da enfermagem frente à morte dos pacientes sob seus cuidados. Rev. gaúch. enferm. [Internet]. 2011 [cited 22 de janeiro 2020]; 32(1). Available from: http://dx.doi.org/10.1590/S1983-14472011000100017.

18. Machado WCA, Leite JL. Eros e thanatos: a morte sob a óptica da enfermagem. São Paulo: Yendes; 2006.

19. Bousso RS, Poles K, Serafim TS, Miranda MG. Crenças religiosas, doença e morte: perspectiva da família na experiência de doença. Rev. Esc. Enferm. USP. [Internet]. 2010 [cited 22 de janeiro 2020]; 45(2). Available from: http://dx.doi.org/10.1590/S0080-62342011000200014.

20. Kubler-Ross E. Sobre a morte e o morrer. São Paulo: Martins Fontes; 2008.

21. Martins JT, Robazzi MLCC. O trabalho do enfermeiro em unidade de terapia intensiva: sentimentos de sofrimento. Rev. latinoam. enferm. (Online). [Internet]. 2009 [cited 22 de janeiro 2020]; 17(1). Available from: http://dx.doi.org/10.1590/S0104-11692009000100009.

22. Machado DA, Louro TQ, Figueiredo NMA, Vianna LMA. O esgotamento dos profissionais de enfermagem: uma revisão integrativa sobre a síndrome de *Burnout* em UTI. R Rev. Pesqui. (Univ. Fed. Estado Rio J., Online). [Internet]. 2012 [cited 22 de janeiro 2020]; 4(4). Available from: http://www.redalyc.org/articulo.oa?id=505750895039.

23. Baggio MA, Formaggio FM. Trabalho, cotidiano e o profissional de enfermagem: o significado do descuidado de si. Cogitare enferm. [Internet]. 2008 [cited 22 de janeiro 2020];13(1). Available from: http://dx.doi.org/10.5380/ce.v13i1.11954.

24. Faria CA, Alves HVD, Charchat-Fichman H. The most frequently used tests for assessing executive functions in aging. Dement. neuropsychol. [Internet]. 2015 [cited 2018 jan 22]; 9(2): 149-55. Available from: http://www.demneuropsy.com.br/imageBank/PDF/v9n2a09.pdf.

25. Ribeiro DB, Fortes RC. A morte e o morrer na perspectiva de estudantes de enfermagem. Revisa. [Internet]. 2012 [cited 22 de janeiro 2020]; 1(1). Available from: http://revistafacesa.senaaires.com.br/index.php/revisa/article/view/10.

26. Lima MGR, Nietsche EA, Teixeira JA. Reflexos da formação acadêmica na percepção do morrer e da morte por enfermeiros. Rev. eletrônica enferm. [Internet]. 2012 [cited 22 de janeiro 2020]; 14(1). Available from: https://www.fen.ufg.br/fen_revista/v14/n1/pdf/v14n1a21.pdf.

27. Jaccobsen J, Jackson VA. A communication approach for oncologists: understanding patient coping and communicating about bad news, palliative care, and hospice. J Natl Compr Canc Netw [Internet]. 2009 [cited 2018 jan 22]; 7(4):475-80. Available from: https://www.ncbi.nlm.nih.gov/pubmed/19406044.

28. Araújo MMT, Silva MJP. Estratégias de comunicação utilizadas por profissionais de saúde na atenção à pacientes sob cuidados paliativos. Rev. Esc. Enferm. USP. [Internet]. 2012 [cited 22 de janeiro 2020]; 46(3). Available from: http://dx.doi.org/10.1590/S0080-62342012000300014.

29. Both JE, Leite MT, Hildebrandt LM, Spies J, Silva LAA, Beuter M. O morrer e a morte de idosos hospitalizados na ótica de profissionais de enfermagem. Ciênc. cuid. saúde. [Internet]. 2013 [cited 23 de janeiro 2020]; 12(3). Available from: http://dx.doi.org/10.4025/cienccuidsaude.v12i3.18302.

30. Souza LPS, Mota JR, Barbosa RR, Oliveira CSS, Barbosa DA. A morte e o processo de morrer**:** sentimentos manifestados por enfermeiros. Enferm. glob. [Internet]. 2013 [cited 23 de janeiro 2020]; 12(32). Available from: http://scielo.isciii.es/pdf/eg/v12n32/pt_administracion4.pdf.

31. Martins JT, Robazzi MLCC. O trabalho do enfermeiro em unidade de terapia intensiva**:** sentimentos de sofrimento. Rev. latinoam. enferm. (Online). [Internet]. 2009 [cited 25 de janeiro 2020]; 17(1). Available from: Santos FS (org). A arte de morrer: visões plurais. São Paulo: Comenius; 2009.