

# The professor-student relationship in coping with dying

A RELAÇÃO DOCENTE-ACADÊMICO NO ENFRENTAMENTO DO MORRER

LA RELACIÓN DOCENTE – ALUMNO FRENTE A LA MUERTE

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## ABSTRACT

The new guidelines for undergraduate courses in the field of health care imply a need to prepare professionals to deal with life and death. To study death and dying in the context of nurse education means to contribute to the humanization of education and to preparing humanistic and critical professionals. We performed individual interviews with professors so that each could reveal their thoughts about experiencing death and dying in the educational relationship between nurse/professor and the nursing student in the hospital environment. Content analysis was performed using ideas close to those of Heidegger, revealing that education towards the concept and experience of death appears to be possible only if there is reflection regarding human existence, thoughts, and accepting finitude. By understanding one's own attitudes towards death and existence, it is possible to perceive possibilities in education for care in the death process.

## KEY WORDS

Death.  
Education, nursing.  
Nursing care.

## RESUMO

As novas diretrizes da educação para cursos de graduação da área da saúde trazem a necessidade da formação de um profissional preparado para enfrentar a vida e a morte. Investigar a morte e o morrer, no contexto da formação do enfermeiro, significa contribuir para humanizar o estar educando e formar profissionais críticos e humanistas. Realizamos entrevistas individuais com docentes, de forma que cada um pudesse revelar o seu pensar sobre a vivência da morte e do morrer na prática educativa entre o enfermeiro/docente e o acadêmico de Enfermagem, no campo hospitalar. Para análise, nos aproximamos de algumas idéias de Heidegger, evidenciando que o educar para a morte parece somente se fazer possível a partir da reflexão do existir humano, do pensar e aceitar a finitude. Compreendendo a própria morte e o próprio existir será possível projetar possibilidades de educar para cuidar no processo de morte.

## DESCRIPTORIOS

Morte.  
Educação em enfermagem.  
Cuidados de enfermagem.

## RESUMEN

Las nuevas directivas de la educación para cursos de graduación en el área de la salud incluyen la necesidad de la formación de un profesional preparado para enfrentar la vida y la muerte. Investigar la muerte y el morir, en el contexto de la formación del enfermero, implica contribuir para humanizar, educando y formando profesionales críticos y humanistas. Realizamos entrevistas individuales con docentes, de forma que cada uno pudiese revelar su pensamiento sobre la experiencia de la muerte y del morir en la práctica educativa entre el enfermero/docente y el alumno de Enfermería en el campo hospitalario. Para realizar el análisis, nos aproximamos a algunas ideas de Heidegger, que ponen en evidencia que educar para la muerte parece sólo ser posible a partir de la reflexión respecto del existir del ser humano, del pensamiento y aceptación de la finitud. Comprendiendo la propia existencia y muerte, habrá de ser posible proyectar posibilidades de educar para brindar cuidados en el proceso de finalización de una vida.

## DESCRIPTORES

Muerte.  
Educación en enfermería.  
Atención de enfermería.

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## INTRODUCTION

The anatomy room used for practical classes in the healthcare undergraduate courses often scares the students away. Studying on cadavers or in their parts involves taboos and the fear of death, which are usually present there. These lessons are usually the first academic experience with death. The difficulties of this first experience are reported in a study involving medical and nursing students<sup>(1)</sup>.

Thinking about death leads to the reflection about its higher power over life. It destroys, erases memories and dreams, breaks bonds, weakens people, is treacherous, evil, and it is the only thing we are certain about. We tend to play with life, with beautiful things, plans, projects, without thinking about death, which is really an inalienable part of life itself<sup>(2)</sup>.

Death and dying are parts of life, and certainly need studies regarding the education of the nurses, since they will take care of people in life, in the imminence of death and in death. Choosing this theme expresses the inquietude and the need of understanding an aspect of this phenomenon: apprehending the dimension of the human attitude of the nurse when faced with death.

Investigating death and dying as parts of existence within the context of the education of the nurse is a relevant contribution towards the humanization of critical, reflexive, creative and humanistic professionals.

### *The discourse of literature*

In its existence, the person treads stages that are substantially made up of multiple feelings, in an attempt to move away from finitude. However, regardless of denying or refusing to speak about the process of death and dying, the person with a serious disease experiences moments that make it possible for the healthcare professionals to apprehend the stage they are in, during their process of dying.

