

Death and dying: The perception of nursing students during their education



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ABSTRACT

Of human experience , death has a special significance , because in front of her are led to reflect, it seems that our life is paralyzed for a moment . It is a subject still poucodiscutido and often ignored . It is a moment that encompasses anxiety , separation and pain, so many prefer to ignore reality and the fact that this time will one day come . Currently , the majority of deaths occur in hospitals , a reality which highlights the importance of the role of nursing in front of the family and the patient who is about to depart . For this assistance and understanding occur safely by the health professional , the preparation should start from the moment of graduation . Thus , the research aimed to understand the perceptions of students of nursing about the death during their training in a teaching institution . This is a descriptive research approach of qualitative analysis , in which students of Nursing Regional University of Blumenau were interviewed based on a semi-structured interview and recording of same . The survey was conducted from August to November 2013. All academic interviewees signed a consent form , occurred after approval by the ethics committee of the regional university of Blumenau with the opinion number 310 472 . The results of this research showed that nursing students interviewed are not adequately prepared to face the process of death and dying . Those who prepared reports show that this was because his professional experience , but not the knowledge acquired during their studies , the subjects recall the times when the subject was addressed , but in a very succinct and without further reflection . The role is to support graduate students coping with family , providing comfort and care to a death with respect and dignity , but realize that graduation is not enough to prepare the academic altogether.

Keywords: Nursing, Death, Students.



1 INTRODUCTION

Death has as its traditional concept the cessation of the heartbeat or brain death, but it is not only a biological factor, but a process that is inserted in the daily life of the human being as a certain destiny for all. This fate, most of the time, is little discussed, difficult to accept, and the great stage of this event are the health institutions (OLIVEIRA et al., 2005).

For human beings, death is something unacceptable, as if it were a punishment, and it is preferable to be postponed as much as possible. The topic involves many fears and the biggest one is pain, but if no one knows how to face and debate the subject, this fear will not be minimized. Knowing how to face the issue leads to an ease of acceptance and personal maturation. Nursing plays an essential role in the acceptance and guidance of patients and family members regarding death and the dying process, but for this to happen, it needs to be more qualified and not feel powerless in the face of the situation (MORITZ, 2005).

In the exercise of the profession, the objective of the Nurse is to save lives and avoid death, following the rules and conducts of the institution. If they can't perform their role properly, they feel frustrated, causing deep stress. Being a nurse was educated to care and when faced with a situation of death, he feels that his role has not been fully fulfilled. Thus, it is necessary to analyze the training and preparation of these professionals regarding the death process during graduation (OLIVEIRA, 2006).

According to Santos (2011), "Death as a passage, as a final instant with one's own, but also as a misunderstood period of learning. How can we accept such a moment if the taboos of society blindfold everyone, from professionals to family members, making patients with no possibility of cure often recipients of futility and expressions of suffering on their deathbed?"

A study conducted by Gutierrez and Ciampone (2006) reports that the process of dying generates anxiety, guilt and impotence because the professional does not accept death naturally, so he performs numerous procedures in an attempt to cure the individual. In view of this, the current research has the following problems: Do nursing students, in the last phases of graduation, have the ability to understand death and the dying process?

In view of this issue, it is understood the importance of the theme raised and the need for answers to these questions in the training of nurses, aiming at the possibility of greater understandings about the process of death and dying for future professionals in the area. Since it is a subject that everyone runs away from and is afraid to face, it is necessary to have a broader base to know how to comfort family members and patients holistically.

Based on these concepts and problematics, the current research was inspired by the difficulties and fears experienced by the academic authors and other undergraduate nursing students. Thus, it is



perceived that it is essential to deepen the knowledge of death and the process of dying in the lives of future professionals in the area.

2 METHODOLOGY

In this research, a descriptive approach of qualitative analysis was chosen, as they deal with the aspect of human complexity by exploring it directly and emphasizing the understanding of this experience as it is lived, collecting and analyzing narrative materials (POLIT et al., 2004).

This study was carried out at the University of Blumenau (FURB) - Santa Catarina, after the research was approved by the ethics committee of the same educational institution. The decision to choose the location was due to the difficulty encountered by the authors regarding the death, seeking to know the opinion and understanding of the subject with the academics of the same University. Data collection, analysis and conclusion of the research took place in the second half of 2013, from August to November of the same year.

