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THE DEATH AND DIE PROCESS FOR NURSING TEAM OF INTENSIVE THERAPY CENTER

O processo de morte e morrer para equipe de enfermagem do centro de terapia intensiva

El proceso de muerte y morir para equipo de enfermería do centro de terapia intensiva

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ABSTRACT

Objective: this paper describes the Intensive Care Unit nursing staff's perceptions of the process of death and dying and its implications for nursing care. **Methods:** this descriptive research with a qualitative approach was carried out from October 3 to 31, 2016 with nine nurse technicians and six registered nurses working in an Intensive Care Unit. **Results:** the staff members' statements were grouped in three thematic units: "The Intensive Care Unit and the process of death and dying", "Impact of the process of death and dying on nursing care" and "Intensive Care Unit nursing professionals' feelings about death". **Conclusion:** from the nursing professionals' perceptions of the process of death and dying, it was possible to show that despite the emergence of negative feelings toward death, there was no major impact on the care offered by these professionals.
Descriptors: Intensive care; Nursing; Death.

RESUMO

Objetivo: descrever as percepções da equipe de enfermagem do Centro de Terapia Intensiva sobre o processo de morte e morrer e suas implicações para o cuidado de enfermagem. **Métodos:** pesquisa descritiva com abordagem qualitativa, realizada com nove técnicos de enfermagem e seis enfermeiros da terapia intensiva, no período de 03 a 31 de outubro de 2016. **Resultados:** os depoimentos foram consolidados em três unidades temáticas: "O Centro de Terapia Intensiva e o processo de morte e morrer", "Repercussão do processo de morte e morrer para o cuidado de enfermagem" e "Sentimentos dos profissionais de enfermagem perante a morte no centro de terapia intensiva". **Conclusão:** através desta, foi possível discorrer sobre as percepções dos profissionais de enfermagem sobre o processo de morte e morrer e evidenciar que apesar do surgimento de sentimentos negativos perante a morte, não houve grandes repercussões na prestação do cuidado por eles oferecido.
Descritores: Cuidados intensivos; Enfermagem; Morte.

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RESUMÉN

Objetivo: describir las percepciones del equipo de enfermería del centro de terapia intensiva sobre el proceso de muerte y morir y sus implicaciones para el cuidado de enfermería. **Métodos:** investigación descriptiva con abordaje cualitativo, realizada con nueve técnicos de enfermería y seis enfermeros de la terapia intensiva, en el período del 3 al 31 de octubre de 2016. **Resultados:** los testimonios fuera consolidado en tres unidades temáticas: "El proceso de muerte y morir en el centro de terapia intensiva", "Repercusiones del proceso de muerte y morir para el cuidado de enfermería" y "Sentimientos de los profesionales de enfermería ante la muerte en el centro de terapia intensiva". **Conclusión:** através de esta, fue posible discurrir sobre las percepciones de los profesionales de enfermería sobre el proceso de muerte y morir y evidenciar que, a pesar del surgimiento de sentimientos negativos ante la muerte, no hubo grandes repercusiones en la prestación del cuidado por ellos ofrecido.
Descriptores: Cuidados intensivos; Enfermería; Muerte.

INTRODUCTION

The Intensive Care Unit (ICU) is a space that offers support to patients in serious and/or critical condition who need constant monitoring and medical and nursing support. In this environment health care is considered one of the most complex services in the entire health care system since it deals with critical and/or severe patients who need technological support. Consequently, professionals working in ICUs must be properly trained to handle technological equipment, make decisions and change behavior as required.[1]

In this environment of intensive care, the process of death and dying is present in the daily life of health professionals, leading to changes in how they provide care. Trivialization of death and the heavy suffering experienced by workers can lead to these changes.[2-3]

