



THE DEATH AND DYING PROCESS: DEFINITIONS OF NURSING UNDERGRADUATE STUDENTS

O PROCESSO MORTE-MORRER: DEFINIÇÕES DE ACADÊMICOS DE ENFERMAGEM

EL PROCESO MUERTE/MORIR: DEFINICIONES DE ESTUDIANTES DE ENFERMERÍA

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The purpose of the study was to know the definitions nursing students have concerning the death-dying process. A descriptive-qualitative study developed in 2010, with 65 students of the first and last year of Nursing in a public university. Data was collected through semi-structured interview and submitted to content analysis. Data showed that the students possess diverse opinions concerning this process, per times seeing it as natural however difficult to be understood and accepted, especially because it brings pain, suffering, losses and family unstableness. They also revealed that they do not feel prepared to experience terminality in their future customers. The results reinforce the importance of having the thematic approached in the beginning of the undergraduate course, in curricular components or in extra-curricular activities, in order to provide the development of necessary support to experience the death-dying process of the customers.

Descriptors: Nursing Students; Death; Thanatology.

A finalidade do estudo foi conhecer as definições dos estudantes de enfermagem acerca do processo de morte-morrer. Estudo descritivo, qualitativo, desenvolvido em 2010, junto a 65 acadêmicos do primeiro e último ano de Enfermagem de uma universidade pública. Os dados foram colhidos por meio de questionário, depois submetidos à análise de conteúdo. Os dados evidenciaram que os acadêmicos possuem opiniões variadas acerca deste processo, por vezes percebendo-o como natural, porém difícil de ser compreendido e aceito, especialmente porque traz dor, sofrimento, perdas e desestruturação familiar. Demonstraram, ainda, que não se sentem preparados para vivenciar a terminalidade de seus futuros clientes. Os resultados reforçam ainda a importância da temática ser abordada no início da graduação, em componentes curriculares ou atividades extracurriculares, de forma a oportunizar o desenvolvimento de sustentáculos necessários para vivenciar o processo morte-morrer dos clientes.

Descritores: Estudantes de Enfermagem; Morte; Tanatologia.

La finalidad del estudio fue conocer las definiciones de estudiantes de enfermería acerca del proceso de muerte-morir. Estudio descriptivo, cualitativo, desarrollado en 2010, con 65 estudiantes del primero y último año de Enfermería de universidad pública. Los datos fueron recolectados por medio de entrevista semiestructurada y sometidos al análisis de contenido. Los datos evidenciaron que los estudiantes poseían opiniones variadas sobre este proceso, por veces percibiéndolo como natural, pero difícil de ser comprendido y aceptado, especialmente porque trae dolor, sufrimiento, pérdidas y desestructuración familiar. Demostraron, aun, que no se sentían preparados para vivir la terminalidad de sus futuros clientes. Los resultados refuerzan la importancia de la temática ser abarcada en el inicio de la graduación, en componentes curriculares o actividades extracurriculares, dando la oportunidad del desarrollo de sustentáculos necesarios para vivir el proceso muerte-morir de clientes.

Descriptorios: Estudiantes de Enfermería; Muerte; Tanatología.

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INTRODUCTION

Since ancient times death has been present in the every day life of the human being. Linked to the costumes of each civilization, it has been experienced in several ways, arising pain and suffering in its path. We follow a continuous search of the human being to establish the causes of the diseases especially of the illnesses considered 'impure', such as leper and cancer, which bring within themselves the possibility of death.

In order to try to explain and understand the mysteries of life, humanity has been searching for answers using philosophical, scientific and religious knowledge. And, within this enigma, certainly death is most dreadful of them, once it brings in itself the possibility of disappearance and annihilation of the being⁽¹⁾. So, the representation of death for the human being was elaborated culturally.

Currently, the more accepted definitions of death are those translated by the termination of the vital functions and the separation of the body and of the soul. In ancient times, the ceasing of respiration and cardiac functions was considered as a diagnosis of death. Nowadays, the criteria used commonly is the evaluation of the brain function, because with the advancement of the science and technology it became possible the maintenance of the cardiac and respiratory functions through devices, while nothing can be done to maintain the brain functions responsive⁽²⁾.

