

Vision of Health Academics at University of Northeast Brazil about Thanatology

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ABSTRACT

The purpose of this study was to infer the student's knowledge about thanatology and its aspects. This is a descriptive study with a quantitative approach. Fifty-five students enrolled in a higher education institution in Sro Luis/MA participated in this study. The questionnaire was composed of 28 questions elaborated by the researcher against the proposed objectives. The results showed that (89.7%) of the studied population belonged to the female gender. It is found that (58.6%) do not know the meaning of the term thanatology. It was found that students view death as the cycle of life (58.6%), (70.7%) reported having witnessed this event. Some revealed feelings were impotence (46.3%) and sadness (44%). When instilled into the knowledge inherent in thanatology, it was found that (51.71%) of the students do not know how to conduct the preparation with the body, (81,03%) do not know the meaning of rigor mortis, (56,89%) do not know the 5 phases that the Patient or family member may present before this event. Faced with the demand we obtained (94.83%) of the students interviewed recognize which professional responsible for attesting death and (71.83%) inferred the nursing team performs the care with the body. Because of the results, it is believed that some difficulties of the students about the conception of the dying process are directly related to the absence of the approximation of the study of the thanatology in its graduations, needing to deepen the question.

INTRODUCTION

Death is a condition inherent in every human being. Health professionals deal with this fact daily, requiring prior knowledge on the subject to correctly conduct this event. It is believed that this preparation should start in academic life, prompting discussions about the process and experiences during this trajectory. It is understood that this event is dynamic and dependent on numerous personal, professional and other factors.

Since antiquity, the death-dying process was seen through its status before society, who had the money to have a more dignified death and even a place to bury, was carried out with respect, with the support of the churches, but the rest were placed in open ditches, heaped until filled as if there was no story to be sealed, to be buried with your body^[1].

Death is something that cannot be described, thought about, named, something to which words cannot be found. The health professional is not prepared to be "on the side". And this is because it does not support its supposed impotence^[2].

In this context, the nursing team, due to their exposure, is more susceptible and at a higher level of stress than any other in the hospital, and may have difficulties in overcoming or resolving their own emotions and conflicts, which directly interferes in the assistance to their patients, patients and family members^[3].

Unprepared with the death-dying process, the nursing professional cannot want to help the patient, in making the correct technique, the protocols carried out successfully, and when it comes time to say a friendly word, give spiritual comfort and even hold on to the someone's hand trying to do their best, can't, it's flawed. As a result, it hides as if it were a contagious disease in which it does not want to be contaminated^[4].

The deficient preparation of nursing to face human finitude as a natural phenomenon is present in everyone's daily life. It is observed from the repulsion, until the anguish of the death process - dying, which is hidden and relegated during the entire treatment of the patient, because everyone who deals with the death process - dying, shuns the discussion about something that represents many times, the definitive rupture of life^[5].

Thanatology means the study of death and the processes of dying. This study emerged as a comfort subsidy for health professionals. Since nurses are the ones who most fight against death, and this subject is not part of the study program at universities and when the study is superficial, it is understood that the realization of this study is relevant^[6].

Nursing and medical schools must prepare professionals so that, in addition to being technically competent, they can deal with their feelings and use them in a deliberate and humanly sophisticated way^[7].

In this way, the importance of addressing this theme during health courses is reinforced, with the aim of awakening future nurses, the importance of interaction with patients and their families, not only in matters of technical-scientific nature but, in particular, those of a subjective character, such as the experience of withering^[8].

The present work aims to identify the possible reactions of nursing students from a higher education institution located in northeastern Brazil about the moments that will be experienced daily in their day-to-day activities after their formation.

METHODS

This is a descriptive and cross-sectional case study, carried out in 2016. The population was composed of students from the 3rd to the 5th years of the Nursing course, students from an educational institution in Maranhão, located in the northeast region of Brazil, totaling 58 (fifty-eight) respondents.