The research subjects had the following selection criteria:

- ✓ Inclusion: - students of the 7th and 8th phases of the Nursing course; academics who experienced death during their undergraduate studies; male and female scholars; academics over 18 years of age; students studying Nursing at the Regional University of Blumenau.
- ✓ Exclusion: - academics from other courses at the University; students from the first to the sixth phase of the Nursing course; academics under 18 years of age; academics who did not experience death in their undergraduate studies.

Nursing students from the Regional University of Blumenau were interviewed, totaling twelve subjects. The interviewees were in the seventh and eighth phases of graduation. The subjects were informed about the topic and the interview could only be conducted after signing the Free and Informed Consent Form. Thus, the interviews of the eighth phase class were conducted in the afternoon, in which the students were in class, with seven interviews. On the other hand, the class of the seventh phase, as they were at the University in the morning, was specified a day for the interviews, totaling five individual interviews and in a room reserved for greater privacy.

Of these subjects, 42% have technical training in nursing, the other 58% have no professional training and 75% of all the academics interviewed already work in the health area. One of the main criteria for choosing the subjects was the experience in front of death or the process of dying, and this was carefully respected. Most of the subjects had some difficulty expressing themselves in the face of the theme, but they told their experiences and were collaborative.

The research was carried out with semi-structured interviews, after approval by the ethics committee of the regional university of Blumenau with opinion number 310.472. All the students



interviewed signed a free and informed consent form and their names were not disclosed, and all ethical aspects related to research with human beings were respected, according to Resolution No. 196/96 of the National Health Council. The objective of this study was to know the perceptions of nursing students regarding death during their training at an educational institution in the city of Blumenau.

3 DATA ANALYSIS

To begin the data analysis of the research, the following thematic categories were addressed: students' reactions and attitudes towards death; feelings and thoughts of the nursing student; preparation of nursing students in relation to death and dying and understanding of the student in the face of death.

3.1 STUDENTS' REACTIONS AND ATTITUDES TOWARDS DEATH

In this category, the reactions and attitudes of academics who had difficulty in playing their role in the face of death and the dying process will be addressed. This attitude did not come from the lack of preparation for nursing procedures, but rather from the welcoming of the family and the lack of scientific knowledge on the subject. The fact of not knowing how to act generates the feeling of powerlessness in the students, because they do not know how to act in the face of the event. "No, I couldn't do anything." (A4).

The lack of individual preparation to deal with the demands of the dying patient and his/her family, the few discussions about death and dying in the undergraduate course and the interaction of the student with death in the hospital environment before making a statement on the subject, are related to the difficulty of acting found during the professional training process. "When the psychologist left, she (the wife) was there alone and I didn't have the courage to go there and talk to her and I should have gone there, I should have talked to his wife and I didn't do that." (A6). It is at this stage that it becomes clear that the situation of death and dying can be experienced by the student as a possibility of not having carried out effective interventions to save the lives of the individuals under their care, of their impotence in the face of dying, therefore, of their failure. "... I think I was very moved by the situation (A8)." (LANA; PASSOS, 2008 apud CARVALHO et al, 2006).

Academics feel limited in the face of death and the dying process due to their non-insertion in the practice scenario, because they are academics and not graduates, or even lack of information. They are aware of the procedures or techniques to be performed, but are unable to put them into practice. "I see that the team of academics who were with me have been left without action. We stayed that way because we didn't know if we had the freedom to welcome the family. I see that as academics we didn't do anything. We just watch others." (A11). The few who were able to carry out some kind of intervention were only concerned with the body and not with the situation and very little with the



family or with the experience of that being. "I called those in charge of the sector, we took the equipment, put it away, put a sheet on it and put it on the stretcher to take to the morgue." (A9).

The preparation to deal with death does not have the same meaning as the technical preparation of care in general, because it is a form of care that can begin where the technique reaches its limits, when the only thing left to do is to accompany the patient until death. The student does not have access to this way of knowing, he does not know how to deal with the terminal patient. (COSTELLA, QUINTANA, 2004).

In the undergraduate Nursing course at FURB, there are some students who have Technical Nursing training, which makes them experience the theme more frequently. Many of them show reactions to the situation with simple coldness, as if they were just another one to die. In this context, they seem to forget that each individual is unique and for their family, it is a moment that reveals many emotions and feelings. "I believe so, because as I never had a loss in the family, I don't have that feeling: 'oh, he's dead!'" Oh it may be the fact that I'm too cold, but that's not it... Died, died. There's nothing to do" (A9).