In our reality, we constantly live with death, but, with the death of the other, reported in the newspapers, on the radios or even the death spread on the corners of our world. Therefore, the human being refers to death using the third person to characterize a fact away from himself⁽³⁾. However, death is not an alternative

among so many other present in the daily life of the human being, but it is a more concrete and extreme probability of his being in world, and as such it becomes a unique hindrance in the existence of his being in the world death is the last instance, the possibility of the pure simple impossibility of its presence, revealed as irremediable and insuperable⁽³⁾.

However, it is still seen as taboo, sometimes as interdicted theme, and it may represent a synonym for professional failure in the western society, in which people deny it as if existentially life were not a part of it. The denial of death is noticeable in all sectors of society, even among the health professionals, that in the everyday language, commonly refer to it as obit, thus avoiding pronouncing the word death.

Contextualizing this conjuncture, a documental exploratory study on the theme in the educational formation of nursing, made it clear that death treated indifferently, results in a mechanism of defense, able to maintain the nurses mentally sane⁽⁴⁾. Generally it comes as painful and difficult phenomenon to be apprehended, provoking conflicting reactions and imposing certain limits to those who always struggle for life⁽⁵⁾.

It was noticed that there are few institutions which offer the students of graduation in nursing the contents which describe the death-dying process. Nevertheless, we believe that the schools of nursing must be responsible for the formation of these professionals, so that they acquire, besides the technical-scientific knowledge abilities to deal with his own feelings and use them in a humanized in his everyday professional life. Following this way of thing, it is necessary to subsidy emotional support, without

religious beliefs and prejudice regarding death, seeing the patient in the end of this life, as an autonomous human being who is the protagonist of his own will, with the right to die with dignity⁽⁶⁾.

However, the responsibility of the process of professional formation does not only belong to the institution, once it covers the family formation and the structure of the current educational system, since grade school. However, the institution must be responsible to form and transform its students in reflexive and thinking subjects and, above all, provide attendance experiences facing the death-dying process⁽⁷⁾. It should be warned that along his professional path the nurses will take care of the person in life, in the imminence of death and in death⁽⁸⁾.

It is outstanding that, even in the courses whose subject approached this theme, the students need meditation and discussion in order to get rid of the current western sociocultural prejudgment which prevents them from accepting the process of death-dying naturally⁽⁴⁾. So, in this research we had as objective to know the definitions of the nursing students regarding the process of death-dying. We believe that conceiving death and dying as part of the human existence in the context of the formation of the future nurses, means rescuing human care.

METHODS

This is a qualitative descriptive study, developed in the year 2010, with 65 students of the 1st and 4th year of the nursing course of a public university situated in the Northwest of the State of Paraná, Brazil. The reason for exclusion was the denial to participate in the study.

The choice to work with students of the 1st and 4th years was made once we understand that from the beginning of the course, the students already have a contact with the health institutions as trainees, which allow them to face or at least to know a series of conditions of life and health experienced by the human being which have not before been thought about by them. The graduates were included because throughout the course they must have had the opportunity to experience situations which involved the process death-dying.

For the data collection, the subjects were contacted in the study environment during the breaks of their classes. After the explanation of the reason of this study their agreement was asked and once agreed a schedule was made according to the availability of the student. The tool used to collect the data was a questionnaire with questions referring to the social demographic identification and one open question: 'How do you define the death-dying process?' The questionnaires were answered by hand by the students, individually and in a private venue. In order to keep their anonymity, the subjects were identified as S1, S2...S65.

Later on, the data referred to the identification were tabulated and the perceptions of the subjects were read in a exhaustive and repeated way, in order to identify the important emerging definitions and elaborate the empiric categories of the study⁽⁹⁾. Finally, a final discussion was held which relates the data found in the literary references on the researched theme, that is, the death-dying process.

As it is a research which involves human beings, the discipline ethical aspects of the Resolution 196/96 of the National Counsel of Health – Health Department,

were followed. The proposal of intention to perform this study was analyzed and approved by Comitê Permanente de Ética em Pesquisa com Seres Humanos da Universidade Estadual de Maringá (Legal opinion no. 497/2010). All the participants signed the Informed Consent Form in two copies.