Death is one of the most complex, universal, and sufferable events experienced by humans. No other event is capable of rising more emotional thoughts and reactions in both the dying person or those around him.[4-5] According to some studies,[3,6-7] the process of death and dying, being as natural and predictable as the birth process, is a biological event that ends a life. The word "*morrer*" [to die], according to the Aurélio dictionary, means "to lose one's life, to exhale one's last breath, to die". The term "*morte*" [death], on the other hand, is characterized as a feminine noun that is tied to the act of dying, destruction, pain and deep sorrow.[8]

In the hospital environment, especially in the ICU, it is extremely important to have discussions on the subject of death and dying among the members of the health care staff, especially the nursing staff, because this group of professionals is in greater contact with patients. Although death is part of human development and is present throughout its life cycle, it tends to leave deep marks on people when it arrives.[9]

Therefore, it is essential to understand how the nursing staff deals with this process and how it interferes with the care delivered to other patients. The understanding of death and dying can be further deepened by such perceptions. In order to reduce knowledge gaps and promote new behaviors in health care, this study aimed to describe how the process of death and dying and its implications for nursing care were perceived by the nursing staff members working at the ICU of the *Hospital Universitário João de Barros Barreto* (HUJBB). The nursing staff frequently deals with this process in ICUs because the patients admitted there are in constant risk of death.

METHODS

This descriptive research with a qualitative approach was carried out with nine nurse technicians and six registered nurses, members of the nursing staff from the ICU of the HUJBB, which is located in *Belém* city, *Pará* state, Brazil. The research was carried out with the from October 3 to 31, 2016, whose members showed availability and interest in participating in the study after understanding the research objectives and signing the Free and Informed Consent Term. There were no specific criteria for selecting the participants.

For data collection, semi-structured interviews were used containing the following questions: "*What comes to your mind when I say the word 'ICU'?" "What comes to your mind when I say the word 'death'?" "What is your perception of the process of death and dying in the ICU?" "How do you feel about patient and family care in the face of death in the ICU?"* The interviews were conducted individually in the ICU waiting room, with an average duration of 10 minutes. The statements were recorded, transcribed, and submitted to Content Analysis.[10]

The analysis procedure was divided into the following steps: 1) data familiarization through transcription, active reading, and annotation of ideas; 2) code generation through the systematic coding of data considered relevant to the research; 3) theme search, in which the codes were grouped and transformed into potential themes; 4) constant review of the themes with the development of a thematic "map" for analysis; 5) theme definition, which aims to improve the specificities of each theme; and 6) synthesis of an explanatory concept, the last opportunity to analyze and expose the results found.[10]

From the nursing professionals' statements about the process of death and dying, it was possible, through the repetition of meanings, extract three thematic units: "The Intensive Care Unit and the process of death and dying", "Impact of the process of death and dying on nursing care" and "Intensive Care Unit nursing professionals' feelings about death".

The research was approved by the HUJBB's Human Research Ethics Committee under the Legal Opinion No. 1.659.908. Furthermore, it complied with the Resolution No. 466/12 that addresses researches involving human beings.[11] As a means of maintaining the participants'

anonymity, the statements were labeled using the word "Professional" followed by a numeric digit.

RESULTS

Of the 15 study participants, 13 (86.67%) were female and 2 (13.33%) were male. All of them were in the 30-60 age group. The 40-50 age group was the most predominant, including seven participants (46.67%) who had two jobs and were married and Catholic. All participants' years of service ranged from 3 to 31, with the predominance of the 10-20 range comprising seven participants (46.67%). Five (33.33%) participants were specialists in intensive care, two (13.33%) in hemodialysis, one (6.67%) in family health and one (6.67%) in work nursing; one (6.67%) participant had training in surgical instrumentation and one (6.67%) in emergency and emergency, and four (26.67%) participants were not specialists.

Unit 1: The Intensive Care Unit and the process of death and dying

The ICU is designed to provide specialized assistance to patients in severe and/or critical condition through strict control of vital parameters and continuous interventions promoted by the multiprofessional health staff with the help of advanced technologies. The main goals of the ICU are to promote advanced life support and thus improve the patient's prognosis.[1]

In view of the participants' statements, it was evidenced that all of them understand the ICU as an environment of complex and intensive care for patients in a critical/serious condition, agreeing with the above definition.