Research on death and dying reveals that health professionals should provide welcoming, supporting family members who have just lost a loved one, having simple attitudes, such as staying by their side and letting them cry, talk and even scream, if necessary. "So the first concern was to get the family member out of there" (A1). The important thing is for the professional to be by people's side and always available in that difficult moment. And the undergraduate nursing program should subsidize and support these future professionals, so that they can be able to deal with their own feelings and use them appropriately and in a humane way, offering qualified nursing care and providing emotional support to those who are fragile, leaving aside other people's issues. The health professional needs to see the patient as a subject of his own will, with the right to a dignified death. It is a difficult task, to provide relief from suffering or to help a person die. Not being able to heal does not mean failing, but rather a recognition of one's own limits. And in view of all that has been discussed, a nurse needs to know how to deal healthily with the inevitable problems that occur in the last phase of life. (LANA; PASSOS, 2008 apud BERNIERI; HIDER, 2006; MEDEIROS, 2006; Mercês et al, 2005).

The fact that students do not have much freedom of action in the undergraduate internships and are not adequately prepared ends up influencing the performance they will have as professionals. And when they are alone with family members and the patient's body, they are likely to feel unsure of how to address loved ones and also when dealing with terminally ill patients in the process of dying. And in the end, the procedures are important, but in the process of death, the priority is to welcome the family, the individual and give the necessary support in this very unique moment. Being by your side to listen, holding hands or even leaving family members alone, depending on their needs, are small gestures that make a big difference in the moment experienced. And for this, graduation is a privileged



space for training that could be better used to equip academics, so that they can assess the situation and know what action to take.

3.2 NURSING STUDENT'S FEELINGS AND THOUGHTS

In this category, the feelings and thoughts that the nursing students reported during the interviews were presented. When analyzing the moment in which the questions were exposed, it was possible to perceive the great difficulty that they had in expressing themselves. They took a long time to answer about the topic, or changed the focus of the question, and even got confused when they were asked about their thoughts and answered about their feelings and vice versa.

It is known that death provides us with a reflection that is not just an intellectual analysis. Rather, it is to think about the possibility of the death of the other or to see death as a mere object of research. It also induces us to a deeper experience of our feelings and takes away from us what is truest in humanity: love (SANTOS, 2009).

With this, it can be seen that the feeling of death is avoided by everyone, as it is something that has not been taught since childhood. What is taught is love and affection, with loss being a bad thing. And to avoid the subject, running away is the solution, or even getting confused with the answers, because the same questions have never been asked.

To avoid/deny death is to not want to come into contact with painful experiences, thus living in a fantasy world, in which an illusion of immortality is constructed. Man wants to feel unique, because of this he does not allow forgetfulness and imagines that death will not occur. All this becomes a lie to camouflage inner fragility, the end of life and fragility. Thus, the feelings generated by the death of a patient require the development of strategies to facilitate coping with the situation (SANTOS, 2009).

3.2.1 Indifference to death

In this subcategory, it is noted that nursing students who are starting their professional careers did not show this feeling, but those who have been working in the health area for a longer time showed a certain indifference when talking about death.

"It didn't matter to me. Because after twenty years in my field, so many people have died in my hand that I don't give that shock anymore" (A9)

According to Santos (2009), there is a doubt about the integrality of the human being, because this is denied by us, health professionals and thus we run the risk of acting mechanically, "For me, it was indifferent. Not that I'm a cold person. I'm already used to dealing with this kind of thing" (A11), forgetting the feeling of humanity, the one that brings the professional closer to the patient. The difference between people who are not in the hospital environment and health professionals is that



death is part of daily life, it becomes routine at work, as they deal with prognostic diseases that can lead to death.

Thus, it is understandable that health professionals end up acting with indifference in the face of death due to their routine and the fact that they often experience the same situation. It is analyzed that it is indeed a subject denied by all human beings, but even if it were discussed more in academic life, indifference would appear at some point "First thought? It's dead!"(A9). But it is up to the professional nurse to find the balance to deal with the situation, not acting coldly and having the necessary sensitivity.