RESULTS

Most of the students were female representing 94.1% of the 1st e 93.5% of the 4th year. The age range was 17 to 26 years old in the 1st year and 20 to 36 in

the 4th year. Among the participants, 61.8% were catholic and 32.3% evangelic, and among the graduates most were catholic (70.9%). The others reported other religions.

The different manifestations regarding the death-dying process were grouped in ten themes, according to Chart 1.

Chart 1 – Definitions reported by the students of the 1st and 4th years regarding the death-dying process. Maringá- PR, Brazil, 2010.

Emergent Definitions*	1st year		4th year	
	No.	Lines	No.	Lines
Natural process	28	<i>It is a process through which everyone will go through someday... (S55).</i>	23	<i>It is a process of life, everyone will die... (S21)</i>
Pain/sadness/suffering	11	<i>It is very sad to loose a loved being and live with such pain (S42).</i>	18	<i>It is a very painful process difficult to be accepted. (S27)</i>
Passage to another life	8	<i>It is a passage of this earthly life to a spiritual live (S33).</i>	11	<i>It means leaving earthly life to life after life... (S1)</i>
It breaks the structure of the family	4	<i>It is a painful process both for the patient as well for the family (S39).</i>	9	<i>It breaks the structure of the family especially if it is a precocious and/or traumatic death. (S5)</i>
A difficult process to be understood and accepted	3	<i>Many people don't accept and suffer very much. It is a delicate and difficult process to deal with (S56).</i>	5	<i>Although we have many explanations to answer why, it is still a difficult process to be understood and accepted. (S12)</i>
Loss	6	<i>It means to loose our lives (S65).</i>	1	<i>It is when you loose someone you love... (S6)</i>
Cultural and religious manifestations	4	<i>It means living eternally with Jesus (S38).</i>	0	_____
Growth	0	_____	4	<i>It is a difficult natural process, but it brings growth. (S10)</i>
Fear	1	<i>People always fear this process (S53).</i>	2	<i>Everyone will die, but we are afraid of this. (S21)</i>
Social and Collective Event	0	_____	1	<i>Death is not only an individual event, but also social and collective. (S13)</i>
Giving up/defeat	0	_____	1	<i>It is when the patient has an incurable disease, but he struggles for living. When he gives up he is defeated by the disease. (S22)</i>

*More than one meaning were considered.

DISCUSSION

The conceptions of the graduates, concerning the death-dying process reveal the subjectivity of their

experiences. Most of them expressed their perceptions defining it as a natural process, inherent to the human existence, to the cycle of life, pointing out the pain, the sadness and the suffering as emergent feelings in this

context. Under this perspective, death represents the end of an existence, that is, death is part of a natural cycle beginning with birth proceeding with development and ending with death⁽⁹⁾. But, even though announced, death brings in itself vicissitude to everyone, including the professionals, according to what was reported in the study performed with ten nurses that experienced the death-dying process of oncological patients. Although all of them recognized that death is part of the human existence, mechanisms of defense such as denial, stress, anxiety and escape are evident in their speeches⁽⁵⁾.

It is interesting to notice that the feelings reported by some of the interviewed subjects bring the idea of privation, that is, losing something or someone much loved, that is, an existential loss in the life of the human being. Concerning what was reported we noticed that six students of the 1st year reported that the death-dying process represents the loss, that is, the privation of someone beside you.

This reflection is confirmed by the results obtained in the study made in João Pessoa –PB, on how the people define the notions of loss, pain, death and dying, pointing out that the feeling of loss can be related to the feeling of definite absence/separation or disappearance/rupture, which in turn seems to be followed by sadness. In the loss, the feeling of annihilation provokes the absence or the disappearance of himself, leaving a gap which devastates the reason for living facing the privation he feels⁽¹⁰⁾.