The data collection took place in a private higher education institution that has a Bachelor's Degree in Nursing, in the city of São Luís, capital of Maranhão. Concerning the nursing course at the institution proposed in the research, it currently has only a curriculum consisting of 5 years, in the bachelor's degree.

Data collection was carried out in the classroom, where a semi-structured questionnaire was applied, which the students completed in an average period of 25 minutes. The instrument has 28 (twenty-eight) objective questions where sociodemographic aspects and related to Thanatology were addressed. All students who answered the questionnaire signed an informed consent form.

As inclusion criteria, the interviewees needed to be nursing students regularly enrolled in the institution where the research was carried out in the 3rd to 5th year, agree to participate in the research and have signed the Free and Informed Consent Form. The non-inclusion criteria used were: having refused to participate in the research, not having biopsychosocial conditions to answer the questionnaire and absent on the days.

All legal ethical aspects provided for in the Brazilian Resolution of the National Health Council 466/12^[9] were respected, which establish parameters for research with human beings. The data were analyzed using Microsoft Office Excel 2007 software.

RESULTS

When analyzing the profile of academics who participated in this study (n=58) regarding gender, there was a predominance of female audiences, which totaled 89.7% and 10.3% male participants (**Table 1**). When targeting the age group of the participants, it can be seen that approximately 53.5% are between 21 and 24 years old; 24.1% with 25 to 29 years; and 22.4% are over 31 years old.

Table 1. Numeral and percentage distribution according to socioeconomic.

Variables	Characteristics (N)	(%)
Sex		
Male	6	10.34
Feminine	52	89.7
Age		
21 to 24 years	31	53.5
25 to 30 years	14	24.1
> 30 years	13	22.4
Religion		
Evangelicals	29	50
Catholics	26	39.7
Spiritists	0	0
Others	4	6.9
They did not answer	2	3.4
Total	58	58

When evaluating students' knowledge of Thanatology, 58.6% were unaware of this term, approximately 39.7% of students answered that they knew and 1.7% did not answer the question.

In Table 2, it can be seen that the knowledge about death for many of the students comes from family life (34.4%) and that the school or Faculty played a significant percentage (31%) in the formation of this knowledge. It is worth mentioning that in the other response, there was a gap to be filled, and that responses such as: "bible" emerged, showing that religion addresses the topic (**Table 2**).

Table 2. Source of knowledge, feelings and how academics face the death process.

Variables	Population (N)	%
Knowledge source		
TV	1	1.7
School / College	18	31
Family	20	34.5
Friends	1	1.7
Internet	5	8.6
Movies / series	3	5.2
Others	7	12.1
They did not answer	3	5.2
They face death		
Natural cycle of life	34	58.6
Fear	10	17.3
Sadness	13	22.4

End of everything	1	1.7
Witnessed death scene		
Yes	41	70.7
No	17	29.3
Feelings expressed when faced with a death situation		
Panic / despair	1	2.4
Insecurity	1	2.4
Sadness	18	44
Impotence	19	46.3
Others	2	4.9
Total	58	100

Death can be seen in various ways, so the students were asked how they viewed the finitude of life, and the results are shown in (Table 3). Among students, 58.6% view death as a life cycle. Other feelings expressed were fear with 17.3% and sadness with 22.4%.

Table 3. Students' knowledge about nursing in the death-dying process.

Variables	Population (N)	%
Care of the patient's body in death		
Yes	27	46.55
No	30	51.73
They did not answer	1	1.72
Meaning rigor mortis		
Yes	11	18.97
No	47	81.03
The 5 stages of the process death-die		
Yes	24	41.37
No	33	56.89
They did not answer	1	1.7
Professional who certifies death		
Yes	55	94.83
No	3	5.17
Who performs the care with the body		
Yes	42	72.41
No	16	27.59
Professional competence in relation to body care in the hospital		
Nurse	6	14.3
Necropsy technician	5	11.9

Nursing team	31	73.8
Place for the patient dying in the hospital		
Yes	36	62.1
No	31	36.2
They did not answer	1	1.7
TOTAL	58	100

As shown in Table 3, some additional questions were asked about the student’s knowledge about the death-dying process. First, the procedures to be performed with the body were questioned. It can be seen that 46.55% of the students claimed to know. The rest (51.73%) do not know what to do with the patient's body, nor care when preparing it for delivery to family members. The s academics also were asked about their knowledge of the term "rigor mortis", and 81.03% of respondents did not know the meaning of that term.