3.2.2 Powerlessness in the face of the dying process

During their professional career, nurses face various feelings such as: impotence, guilt, sadness and fear. These are related to the process of dying and dying and professionals come face to face with something they cannot master. In this sense, the care and assistance to patients can bring frustrations related to the loss (LIMA; NIETSCHE; TEIXEIRA, 2012).

In the hospital, saving the patient is a priority. The occurrence of death causes the work of the health team to be seen as frustrating, demotivating and insignificant. The professional reaches his limit when he is unable to avoid, postpone death or cannot alleviate suffering. "So, in fact, my biggest feeling at that moment was, in a way, fear for not having done anything for him at that moment when he was suffering" (A7). This leads them to their limits, impotence and finitude, which becomes very painful (SANTOS, 2009, apud KOVÁCS, 2003).

The human mind has difficulty thinking about the non-existent, this causes a terrifying feeling and despair, "I was left without action, without being able to help" (A4), which are indications of impotence related to the mysteries of death. Because of this, the moment one discovers finitude, one can better understand the end of the other. When this occurs, death is seen as something natural and not as a failure of the profession (SANTOS, 2009; BERNIERI; HIRDES, 2007).

The fact that nursing students are not prepared to face death, as it is something unknown in their lives, brings them the feeling of powerlessness in the face of suffering and the process of death. Even if you experience it more than once, you still don't have total freedom to act safely in this situation. "The second time I kept feeling helpless because I still can't do anything. I just tried to be more understanding of the situation, try to deal with it, because I'm not going to be able to save everybody. And whatever I can do to make them feel better, I'm going to do it" (A12). In order for this not to happen, it is necessary to have a better basis on the subject, so that students can reflect and think about actions so as not to feel useless, and become more capable and efficient professionals.

Students at the beginning of their undergraduate studies report the feeling of sadness in the face of a patient about to die. But at the end of the professional course, they ended up feeling helpless.



These same students suggested that the topic of death is something that should be addressed more in undergraduate courses (MORITZ, 2005).

3.2.3 Feeling of sadness in the face of death

Throughout their professional lives, nurses always follow rules and conducts in order to save lives and want to avoid death. This, when it occurs, causes a state of sadness, loss, frustration and stress since seeing the lifeless body of a person for whom one had dedication, care, donation, offering affection, love, laughter, exchanged words and this causes a certain strangeness (SANTOS, 2009).

The sadness of professionals and academics in the face of the death process is a natural feeling, because in the sectors where patients are hospitalized for longer periods of time and go through all the phases of this process, professionals create an affective bond with the person and their family, making acceptance more difficult, generating sadness "Sadness and despair. I was very sad, very distressed" (A8).

As a result, after a while, nurses try to move away and not get so attached to the family and the situation, because they don't want to be sad and, over the years, they build a barrier that can lead to a feeling of indifference, as previously mentioned, and not offer adequate support. "I felt sadness, yes, for the family, the pain and such. But try to stay a little distant so I don't get sad about it, so I don't get down, because if you're going to count every day, it's been six years. It was now in graduation and if with each death we stay, right? then we don't live." (A7).

There are health professionals, especially nurses, who affirm that there may be patients with whom they have a differentiated and singular relationship, and when experiencing their death process, they lead to feelings of sadness and a feeling of emptiness, because the preservation and prolongation of life are their goals and they may also feel incapable or frustrated when they do not achieve success in their attempts (SOUSA et al, 2009).

3.3 PREPARATION OF NURSING STUDENTS IN RELATION TO DEATH AND DYING

In the current category, the opinion of nursing students about the theoretical knowledge acquired during the four years of graduation was analyzed and whether it was sufficient for their current preparation to face death and the dying process. With this analysis, it is possible to perceive whether the undergraduate program provided these students with the necessary support to deal with the process of death and dying.

Nursing students are prepared at graduation to deal with disease, heal patients, and promote health. The course addresses this issue in a few moments, but in a succinct way, with conversation circles and scientific articles. Even so, it leaves something to be desired for the students, as it does not cause a deep reflection on the subject, does not help in the preparation for understanding, actions to be



taken, integrality of care and in the control of feelings in the face of death and the process of dying. During graduation they receive theoretical knowledge, articles, book recommendations, etc. However, theory is not enough. There would be a need to hold seminars throughout the course or extracurricular workshops with priests, pastors, Spiritists, Adventists, among others."In graduation, we do talk about death, about the respect we have to have for the body, in short. But it does not go into a deeper subject about death" (A3).