The death and the dying are intrinsic phenomena to the human existence. So, the fear of their effectiveness can be underestimated facing the consciousness of this theme⁽¹⁰⁾. Consequently, even though the meaning of death is related to a natural process, talking about the end of the human being

involves not only the technical aspects of death, but also affective and emotional aspects⁽¹²⁾. So, the fear and the frustration which emerge when facing this situation can, in the last instance, justify the behavior of the students, once they feel difficulties to think about their own death, and consider the death of a patient as a loss resulting from his professional failure⁽¹³⁾.

It is stated in the definition of the students, the notion of death 'as a passage to another life'. This definition can express a feeling that is based on religious codes, once a great percentage of the interviewed subjects is catholic. Therefore, death does not represent in itself the end of existence, but only being away from the human beings and joining God. The opinions of the interviewed subjects showed the idea of the immortality of the soul, that is, a transition to a better life after death, and so, they can be translated, or even idealized as a synonym for salvation⁽¹²⁾.

Confirming the perception of the students, we noticed that the experience of the nurses in the death-dying process of oncological patients reveals that death is frequently characterized by pain, loss, transition to eternity or finitude⁽⁵⁾. However, in another study which evaluated the representations of the students from nursing course of the Universidade Federal de São Paulo regarding the questions which involve death and dying, it was noticed that the definitions as unknown passage, separation, finitude and stage of life, characterize manners used to cope with situation which involve death and dying⁽¹⁴⁾.

It is important to notice that the subjectivity of meanings of death-dying process emerge from the social cultural context and the history of life of each one, which can represent the end of life, a passage or the beginning of a new life, finding in faith and religious

subsidies to make it more acceptable and comprehensible. This perception of the students suggests us that for them, the human finite is an event that still awakes fear for its complexity and strangeness⁽¹⁰⁾. Even knowing that death integrates the evolutive cycle of life, our capacity to accept the finitude of our existence is still limited.

The definitions of the students reported the vicissitudes evoked in the family core after the experience of death-dying process and four students of the 1st grade and nine of the 4th grade perceived it as an element which breaks the structure of the family. However, from our point of view, concerning the students of the 1st year, this definition can be related to their personal inexperience in dealing with situations of death, and also for not experiencing the conjecture of care in the finitude of life, whether in a hospital or at home.

In this context, when death becomes something concrete at home, the family feels disoriented and involved by feelings of anguish and pain. The grief is then present and the absence of the loved being emerges in an existential solitude. In their daily lives, the family members are confronted with a series of suffering related to the loss which, in many occasions, is difficult to be absorbed immediately. Therefore, they need time to deal with their emotions and trace new perspectives of life.⁽¹⁵⁾ Each member of the family seems to experience an ambivalent situation, and at the same time, feel indignant for not having the expected sympathy and for finding himself alone and his suffering and imposing to himself censorship, keeping the pain within himself, internalizing his suffering, being ashamed of his condition⁽¹⁶⁾.

Analyzing the literature we found in a research made with students of nursing as trainees that they did not know how to cope with the suffering in the family. Such verifications led the authors to affirm that, due to the difficulty in dealing with the feelings awakened facing death, the people chose to limit themselves to technicality and bureaucracy inherent to the care, in the detriment of an involvement and nearness with the family members⁽²⁾. Actually, if the professionals have difficulties to face death as a part of the process of life, rarely will they be able to approach such subject with the patient and with the family as well⁽¹⁷⁾.

Another study revealed that the health professionals being involved, helping the family members who have just lost a loved being, having simple attitudes such as staying besides them and letting them cry, speak and scream, if necessary. For the authors it is important that the professional health agent should always be available to the other at difficult moments⁽¹⁸⁾. This idea is confirmed by other studies⁽²⁻⁵⁻¹⁵⁾, which emphasizes the importance of the nursing student to be prepared in dealing with the questions raised by the patient and his family during the death-dying process.

Something which is difficult to be understood and accepted is also mentioned by the students regarding two issues: the difficulties of comprehension, which can be related to the fear of the unknown, the denial of this own finitude, inconformity of his imminence and conclusion. At this time, the human being closes in himself and is not able to understand his own existential condition, denying the truth which is around him⁽¹⁹⁾. Thus, we banned from our daily activities, which means death and value youth, health and immortality, favoring the hiding of death and sometimes its denial⁽²⁰⁾. The

nursing professional, when confronted with the death-dying process, apprehends how subtle life is and that this reality is not easy to be understood. And even conscious that death integrates the vital cycle, he shows difficulty in accepting it⁽¹⁰⁾.