A study<sup>(3)</sup> mentions the five stages that a person undergoes in the process of dying: denial, anger, bargaining, depression and acceptance. The author who identified these stages notes that not everyone goes through every stage and they are not always sequential, but this is how it occurs with most of them<sup>(3)</sup>. These stages are widely available in literature, and the aforementioned study is a milestone regarding the topic; the identification of such stages has greatly contributed for the advancement of their educational sphere.

The academia must prepare the student to be able to maintain interpersonal relations of aid towards terminal patients and their families and retrieve the existential condition of the being-in-the-world that confers meaning to life<sup>(4)</sup>.

Authors state that healthcare professionals, in general, are insufficiently prepared to deal with patients in the pro-

cess of imminent death. The nursing professionals reject hospital death and believe that their function is simply to save lives<sup>(5-6)</sup>.

There are recommendations to include the theme of death in the curricula of the undergraduate nursing courses, and that hospital institutions should seek strategies in permanent education to promote changes in the professionals' attitude regarding terminal patients<sup>(7-9)</sup>.

The professionals of the nursing team express different reactions when providing care to the patient during the process of dying. The team needs to be monitored and a space must be created so that these professionals can manifest their grief and dissatisfactions at work<sup>(10)</sup>.

In an attempt to understand the meaning of providing care to women outside therapeutic possibilities, this investigation was proposed in order to obtain information about how they would like to receive care, according to their own perspectives<sup>(11)</sup>. The results emerged amidst suffering and fear. The women reported pain due to the proximity of death; anticipated mourning; desire of being welcomed; heard; technical competence, but, overall, patience in the act of providing care; the right to information and precise explanations whenever they wish; being treated with affection; the certainty of having someone by their side at the time of death. The author complements her study saying that, for her, this study opened possibilities of new ways of caring that goes beyond the technical-scientific knowledge. Providing care involving affection, comprehension, empathy, patience, zeal, pain management and the exercise of autonomy<sup>(11)</sup>.

From the aforementioned authors, it is possible to observe that the studies point towards the importance of including death in the curricula of the healthcare schools, so that future professionals may have an academic space to discuss issues related to it, preparing themselves to provide care to people in situations of death and to provide care to themselves, as caregivers exposed to a daily routine of work where death is ubiquitously present.

In this context, this study has the purpose of unveiling the experience of death and dying in the educational practice between the professor-nurse and the nursing student, while in the hospital field.

## METHOD

This is a phenomenological descriptive-exploratory study. The choice of phenomenology occurred because it is an intuitive, descriptive method of investigation, which is therefore pertinent to the proposal of this study. Phenomenology seeks the comprehension of the experienced phenomenon and is understood as a clarifying discourse, exposed by itself<sup>(12)</sup>. We also chose to make a few approxi-

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mations with Martin Heidegger's ideas, since this would make it possible to comprehend certain aspects of the phenomenon of death, according to his book *Being and time*<sup>(13)</sup>.

The study was performed in Nursing Courses in three Universities in the city of Goiania-GO.

The inclusion criteria for the courses in this study was the completion of at least one curriculum, i.e., the university should have graduated at least one class in the selected curriculum. The choice of the professors was linked to the courses discussing content related to death. We decided to invite all the professors in charge of the aforementioned courses to take part in this study as subjects.

The ethical aspects observed for the development of this study refers to the recommendations proposed by Resolution 196/96 of the National Health Council<sup>(14)</sup>. The project was appreciated and approved by the Review Board of Medical and Animal research of Hospital das Clínicas at Universidade Federal de Goiás (UFG) (protocol CEPMHA/HC/UFG 018/04). In order to preserve the anonymity of the professors, they all received fictitious names of fruits of the cerrado region.