In education on the subject of dying and death, there is a great challenge in the field of teaching and learning. Considering that, in school subjects, the greatest emphasis is on calculations, geography, historical facts, biology, among others. On the other hand, in undergraduate courses in the area of health, emphasis is given to techniques, technologies and medicines that are fundamental in the care of life. "But here we didn't have an experience of someone arriving: we lived in such a situation or someone lived it, so come, let's call this student and let's talk about it. What you've seen, what we see with literature, make this parallel. We didn't. They only mentioned, they only commented" (A5). So, both in the school and in the academic environment, the subject of death is insufficient, if confronted with the series of feelings that this event usually provides. Thus, this lack may be related to the apprehension felt by teachers in addressing this subject (LIMA, 2013 apud MELLO, 2008; RABBIT; FALCÃO, 2006).

Graduation prepares students to save sick people, that is, they focus on the technique itself. They have enough knowledge for emergency situations that involve some rescue technique, but when these do not work and the patient dies, they no longer know how to act, because the institution does not provide this support. In internships throughout the course, students wait for a death situation to occur in order to be able to apply resuscitation techniques "Actually I wish I had an experience of having to help, having to revive someone, but I didn't. I kept waiting for that, even because I did an internship in the emergency room, and it ended up that either they died in the morning or before being admitted, in the afternoon they never died" (A1). Considering the students' teaching, the fact that the subject is not discussed in class and is not in the curriculum, it is assumed that these teachers also did not have the necessary knowledge for such an approach.

Teachers were once students and went through the same difficulties, they lived the taboos of a society that aims to save lives. Thus, it would be important to abandon the traditional teaching model that is only concerned with the cure of patients and forgets about death (LIMA, 2012; LIMA, 2013 apud BRÊTAS; OLIVEIRA; YAMAGUTI, 2006). "Death was not specifically discussed, we are not prepared to deal with it or to deal with people who are close to the person who died. I think that's a very deficient point in general in undergrad." (A8).

Students usually share feelings, reactions, actions that the contact of death has provided them and this usually happens in school environments, so teachers must be prepared, as they need to know



how to deal with these situations by maintaining a reflective dialogue and focusing on humanized care in the face of death. "... We learned about the phases of death and such, everyone said: "now you have to talk to the family member", but what am I going to say? I'm going to say, "What a pity," what am I going to say? How am I going to approach that person? "Good afternoon, how are you?" Like, you can't talk like that, you know? What am I going to say? No one has taught that. They said we have to give emotional support to the family, but what is emotional support? Go there and cry together? What am I going to do? I don't know what to do. In theory everyone knows, emotional support, but what is it?"(A6). Reflections on death should be created in the educational environment they attend. They encompass physical, psychic and social aspects, which generates humanization in the face of the dying process, comprehensive care for terminally ill patients and their families. All these points are proposed in Thanatology and Biothanatology (LIMA, 2013).

The feeling that the moment of death provides to students during graduation marks their academic life and, in general, they deduce that the next times will be the same or similar, that the feeling will be the same or that their performance in the face of the event will be similar. It's as if the idea of failure and powerlessness blocks their future experiences, and since graduation doesn't give them the necessary support, they end up absorbing only the frustrating experiences they had during internships and practical classes. "I had a situation of frustration because I couldn't do anything for him. So I actually felt frustrated at that moment. In the situation of having a feeling of powerlessness and I wouldn't want to experience that again" (A7).

At work, nurses are required to have direct contact with the patient, the disease and the chance of death. A complicated task is to take care of the patient, to make them comfortable and pain-free, with the understanding of the need for listening and intensifying contact. In addition, Nursing has the closest contact with the family, which is exposed to a situation of anxiety and despair in the face of suffering and the possibility of losing the loved one (LIMA, 2013 apud KÓVACS, 2003b). "Death was not specifically discussed, we are not prepared to deal with it or to deal with people who are close to the person who died. I think this is a very deficient point in general in undergraduate courses" (A8).