> *"ICU to me is the complexity of care. Because there are patients who have hemodynamic instability and because of this instability we perform an activity of greater complexity for him, that is the assistance of greater complexity". (Professional 1)*

> *"I think about critically ill patients who may have a chance of survival or not. Patients who need more care, more complex care, both nursing and medical care, because the word ICU already says, where the human being will need to go through more intensive and specific care, more attention [...]".* (Professional 5)

> *"ICU is a place where people are in need of immediate care, where people are at imminent risk of death and need qualified, intensive care so that they can no longer be at risk of imminent death. So, when we talk about ICU, I imagine a severe patient in need of intensive care".* (Professional 10)

In agreement with the idea that the ICU is intended for patients who need more care, Sousa[12] emphasizes that the ICU is a complex unit, intended for severely ill patients who are susceptible, most of the time, to the failure of organs essential for the maintenance of life.

The Ordinance No. 2338/2011 from the Ministry of Health defines a critically ill patient as one who is at imminent risk of losing life or function of an organ/system of the human body. Also, they are patients in a fragile clinical condition resulting from trauma or other conditions related to processes that require immediate clinical, surgical, gynecological, obstetric or mental health care.[13]

Nursing is a profession that focuses on care, assisting patients in unstable health conditions daily. Therefore, nurses deal with death more frequently, especially the death of individuals with whom they lived and with whom they established some kind of bond and affection.[14,7] Reflecting on the process of death and dying is still a challenge since the human being is not prepared to deal with the concept of finitude. For nurses, this kind of reflection is even more difficult because of their training, which focuses on providing care and favoring the healing process.[4,15]

When asked about their perceptions of the process of death and dying in the ICU, 53.33% of these professionals associated the term "the end of the heartbeat" with the moment that all people will, at the end their life, cease to exist:

> *"I understand it as a process that we all will go through, it is the end of the heartbeat, which makes you live. Really, it's sad to talk about it, about the dying process, I sometimes think that it was a life like this with a lot of knowledge acquired all this time and at that moment you're losing it [...] you're saying goodbye, seeing that everything is being lost, your life force, everything is going to another plane, I think it would be the moment for you to provide assistance much more closely, not only the family has this role, but the whole multiprofessional staff, there should be a link so that this moment would really mark your transition".* (Professional 1)

> *"Today I understand that it is a passage because when I entered here in the ICU it was that I understood more this process of finitude, which I did not accept much before. Today I understand that one day people have to go and our role is to make them go without suffering".* (Professional 7)

> *"End of life, because death means end".* (Professional 8)

"Death, it's over! He stopped living, because when the person dies, he/she no longer exists, has no more matter". (Professional 13)

The definition of finitude is not something easy to understand because we deal with several evaluations and concepts generated by different health professionals, in which instead of recognizing this moment we observe the difficulty in objectifying it, being linked to the moment when the possibilities of cure are exhausted and death seems close to and inevitable for the patient.[16]

In order to monitor the dying process, professionals should accept that death is inescapable and inevitable, which implies recognizing the human limits and knowing that regardless of what is done, nothing can prevent death. In addition, professionals should consider death not as something to be fought but as part of the life cycle.[17-18]

The reactions and perceptions that professionals show in the face of life and death are related to the type of education and preparation they have received, the experiences they have lived through and all the socio-cultural context in which they grew up. As professionals discover and get to know each other finitely, they come to better understand the finitude of the patient.[19] Therefore, to experience the process of death and dying is, in a certain way, people have to confront their own finitude and mortality as well as their affections, an experience which becomes even more difficult when they lose a young patient, as a result of the projection and empathy mechanisms instituted during the act of caring.[6]

Death linked to the idea of finitude can be associated with sadness and outrage, considering that death interrupts life and reflects the idea of thinking about this process occurring at an unexpected time. Death can also be approached with indifference, or be seen as a fatality after a mission has been accomplished. If this process occurs at the right time, it can be called death.[20]