Individual interviews were held with twelve professors, from October 2006 to March, 2007, which were recorded with the authorization of the subjects. The following guiding questions were elaborated so that the professors would reveal their thoughts about the experience of death and dying in the educational practice between themselves and the nursing students: *What is the meaning of human existence for you; Describe your experience of death and dying (within your professional practice); Do you address the theme of death in your course? At what time(s)? How do you do it?*

After transcribing integrally the responses that emerged from the experiences of each professor, we performed an analysis based on the Method of Qualitative Analysis of the Situated Phenomenon<sup>(12)</sup>, proposed in four moments that were rigorously complied with in this study. The interviews were read integrally, from the beginning to the end, without any attempts at interpreting the content or identifying attributes or elements contained therein. Next, the interviews were re-read in an attempt to apprehend the units of meaning. Afterwards, the identified units were grouped according to their meaning (*psychological insight*). Finally, we reached the structure of the phenomenon and the essence of the significant elements. By taking all the steps of the proposed methodological pathway, thematic categories were achieved that point to aspects of the essence of the phenomenon of experiencing death for the professors. This study will present one of the categories, related to the educational sphere of the theme.

The experience of death and dying with the students and professors, in the process of learning and teaching, was unveiled according to Heidegger's philosophical reference. As such, we approached the real meaning of experience human finitude for the studied group.

## RESULTS

### *Experiencing death and dying with university professors*

In an attempt to unveil the experience of death and dying in the educational practice among the nurse/professor and the nursing student, in the hospital field, we reached certain aspects that point to the essence of this experience, according to the analysis of the interviews.

According to the professors, even in theoretical studies, the students do not show interest for the topic, deny death, show inquietude, grief, and even sleep in the classrooms. They only talk about the topic when they are *forced* to do it. The following report reveals this perception:

So, I've been working with them in a course, Psychology applied to health, and we do a full module about death, we see the same denial, they are not facing real death, they are reading about the topic and I see them sleeping, they talk during the lessons, some can keep up with the topic, but we see a certain grief when faced with the situation (Caju do Campo).

Overall, the reports reveal an inter-relation between the nurse being and the professor being, feelings and experiences that are intertwined in the daily routine. Being with the student, for these professors, was permeated by several difficulties, due to the lack of preparation as teachers, immaturity and lack of responsibility in the students, by not knowing the best way, by not being able to manage the students' grief and anger when faced with the death of a patient that was under their care when focusing on the cure. The following speech expresses this way of thinking:

Look, in my professional experience, death is one of the most difficult things I have to deal with. I've been working on an ICU since I graduated, in 1998. It's very difficult. For me, one of the greatest conflicts that I have to face at the ICU is dealing with death, I haven't gotten used to it yet. And it's much more complicated if you look at the students. We don't think about the finitude, we're afraid of it. I think that, as long as it exists, it's very good, it takes a lot to be happy. At the same time, we think that existence may end at any time (Buriti).

In spite of their long experience, the professors are uncomfortable when faced with death. On the students' side, they face more difficulties because they have to comfort and teach them about the process of death and dying, and, at the same time, hide or face their own grief (suffering). The student shows grief when faced with death.

In this perspective, the following speech is expressive:

We attended schools for over twenty years and, as such, we prepared ourselves for social life; likewise, we should also be prepared, for another *twenty years*, for the end of our existence. This development does not need to be performed at the top of the mountain, as hermits, or isolated inside our homes, but among the society, of which we are

all members. This education involves communication, relationships, losses, threshold situations, in which twists may occur throughout life, such as the stages of development, loss of significant ones, diseases, accidents, and even confrontation with death itself<sup>(9)</sup>.

Indeed, we avoid talking about death and dying, and, to a higher degree, we avoid educating ourselves for this moment. It is a silent topic, forbidden even for certain people/relatives, especially when there is a person at a specific age range, where the word death needs to be veiled. The existence is the here and now, and the possibility of not-being-anymore is pushed away.

Thinking about one's own death was reported to be distressing by the professors. AS such, the attitudes of denial by part of the team or by a healthcare professional may be understood as a necessity related more to personal grief of living with death than as a real necessity for providing better care for the patient<sup>(8)</sup>.

These are difficult stages that we undergo with the students everyday when they reach the internship field in Intensive Care Units. The students have few opportunities available. For us, we are trying to... show the students that this situation is impacting, really, but that they have to undergo it (Chichá).

We've seen some situations in which the patient is gravely ill, had a cardiac-respiratory arrest, but it was reverted. We only lost a patient once, and it was a really tough situation, because that was the first day for that group of interns on the field (Pitanga vermelha).