The process of dying and dying demands a lot from the nursing professional, as they are the ones who need to spend more time with the patient, seeing them every day and providing care. In addition, he must know how to deal with the suffering of the family and take care of it as well. Graduation does not expose the student to this reality, and they are ready to exercise the techniques learned and not to face the challenges of everyday life in the face of death."I believe college gives 20% of what you need inside, but on a day-to-day basis it's totally different. Nursing isn't all beautiful and wonderful as a brand in the books. When you're inside you see that everything is different, and the college ends up masking all of that. I see that there is much to be desired from this point of view, to work on the psychology of academics in the face of death" (A11).



According to some academics, the subject is commented on at some point during the undergraduate course, without a deeper reflection. But the students themselves don't give it importance at the moment, because they believe it is something distant and that they can learn later how to deal with the situation. "I think it's because it seems so far away, we don't expect it to happen so suddenly" (A7). And due to the fact that some professors also do not master the content, because they have not been prepared, the subject falls into oblivion, is overlooked and when cited is not noticed, because it is very brief. "Maybe because it's a subject that we don't give so much importance to when it was past, because it was past" (A7).

Due to the way the topic in question has been presented, that is, with less emphasis than the academics interviewed expected, it ends up having an unwanted repercussion in practice. "Seeing as academic, no. We are not prepared. I see that we don't have a lot of preparation coming from the teachers. It's something that is hardly touched on much. It's more about health and it's a little to be desired" (A11). Students have the impression of a subject with less importance than the others, because the academy is not able to prepare students to deal with death, training professionals who believe that this is not a professional duty. Thus, when they are forced to face such a situation, they feel more threatened and unstructured than if they had a more targeted training to deal with the issue (GURGEL; MOCHEL; MIRANDA, 2010).

In addition to the techniques taught, nursing schools should teach students how to deal with feelings and use them in a humane way. Thus, they will be able to provide emotional support to those in need and provide a dignified death through a profession that advocates humanized care. It can be said that nursing students are trained for the technical part, but not for psychological follow-up, since the hospital is considered a place of constant struggle between life and death. The professional leaves the institution, ready to heal and when there is a situation of death, he feels anguished (BERNIERI; HIRDES, 2006; MORITZ, 2005).

The process of education for death is a personal and individual growth that develops the interior and prepares for death. One attends 20 years of school during one's life, which prepares the human being to live with people and improves the social aspect. According to Santos (2009), one should have another 20 years to prepare for death, which involves losses, frustrations, illnesses, relationships, unexpected events and the acceptance of one's own death.

This only shows us that the study and theoretical knowledge acquired about death is fundamental in the training of the professional Nurse, they need this support throughout the undergraduate course, they need to know how to control their feelings, they need to be confident when talking to the family member, they need to know how to give the necessary support to those who need it and all this must be stimulated and addressed in their training. There is a huge lack of knowledge about death and dying, and if we don't think about training now, the future will remain the same,



because it is these students who will teach others. You have learned how to live, you know how to take care of life and prolong it as much as possible, now it's time to learn how to die and how to deal with death.

3.4 UNDERSTANDING THE PROCESS OF DYING AND DYING

The way in which death is understood is a dynamic of the course of life. From an early age, losses are constant, but it is only from adolescence onwards that the real meaning of death is understood. In adult life, this fact is exposed as something likely to happen, but it is in old age that the greatest acceptance occurs, because this stage of life is seen as the last by human development. The culture and the conditions of loss that we experience throughout life contribute to the acquisition of a vision of human finitude (KOVÁCS, 2009).

According to the dictionary (SCOTTINI, 1999), to understand means to understand, to master the content and to acquire. In this context, the understanding of nursing students in the last two semesters regarding death and the dying process was analyzed. It was observed that most of them are able to accept death, some more easily than others. Several of them accept it better due to their beliefs, they understand that the time of death will come, but at no time have they shown that they understand the process and master the content in question.

There are difficulties in dealing with human finitude in institutions, because it is a concept divided between the physical body and the spirit, with the physical body being the only principle of knowledge. The subjectivity of the other is not recognized as a form of understanding and comprehension. Death can be seen as a consecration, terror, or simply as the end of life "... It doesn't. We are born, we grow, we develop and at one time or another, sooner or later the person has to die..."(A3) (NOGUEIRA; OLIVE TREE; PIMENTEL, 2006; SANTOS, 2009).