The students of the 4th year, and only those, also stated the death-dying process as a collective and social event expressed through religious and cultural manifestations. This conception of death and dying seems to reflect the experience of the students in the rite of death, referring to the presents of family and friends at this moment of parting of his beloved being and condolences to the mourning family, pertinent to the dogmas of each culture and/or religion. We still point out that this perception can be linked to a feeling of being and staying with the diseased one, as if prolonging his presence in the world, once this wish suggests a continuity of this experience in the same world. After all, it is in this world that the survivors can be and stay with him⁽³⁾.

It is interesting to mention that four students in the 4th year defined the death-dying process as a happening which brings 'growth'. In this context, experiencing death, according to them, can provide the nurse the condition of learning, which extrapolates science and involves the human values of life, resulting in professional, human and personal growth, facing the possibility of lessening the suffering of the other, thus ensuring care in the process of dying⁽¹¹⁾.

A research performed on the same theme show that the students of nursing mentioned that sharing the existential vicissitudes of the human beings taken care by them is a difficult burden to be learned, once they feel anguished facing the suffering to the experienced. However, in each visit they had, the family that

experienced the finitude of life at home learned the importance of humanized care, of listening, of touch, of the attention and the 'being with the other' full of love and compassion⁽¹⁹⁾.

Facing the conceptions of the students, we believe that their insertions in projects of research and extension that covered the death-dying process can be an opportunity of overcome their limitations. Under this perspective, the universities have the charge to elaborate strategies in order to provide the necessary knowledge, and make the expressions of the feeling of the students feasible. It is necessary to ponder that neglecting such approach in the process of formation implies in perpetuating the lack of preparation of the future health professional facing situations of death⁽¹³⁾.

From our point of view, education for life and death is built up through means of reflections regarding the human existence and the acceptance of its finitude, for the comprehension of death itself and his own death allows the projection of possibilities to teach and take care when death comes⁽⁸⁾. Reflecting on these words, we understand that we can only learn the meaning of our own existence revealing of the mysteries of death.

CONCLUSION

This study pointed out that the interviewed students of nursing have varied opinions regarding the death-dying process, conforming the presupposition that the feeling raised during their graduations possibly contribute for the fact that they do not feel prepared to experience the death-dying process of his future patients.

These conceptions lead us to reflect upon the insipience experienced by the students of nursing of the research institution regarding scientific, philosophical

and religious knowledge which sustains the death-dying process. Such revealing meets the presented studies, emphasizing the importance of the theme to be approached from the beginning of the graduation, once these students need to be prepared to experience this process and provide its pertinent care.

Nevertheless, we also observed that some students of the 4th year faced death as a factor that breaks the structure of the family, pointing out the need of rendering humanized care to the patients in the final stage, as well as to the families who follow this process. We have learned that this belief can be associated to the fact that they participate in the projects of extension and research which makes home visits to people with advanced chronic disease and their families possible.

In this context, the perceptions of the subjects have potential to guide the behavior of the professors in order to prepare them to provide assistance to the patients and families facing the finitude of life. In the development of the projects, the professor has more space and opportunities to discuss and make them more sensitive regarding the questions involving death and dying. We believe that such strategy can reduce the impact felt before death to provide their own psycho-spiritual resources for the confrontation of this event that is intrinsic to their profession, to develop a complete, sensitive and humanized look of the care, respecting the patient and his family in their singularity, valuing the subjacent sociocultural and spiritual aspects.

However, we notice that this strategy, for the time being, presents some obstacles, once it does not reach all the students of the course, although it constitutes a relevant initiative whose experience lived by the members of these projects can provide the discussion of the theme in a classroom. We still point

out the importance and urgency to incorporate thanatology and palliative care, as fundamental subjects in the syllabus of the courses of the area of health, once they affirm life and consider that a natural process.