DISCUSSION

Thanatology is part of Bioethics, whose principles guide ethical conduct in the face of the patient's death process. These principles are beneficence and non-maleficence, which consist in seeking the maximum good of the patient, reducing the harm that the disease or trauma may cause him; autonomy, which gives the patient self-government in their dying process; and justice, which proposes impartiality in the distribution of risks and benefits, regardless of the social classes to which patients belong. Due to the lack of studies on death in nursing courses, nurses do not always learn the value of these principles, as well as how to put them into practice in their daily work [11].

As previously explained in table 1, in our study there was a predominance of female students. In a study carried out by Sá (2015) at the same institution, its percentage was 73.3% of students were female. In Silva's research (2014), in the same place, its percentage was 73.91% of female participants [10,12].

To justify this fact, the choice of the nursing course is still predominantly female, it is because there is a historical relationship built between the woman and the care, and the socially constructed relationship between the woman and the choice for the nursing course [13].

Religion has a great influence on human life, so Agra and Albuquerque (2008) affirm that religion and customs are important in approaching the death-dying process realistically, where we see some religious philosophies adhere to subjectivity, where they cling to supernatural forces worshipping the unreal, to continue their journey with lesser psychological damage [1].

Nursing must address spiritual aspects with the patient, but it must be in an impersonal way, not exercising any special influences of their creed on the lives of the assisted.

When analyzing the student’s knowledge about Thanatology, it was found that the percentage of students who do not know the term is high, possibly due to several factors, one of which is the lack of specific discipline on the subject. The 39.7% of the students who said they knew the subject was asked a question where they would mark the real meaning of the term according to their knowledge and we found that the assertiveness was 100%, bringing us a reflection about that despite not having a specific discipline, they recognize the meaning of the term. This knowledge may have been acquired through other, non-specific disciplines and from other sources.

The academic is often not encouraged to reflect on the extinguishing of life, and can be taken abruptly by grief, and more, not being able to provide quality assistance and with the approach of integrality [14].

Thus, Higher Education Institutions should deepen the discussions on death and religion, childhood/adolescence, old age, and the grieving process, in a contextualized way with reality. In this way, students will be able to leave their graduations with discernment and preparation to deal with the deadly situation that is constantly experienced within hospitals, since this subject involves several discussions. Needing an adequate preparation of the students during the graduation period. The same in this phase goes through numerous challenges, including the death process [15].

According to data in Table 2, there are countless sources of knowledge, reevaluating educational institutions, and families. It is known that these issues are discussed in different ways in social media and networks. However, for the academic, it is essential to acquire scientific knowledge on the subject. Talk about your difficulties and approach in a realistic way contents inherent to the theme.

The knowledge that comes from the college has as the main objective, to shape the professional profile of the student about his future profession. Thus, syllabus contents of the curriculum are passed, aimed at their graduation, aiming at the formation of a qualified professional.

The academic's Nursing needs to understand that their work deals with the life cycles and that includes the latter's death, which must be addressed as something that is part of human life ^[16]. This does not mean hardening before her, but humanizing herself before the patient who faces her, providing her with attention and comfort. Thus, for this understanding that deaths come from life and that all beings are destined to go through what we call finitude of life to be conceived by academics, institutions need to pay attention to the study focused on the theme.

CONCLUSION

With the accomplishment of this study, it is concluded that the deficient formation in Thanatology is due to the preparation of the academics during the graduation, in which means are not offered that can subsidize their knowledge in the face of the demand.

Through this study, a reflection was proposed regarding the preparation of future professionals who will enter the professional life about the death process.

We hope that the study brings the importance of the discipline Thanatology in the formation of undergraduate courses in the health area.

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