Some people try to overcome death, but sometimes, this is not possible and try to explain it. In this follow-up, there are several links between death and life in relation to religion and the training of health professionals: "I am Catholic and my thought is the following: he died, it is the body that goes to the earth, it is over. And the soul, I believe, goes to heaven. That's how I understand it" (A9). Cultural realities have a meaning and each one has its own inner logic, so one must know its practices, conceptions and customs. In this way, cultural study provides knowledge and a solid foundation and facilitates respect and dignity in human relationships (GUTIERREZ; CIAMPONE, 2006; SANTOS, 2009).

Culture aids in the understanding of death. This culture is about the religion or beliefs of individuals and is taught from childhood, in the case of Catholics, for example, with baptism, through adolescence with first communion and in the so-called "masses". There are always beliefs that the spirit goes to heaven, or even in reincarnation, resurrection, among others. These innumerable beliefs



facilitate acceptance and understanding in the face of the end of life, it is as if it were a consolation to believe that there is indeed the possibility of a life after such an event "What is up to me, I will reinforce this, is respect for those family members, it is respect for the body that is there and that exists, whether or not there is life after death or soul, in short, it is not up to me to judge or think, only to act for the good of the family members of that body at that moment" (A3).

For nursing professionals, it is of paramount importance to study the cultural perceptions of the health-disease-death process in various societies, which enables the understanding of their values in the face of this process, promoting improvements in attitudes and actions in the day-to-day of personal and professional life (GUTIERREZ; CIAMPONE, 2006).

Each person understands death in different ways, some think they can't understand it yet, but in general everyone believes in some greater force. It is up to health professionals to seek knowledge about existing beliefs so that, when they are faced with a situation, they know how to deal with the individual and his family in the process of dying and dying.

4 FINAL THOUGHTS

Death is a topic avoided by a large part of human beings, as much as everyone knows that it is something that will happen to all people and that there is no escape, it is often preferable to avoid the subject and wait for the time to arrive without making efforts to discuss or understand it in a deeper way. Nursing professionals need support on the subject, due to the characteristics of the profession, as they are the ones who will spend most of the time with patients and their families. Based on this problem, the present research arose with the aim of knowing the perceptions of the students in the face of the process of death and dying, due to the difficulties and fears experienced by the academic authors.

In view of the objectives proposed in this study, it was noticed that the nursing students interviewed in this research were, at first, surprised by the theme addressed and difficulties were observed when answering the questionnaire elaborated. In general, they reported difficulties in playing their role in the face of death and the process of dying. This difficulty did not come from the lack of preparation in relation to nursing procedures, but rather from the welcoming of the family, lack of scientific knowledge on the subject and lack of interest of the student, not reading the indicated texts or missing classes that address the subject.

The most relevant feelings perceived were indifference, powerlessness and sadness. Indifference was observed in the students who have been working in the area for a longer time, as opposed to those who do not, as if the experience made people less sensitive. The fact that students do not know how to deal with suffering generates a feeling of powerlessness and sadness is something natural, as professionals end up creating a certain bond with patients and their families.



In the analysis of the students' preparation in the face of death, we can see that the content is addressed in some moments, but it is only about one or two disciplines and is done in a succinct way. This allows us to say that the theme has not been completely discarded from the contents, but that it is insufficient for the training of future health professionals. The understanding of death occurs when we are able to understand what human finitude is and thus study different cultures and beliefs to improve our performance in the face of death.

The ideal way to prepare for death and dying would be the inclusion of compulsory subjects such as Palliative Care and Thanatology. And also include lectures, workshops and educational activities on the topic to facilitate the understanding and comprehension of the subject. We realize that there is a great need for greater learning opportunities for academics, as their insecurity is visibly noticeable. There was disappointment on the part of some academics when asked if the degree prepared them to face death. They made an effort to remember a moment when some content that addressed the topic had been passed.

The study and theoretical knowledge acquired about death help in the training of nurses. They need to be confident when talking to the family member, they need to know how to give the necessary emotional support to those who are in a moment of fragility, as it is a unique situation and has its particularities. There is a significant lack of knowledge about death and moments to reflect on the dying process. And if we do not think about the training of health professionals now, the future will remain the same, because it is these students who will one day become teachers and teach the next ones. You have learned how to live, you know how to take care of life and prolong it as much as possible, now it's time to learn how to die and how to deal with death.



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