We must also take into consideration other limitations of the study resulting from the fact that it was performed in only one Instituição de Ensino Superior (IES) (University), contextualized in time and space of the subjects involved. The results do not allow generalizations, but they can be used in other researches involving other IES, contributing to deepen the knowledge and reflection regarding this theme.

REFERENCES

1. Cassorla RMS. A negação e outras defesas frente à morte. In: Santos FS. Cuidados paliativos: discutindo a vida, a morte e o morrer organizador. São Paulo: Editora Atheneu; 2009. p.59-76.
2. Bernieri J, Hirdes A. O preparo dos acadêmicos de enfermagem brasileiros para vivenciarem o processo morte-morrer. *Texto & Contexto Enferm.* 2007; 16(1):89-96.
3. Heidegger M. *Ser e tempo.* 16^a ed. Rio de Janeiro: Editora Universitária São Francisco; 2006.
4. Santos JL, Bueno MV. Death education for nursing professors and students: a document review of the scientific literature. *Rev Esc Enferm USP.* 2011; 45(1):265-9.
5. Sousa DM, Soares EO, Costa KMS, Pacífico ALC, Parente ACM. A vivência da enfermeira no processo de morte e morrer dos pacientes oncológicos. *Texto & Contexto Enferm.* 2009; 18(1):41-7.
6. Kubler-Ross E. *Sobre morte e o morrer.* São Paulo: Ed Martins Fontes; 2008.

7. Oliveira WIA, Amorim RC. A morte e o morrer no processo de formação do enfermeiro. *Rev Gaúcha Enferm.* 2008; 29(2):191-8.
8. Pinho LMO, Barbosa MA. The professor-student relationship in coping with dying. *Rev Esc Enferm USP.* 2010; 44(1):106-11
9. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. São Paulo: Hucitec; 2007.
10. Koury MGP. Como os habitantes da cidade de João Pessoa, Paraíba, definem as noções de perda, dor, morte e morrer. *Rev Bras Soc Emoç.* 2009; 8(23):491-522.
11. Moro CR, Almeida IS, Rodrigues BMRD, Ribeiro IB. Desvelando o processo de morrer na adolescência: a ótica da equipe de enfermagem. *Rev Rene.* 2010; 11(1):48-57.
12. Combinato DS, Queiroz MS. Um estudo sobre a morte: uma análise a partir do método explicativo de Vigotski. *Ciênc Saúde Coletiva.* 2011; 16(9):3893-900.
13. Vargas D. Morte e morrer: sentimentos e condutas de estudantes de enfermagem. *Acta Paul Enferm.* 2010; 23(3):404-10.
14. Oliveira JR, Brêtas JRS, Yamaguti L. A morte e o morrer segundo representações de estudantes de enfermagem. *Rev Esc Enferm USP.* 2007; 41(3):386-94.
15. Silva MRB, Borgognoni K, Rorato C, Morelli S, Silva MRV, Sales CA. O câncer entrou em meu lar: sentimento expressos por familiares de clientes. *Rev Enferm UERJ.* 2008; 16(1):70-5.
16. Koury MGP. Ser discreto: um estudo sobre o processo de luto no Brasil urbano no final do século XX. *Rev Bras Soc Emoç.* 2010; 8(96):256-90.
17. Rodrigues IG, Zago MMF. Cuidados paliativos: realidade ou utopia? *Cienc Cuid Saúde.* 2009; 8(supl 1):136-41.
18. Lana SO, Passos ABB. Preparo dos acadêmicos de enfermagem no processo de morte e morrer. *Rev Enferm Integrada.* 2008; 1(1):80-90.
19. Sales CA, Silva MRB, Borgognoni K, Rorato C, Oliveira W. Cuidados paliativos: a arte de estar-com-o-outro de uma forma autêntica. *Rev Enferm UERJ.* 2008; 16(2):174-9.
20. Sales CA, Violin MR, Waidman MAP, Marcon SS, Silva MAP. Sentimentos de pessoas ostomizadas: compreensão existencial. *Rev Esc Enferm USP.* 2010; 44(1):221-7.

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