According to the professors, the acceptance of each student is observed to be linked to previous experiences. They are usually more interested when they have already undergone the loss of someone special. They have also shown sadness because they provided care to a patient and saw them die afterwards.

Each student reacts differently when the patient under their care dies. Many of them do not even like to look at the body. However, taking care of the body after death is part of the process; What about the family? What should they say? How should they say it? This context makes it difficult to assimilate the process of death and dying, as shown below:

I see that the issue of death is very difficult for the student to accept and work with critical, near-death patients. Because of this thought that they may end up dying... they say, "oh"! But I took good care of him, why didn't he resist? The feeling of loss, it seems like everything we did was good for nothing. Why should I try so hard to follow the procedures, to provide those bandages, if they were going to die? So, it's difficult to help them out, or to prepare their bodies, or even visualizing a lifeless body (Araticum).

In their relations with students, when faced with death in the hospital environment, the professors feel divided between being a teacher, being a professional and being

finite. They are surprised with the grief regarding the student and the patient's family.

According to Heidegger:

... grief related to death is the grief *with* one's own being-able-to-be, irremissible and insurmountable. The being-in-the-world itself is that with which one grieves about death, afraid of stop living. As a fundamental disposition of presence, grief is not a *weak*, arbitrary and casual mood of a singular individual, but the openness of the fact that, as a launched-being, presence exists for its own end. Therefore, the existential concept of death as a launched-being for a more proper, irremissible and insurmountable being-able-to-be is clarified. With that, the limits related to a mere disappearance, merely dying or *experiencing* the act of stopping living becomes clearer<sup>(13)</sup>.

The daily experience of each professor or student, to a higher or lesser degree, acknowledges death as an ever-present event, i.e., people die every day; both acquaintances and unknown people die. Death is certain and happens on a daily basis. Death is real, but, as Heidegger says, *the pronounced discourse of the self, often diffuse about death, says the following: someday, eventually, one will also die, but one is not immediately affected by death*<sup>(13)</sup>.

The professors who took part in this study reported great difficulties:

I do not transfer it for the students in any way. I show them the reality. I only show them the steps, the base pathology, the associated pathologies, the secondary diseases that unfortunately may lead to death. That's the way I talk to the student. I don't give out my opinion, it's really private (Chichá).

A study about death in the hospital routine showed that the nursing professors act without reflecting, separating their doing from their feeling. Even after a few years, the actions of the professors remain the same, as the author shows:

... being in the middle of the way, experiencing twice the grief, of grieving about death, with one's insurmountable, irremissible and proper being of grieving about one's professional actions, of how to guide one's student to face this issue lead one to decide for *acting for its own sake* most of the time, separated from *feeling one's actions*, an action that separates living from existing<sup>(15)</sup>.

Humanistic education proposes and assumes the existence of empathic relationships. When one educates, one experiences a reciprocal experience, sharing one's own real feelings. For so, the educators must place themselves in the students' places, trying to apprehend their essence. It is a more profound quest for knowing the being with which one relates with. Professor and student must seek out the best way of providing care to each other and to themselves, when dealing with death and dying<sup>(16)</sup>.

The perception of ambivalent feelings is also noted by the professors. When faced with a dying person, an inert

body and having to teach technical procedures to the students, lays the dilemma between being a professor and being a nurse. Experiencing death in their daily routine at the hospital, it is different for the hospital nurse to face this situation as a professor, in the teacher/student relation. Hospital nurses have more freedom to act. The units usually have protocols to provide care to patients at the moment of death. On the other hand, things are different when one is a professor. At that moment, the professor must teach, act and comfort the student, actions that they reported not knowing how to put into practice.

Even to circumvent the condition of inability and lack of preparation to teach about death and dying, the professors feel relieved by being able to emphasize the technical aspects of death:

We only have the topic of the cardio-respiratory arrest, which we call cardio-pulmonary resuscitation measures, to the point of reaching asystolism. In this asystolism, we show the students how to perform the resuscitation maneuvers, reaching death or the conditions under which the patient may reawaken. When death is observed, we also show the students what must be changed (Chichá).

When you experience this too often, this definition of death becomes really technical in our minds... but I think that people forget that they are facing a human being who's experiencing the end of their terrestrial existence. So, I get really anxious when a patient dies. People leave the body there and that's it. Everybody simply disappears, if they feel like they have to get coffee, they just go and do it (Guariroba).