Suffering was another factor highlighted by the interviewees on the process of death and dying according to 46.67% of the statements. They associated words and phrases that express negative feelings such as sadness and feeling of loss:

"Sadness, because it makes the family sad, because the dead person sees nothing, but the family gets sad, the staff gets sad, it gives a feeling of loss, although sometimes we know that the patient does not have that satisfactory prognosis, but even so, it's a loss, loss for the staff and loss for the family, so it is sadness". (Professional 3)

"It's something that makes us sad as professionals. When you lose the patient, it's a defeat for each professional, for the staff as a whole". (Professional 5)

"[...] if you die anywhere, whether in the ICU or outside, dying in the ICU means you die far away from the family and when you are conscious and know that you are far away from the family this is painful for the patient because he/she doesn't see the family every day, what he/she sees are strange people, it's a lot of strange equipment and people dying sometimes next to him. So, for me, dying in the ICU, if it's, in this case, a person who during his whole stay is conscious in the ICU, it's very painful". (Professional 6)

Although death is an event that certainly will happen, people, when experiencing the process of death and dying, learns that it is not only something predestined. They consider that the moment of death never manifests itself as a trivial event, devoid of any feelings. On the contrary, it is full of pain and suffering, represented as a tragedy in the life of those who observe and experience it.[21]

According to Professional 3 and Professional 5, it is possible to highlight the feeling of sadness, defeat, and impotence in the face of death. The impotence of not being able to overcome death tends to make health care professionals feel impotence and frustration. In the long run, these feelings can evolve into emotional fatigue, which is considered as the onset of the stress process and other syndromes.[17-18]

Nursing professionals, when providing care for patients, are exposed to several situations related to the concept of finitude. However, observing death is the harshest reality, because regardless of their efforts, some patients end up dying.[22] Most of the time, this situation brings the feeling of impotence, sadness, and guilt, mainly when the process of death is considered painful or it happens too early, in which nothing can be done by the health care staff.[23]

The Professional 6's statement revealed that the feeling of suffering is associated with the demonstration of empathy for the being who is in the process of death and dying in the ICU. The professional perceives the death in the ICU as solitary and painful. Such experiences can make professionals more human, leading them to put themselves in the place of others, thus becoming more sensitive and prepared to face their own death.[24]

In accordance with the above argument, studies[25-26] affirm that death over the centuries has passed from an expected, natural, and shared event to an institutionalized and mostly solitary one that occurs outside of the family environment. Although the current context represents a time of scientific progress and advancement, it is noticeable that valuing technology does not make people strong in the face of life or death, that is, even with the existence of a cutting-edge technology such as those found in the ICU, it is still not possible for the nursing staff to avoid the death of a patient. This means that the broader the knowledge of death, in addition to its clinical and legal aspects,

the better the assistance provided by the health care staff to patients in the process of dying.[25,27]

Thus, faced with the process of death and dying in the ICU, it was possible to identify, in general, that the uncertainties and unpredictability tied to the dying-death process force people to live with themselves from the beginning to the final stage of their development. The end of life is a synonym of sadness, suffering and loss.[28]

Unit 2: Impact of the process of death and dying on nursing care

Caring for people in the process of death and dying is part of the daily routine of the health care staff, mainly the nursing staff. The nursing staff is continuously present providing the most of the care delivered to patients.[29] Such experience can affect their members' relationship with death, considering the condition of being human, and their professional performance toward the patient in the process of death and dying.[9,5]

It is understood that the way people see/understand death certainly influences one's way of living.[9] In light of this, we asked nursing professionals if experiencing constant changes in the process of death and dying has caused changes in the care practice. A significant number of the interviewees (86.67%) reported no significant changes in their way of providing care, as can be observed below:

> *"No, it doesn't interfere with [the health care practice]. I believe that while there's life, even close to death, we must develop quality assistance. May these last lived moments really have the support of the ethical apparatus from the nursing staff, from the multiprofessional staff, not only for the patient but as support for the family".* (Professional 1)

> *"No, the process of death doesn't affect the care I deliver to the patient. So, they can tell you, look, the patient is in palliative care, nothing else can be done, but our care remains the same, it doesn't change, it's routine, it's our job".* (Professional 2)

> *"No, the provided care remains the same or it's more intense because the nursing care doesn't change, regardless of whether the patient is dying or not, whether he/she has a prognosis or not, it doesn't change, it's the same [...]".* (Professional 3)

According to the above statements, it is possible to understand that the process of death and dying does not interfere in the performance of nursing care toward patients, because the care practice does not depend upon a good prognosis; on the contrary, it is even more necessary and specific throughout the process of death and dying. It is also noted that the need to deal with death with a certain emotionlessness and indifference as a means of protection, because dealing with death in this way may help to minimize feelings of pain, loss and indirectly of therapeutic failure.

Nursing care must meet the physical, psychological, emotional and social needs of the person being cared for, regardless of whether he/she is dying. Caring for the dying person is not an easy task since the quality of care is viewed differently by each person, leading the caregiver not only to aim for the patients' recovery but also to care in its broadest essence, in order to promote care and human dignity.[30,5]

In this context, caregivers should not be only physically present with a professional attitude. Instead, they have to be present as a human person capable of listening, understanding and helping. Therefore, in addition to the valid scientific knowledge necessary for their professional practice, nurses must possess human principles and values such as empathy, will, commitment, attention, and affection in order to promote a more complete and humanized care.[31]

It is important to emphasize that humanized care in intensive care should be the main conditioning factor of the multidisciplinary health staff. The holistic view of the patient is also important since it seeks to meet all their needs and contributes as much as possible to improve his/her quality of life.[22]

Although care is the main focus of nursing at all stages of life, from birth to death, it is observed that the moment of death is not well accepted by most health professionals, because it causes "visions of finitude", doubts about the effectiveness and importance of their care, and consequently the feeling of failure in the face of the terminality of life.[7,22,4]

In view of the context of changes, 13.33% of the interviewees reported that although there were no changes in their care actions, there were changes in their emotional state in the face of the patients' negative prognosis. Consequently, the interviewees focused on basic needs and family of the patients, seeking to offer them the most qualified and humanized assistance possible:

> *"The care for patients who already have that prognosis of advanced neoplasia, which will usually evolve to death, does not change. It does not change our care or our comfort towards them, they receive the same care as others, but it changes our hope, our perspective towards the patient, so we seek to provide the patient with as much comfort as possible [...]".* (Professional 5)

> *"When the patient is dying, sometimes we cannot perform the technical nursing care, because the patient is in a very serious condition, and even his/her mobilization is difficult, but the care with comfort for the patient, comfort for his/her relatives, speaking some words of comfort to them, I think quality of care is more important in*

the last moments of life than the technical words [...]". (Professional 10)

Valuing and understanding the feelings of health professionals who assist patients in the process of dying and who have dealt with death is of paramount importance in understanding the psychological needs of these professionals, since many of them may feel unprepared to provide care during this process beyond technical procedures.[24]

The feeling of hope expressed by Professional 5 is fundamental throughout the terminal patients' recovery, especially when the professional is conscious about this fact. This hope is constantly present in the care delivered to these people.[32] Hope gives a special sense of mission to patients, which helps them to remain strong and to endure more medical examinations when everything becomes painful. For others, hope is a form of temporary but necessary denial.