Well, our procedure, a priori, is a technical procedure related to reanimation measures. If we are providing care to a patient, we are the ones who are going to work with this reanimation. So, it's a technical procedure where we monitor the student who is going to do it for the first time, we even hold their hand. Sometimes we think: This is the time when I'll teach the student. It's hard, but that's the way it is (Pitanga Vermelha).

At that moment, situations of escaping seem to emerge, and the inauthentic way of providing care of the professionals becomes evident, marked by situations of hierarchy and little dialogue, denoting the non-acknowledgment of the patient as a subjective, social being<sup>(17)</sup>.

In the following report, the professor is concerned about the behavior of some healthcare professionals when talking about the deceased person. Are they really being cold? Or do they have to act like that in order to avoid suffering or becoming sick, as if they could build a wall around their own feelings?

Nowadays, we unfortunately still find people in ICUs who experience death in a rather cold way, saying: went to heaven, left for the 5<sup>th</sup> floor, the person went aboard or this person was packed up and shipped. We're showing that this shouldn't exist. This language shouldn't be a part of the nurse (Chichá).

Therefore, we can apprehend that, when faced with the difficulties of speaking about death, the professor can count on an intermediate, rational and protective situation: the technical procedures that are necessary and routine.

Over time, routines and norms, as well as the systematized provision of care, necessary as it is, take an inhuman and mechanized pathway. Nursing does not use its creativity, emotions, sensations or even intuition all the time, especially that of the women. Doing was then separated from feeling.

Therefore, by working with the student on the patient in the imminence of death, the exercise of the professor takes a functionalist and technicist characteristic. The techniques are impersonal and mechanized. As such, the professor moves away from providing care to the dying being, of reflecting about finitude. Heidegger says:

... the presence (*being-there*) is, at first and often, lost in the occupations. In this loss, however, the flight that covers the presence of its own existence is announced, already characterized as an anticipatory decision. In the flight of the occupations lies the flight of death, i.e., the avoidance of looking at the end of the being-in-the-world<sup>(13)</sup>.

In an attempt to soften the grief and comfort the student, the professors dedicate some time to talk, listen and reflect with them about what occurred. They do not know exactly how to do it, but they try, somehow, to show them the necessity of seeing, touching, feeling, participating and sharing such a difficult moment, and irremediably necessary, of the hospital routine with the patient and the other healthcare professionals.

## FINAL CONSIDERATIONS

The experiences reported by the professors in the experience of the process of death with nursing students were unveiled as experiences permeated by difficulties, limitations, lack of preparation, although they are aware that they need to change and that they yearn for new knowledge and ways that will lead them to the preparation to educate students to provide care to people in the imminence of death.

Educating students to provide care to people in the process of death seems possible only upon the reflection of human existence, of thinking about and accepting finitude. By understanding one's own death and existence, it will be possible to design possibilities of educating students to provide care in the process of death.

Every day, healthcare professionals hear and talk about quality of life, humanized care, comprehensiveness of care and change of paradigms. However, this study revealed the urgent necessity of accepting that man has never been in such grave need regarding the re-thinking of their existence, seeking and attributing meanings to life.

The study facilitated the reflection and comprehension that the first step to be taken to overcome limitations re-

vealed by the professor nurse may be the promotion of dialogue and discussions, in an attempt to retrieve the meaning of providing care to beings who have, among their many horizons of possibilities, a single certainty – death.

Dealing with dying is difficult and becomes more complex when one lives with the person. Every healthcare professional that deals with the human being and, especially with people in the imminence of death, must reflect about their pretentious omnipotence and their erroneous obligation to cure at all times. Faced with death, the healthcare team may lose its stability in grief and depression. We high-

light that, even without the possibility of cure, there is much to be done in order to improve the quality of life of a person in the imminence of death.

Sharing experiences may contribute for the discovery of the best approach, the best way, expressing feelings, showing emotions, crying, being a person with distinct singularity. The solution should not be just moving away from the dying-being, or even let time weave a safety net against feelings, since such an attitude may promote the feeling of failure, leading the person to fleeing, reproducing the process of interdiction of the theme of death.

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