The end of life, among the existing conceptions, assumes the idea of transition, passage, duty fulfilled, loss, pain, unknown, rest. It is a natural process related to a human being's development. Such definitions and the way each individual understands and faces the process of death and dying converge.[7]

The difficulty encountered by health professionals in understanding and facing the process of death and dying of their patients may be linked to several individual factors such as the experiences with the death of close people, spiritual and religious factors, and even the feelings that they may experience before the expectation and projection of their own death.[7]

Nursing professionals are present during the entire process of dying assuming the role of caregiver and helping the patients during this transition phase. Spiritual and emotional support must be present at this moment and offered to patients and their families in order to ease the process of dying and minimize any discomfort.[5]

It is important to highlight that when the patient has a poor prognosis the therapeutic limitations are related to the curative function, and not to actions toward the patients' comfort and relief from pain, preserving their integrity and dignity as human beings.[22] These limitations were highlighted in the statements *"technical nursing care sometimes cannot be performed*" and *"even mobilization is difficult"* from Professional 10.

Patients with a prognosis favorable to death need health care as much as any other patient. However, the focus of this particular care is different: it is palliative instead of curative because it aims to provide the best possible quality of life for them and their families. Due to the patients' profile seen in ICUs, limiting therapeutic effort have become frequent and necessary in the daily routine of nursing professionals.[33,4,22]

In this context, planning assistance within the process of death and dying and decision-making are complex steps, given the difficulty of establishing a consensus on which care actions should be maintained. This points to the need to create and/or encourage the use of specific care protocols for dealing with the process of death and dying.[34-35]

For most interviewees, the patients' process of death does not impact negatively on nursing care because they perceived that even with the limitations imposed by the patients' clinical condition, the treatment and care delivered to them are essential to alleviate pain and maintain human integrity.

Unit 3: Intensive Care Unit nursing professionals' feelings about death

The process of dying may make several feelings arise in nursing professionals because even working in an environment of high complexity such as the ICU, which requires specific knowledge, they do not totally lose sensitivity toward the terminality of life. The nursing professionals' feelings in the face of death/process of dying are usually negative, such as impotence, fear, frustration, guilt and outrage.[18,36]

The participants' statements showed that the feelings experienced by nursing professionals when caring for the patients in the process of death and dying were sadness/suffering (46.67%) and impotence (33.33%). However, 20% of the interviewees pointed out that they felt nothing because this process is normal:

"It's not the years working at ICUs that leave us cold, we still feel the loss today. We, as a team, end up having a bond with the patient and when this process of dying comes, we feel sad for the loss of this emotional bond that was created between staff and patient". (Professional 1)

"It's always a feeling of impotence, you take care of someone you know is dying, it always gives you a feeling of impotence. We know that you won't have that perspective that makes us happy, which is to have the patient being discharged in a good condition, thanking us for the service that we did. We did not have our greatest goal, which is to improve the patient's condition and get him/her back to the clinic in the best possible conditions". (Professional 4)

"I feel defeated, because I always hoped to come here, whether in the ICU or wherever the nurse is going to work, and think that we would save patients and that everything would work out. When we are young we are very dreamy and as time goes by I have seen that it is nothing like that, that the most we can do is to give good assistance, is to bring comfort for patients, but we will not stop them from dying, so it is a feeling of impotence". (Professional 5)

"Often a certain patient touches the professional more, sometimes when he/she is a child, when he/she is a

young person who did not live long and died because of something that suddenly happened, then we see ourselves in that person's place, see our children in that person's place. I feel sad for the patient in that situation". (Professional 10)

"It's practical to care for a patient on the verge of death, I feel nothing because of many years of service. For me, it's normal because death for me is normal. Death comes for everyone, it's part of our life, it's the cycle of life". (Professional 12)

Death brings about feelings and reactions that are impossible to control. In this context, it is understood that the dealing frequently with the experience of death does not make nursing professionals invulnerable to the feeling of helplessness both in the face of losses and in understanding them. Many nursing professionals fail to express crying, carrying with them anguish and the feeling of helplessness and frustration despite been trained to achieve the patients' cure.[37,9,15]

The feeling of powerlessness in the face of a patient's death can cause suffering for nurses, raising questions about what could have been done to recover him/her, as well as driving conflicts between life and death.[38] In general, the feeling of powerlessness experienced by nursing professionals in face of the patients' death is closely related to their main objective, which is to care for and preserve life, that is, they feel unable to reverse the patient's clinical condition, despite all their dedication and care delivered.[23]

Without trivializing death, the health care staff must be aware that patients do not die because of their members' incompetence. Therefore, feelings such as powerlessness, frustration, and defeat have to be replaced by the understanding that death is not a disease to be cured, but another phase of life. This moment is the last opportunity for them to deliver humanized and dignified care for patients in the process of dying.[22]

The statement *"Often a certain patient touches the professional more, [...] a child, [...] young person"* from the Professional 10 shows that health professionals have a tendency to accept the death of an older person better than the death of a child or young person, regardless of the job class. Based on cultural factors, it is better to accept the death of the elderly, in which it is understood that death comes after years of life, linked to the idea of duty fulfilled and of old age.[39]

As human beings endowed with emotions and feelings, nursing professionals tend to experience cases of sadness, fear of loss, pain, and frustration in their daily work when caring for a patient with a negative prognosis. These are reactions experienced initially by patients and their relatives.[23] Thus, the feeling of sadness pointed out by the Professional 1 and Professional 10 when dealing with the patients' death is related to the breaking of the affective bond established during the daily care provided for them, especially in cases of young patients.[9,7,36]

However, there are professionals who consider death as a natural event since the health-disease process can lead patients to the end of their life. Such understanding helps professionals to deal more naturally with the event of death, a fact that does not stop them from feeling during the process; instead, this understanding helps them face it with more tranquility.[40]

Despite the sadness and impotence experienced after the patient's death, dealing with the dying process daily can make professionals face this process naturally or with coldness and indifference in an attempt to protect themselves by not experiencing feelings that could destabilize them and harm the hospital dynamics. Through such a posture freed from sentimentalism, health care professionals end up creating defense mechanisms that help them face the process of death and dying.[18,7]

It is of utmost importance to identify the feelings about the process of death and dying experienced by ICU nurses because it is known that self-knowledge is an important process to be explored in order to better deal with situations involving profound emotional manifestations such as death.[18]

In short, the event of death makes individuals feel emotions because it represents the finitude and end of a life or a cycle. However, when associated with other factors such as the bond, coexistence, and involvement in the professional-patient-family triad, the feeling of sadness and impotence become stronger, making the pain of losing something even greater. Nevertheless, some professionals perceive death as a common, normal life event that causes no sentimental changes in their life.

Thus, it is understood that death should be seen as a natural process that can be faced in a calm way, especially when one has the perception that all possible efforts, despite being unsuccessful, have been made to keep the patient alive.[40]

CONCLUSIONS

This work proposed a great challenge, from the interaction with the theme to its development. It was possible to observe and discuss the nursing professionals' perception of the process of death and dying in the ICU and to evidence that despite the negative feelings towards death, there was no major impact on the care provided by them, which was carried out in a professional way and with commitment to life.

Although most of the participants reported experiencing negative emotions associated with feelings of defeat, frustration, sadness, and lack of achieving the patients' healing, it is highlighted the need to obtain some resistance in the face of death enough to deal with this process. However, as human beings, we cannot stop feeling tenderness and being touched. Why not mourn the death of a patient who was under the care of the nursing staff?

This work has also contributed to the understanding of how dedicated nursing professionals are in providing care, being close to patients during the process of dying, which is one of the most difficult moments of life. Every care action makes a difference in these patients' lives, making the professional-patient relationship even more remarkable.

Hence, in view of the nurses' intensive care performance, their perceptions and emotional reactions to death and dying were understood, as well as the use of defense mechanisms such as rationalization of death to deal with the harsh reality of losses. It is emphasized the need to promote continuing education/training focused on the theme "death", in order to better prepare these professionals to deal with the event.

Nonetheless, this research does not cover the entire subject. There is a need for developing new studies on the elaboration of a universal model or standardization of nursing care for patients in the process of death and dying.

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