South American Publishing

SAP Community and Interculturality in Dialogue. 2024; 4:93
doi: 10.56294/cid202493

SHORT COMMUNICATION

Perception of illness and death in the nursing setting

Percepción de la enfermedad y la muerte en el ámbito de la enfermería

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Cite as
Radaelli RC, Quipildor EM. Perception of illness and death in the nursing setting. SAP Community and Interculturality in Dialogue. 2024; 4:93. https://doi.org/10.56294/cid202493

Publication History
Submitted: 24-07-2024
Revised: 12-09-2024
Accepted: 24-12-2024
Published: 25-12-2024

ABSTRACT

This paper delves into how nurses perceive illness and death and how it impacts their daily practice. Nurses' perceptions are shaped by their educational background, professional experience, personal beliefs, and cultural context. They receive training in disease management and palliative care, providing them with the knowledge to approach these situations professionally. However, personal experiences, beliefs, and emotions also influence their response. The evolution of medical science has led to the medicalization of death, with nurses often caring for dying patients in hospital settings. The emotional burden on nurses necessitates emotional self-awareness and support networks to manage stress and trauma effectively. Cultural influences play a significant role in how nurses perceive illness and death. Some cultures avoid open discussions about death, creating communication barriers. Nurses must develop culturally sensitive communication skills to provide respectful care. Various medical traditions, such as Western medicine, Traditional Chinese Medicine, and Indigenous medicine, offer different perspectives on illness and death. Cultural differences extend to funeral practices and beliefs about the afterlife. Anonymous interviews with nurses highlighted their diverse responses to death and the emotional toll it can take. Support programs and psychological assistance should be available to help nurses cope with these challenges. In conclusion, nurses' perceptions of illness and death are multifaceted, influenced by education, experience, personal beliefs, and culture. Emotional management and institutional support are crucial for effective patient care. Creating an environment that encourages open communication and respect for these issues is essential. Nurses must engage in ongoing self-reflection to provide compassionate care and address the complex emotional aspects of their profession.

Keywords: Illness; Death; Cultural Sensitivity; Emotional Management; Medical Traditions.

RESUMEN

En este artículo se analiza cómo perciben las enfermeras la enfermedad y la muerte y cómo influyen en su práctica diaria. Las percepciones de las enfermeras vienen determinadas por su formación, su experiencia profesional, sus creencias personales y su contexto cultural. Reciben formación en gestión de enfermedades y cuidados paliativos, lo que les proporciona los conocimientos necesarios para abordar estas situaciones con profesionalidad. Sin embargo, las experiencias personales, las creencias y las emociones también influyen en su respuesta. La evolución de la ciencia médica ha llevado a la medicalización de la muerte, y las enfermeras a menudo atienden a pacientes moribundos en entornos hospitalarios. La carga emocional que soportan las enfermeras requiere autoconciencia emocional y redes de apoyo para gestionar eficazmente el estrés y el trauma. Las influencias culturales desempeñan un papel importante en la forma en que las enfermeras perciben la enfermedad y la muerte. Algunas culturas evitan hablar abiertamente de la muerte, lo que crea barreras de comunicación. Las enfermeras deben desarrollar habilidades de comunicación culturalmente sensibles para proporcionar unos cuidados respetuosos. Diversas tradiciones médicas, como la medicina occidental, la medicina tradicional china y la medicina indígena, ofrecen diferentes perspectivas sobre la enfermedad y la muerte. Las diferencias culturales se extienden a las prácticas funerarias y las creencias sobre el más allá. Las entrevistas anónimas realizadas a enfermeras pusieron de manifiesto sus diversas reacciones ante la muerte y el desgaste emocional que puede suponer. Deberían existir programas de apoyo y asistencia psicológica para ayudar a las enfermeras a afrontar estos retos. En conclusión, las percepciones de las enfermeras sobre la enfermedad y la muerte son polifacéticas y están influidas por la educación, la experiencia, las creencias personales y la cultura. La gestión emocional y el apoyo institucional son cruciales para una atención eficaz al paciente. Es esencial crear un entorno que fomente la comunicación abierta y el respeto por estas cuestiones. Las enfermeras deben llevar a cabo una autorreflexión continua para prestar unos cuidados compasivos y abordar los complejos aspectos emocionales de su profesión.

Palabras clave: Enfermedad; Muerte; Sensibilidad Cultural; Gestión Emocional; Tradiciones Médicas.

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INTRODUCTION

Illness and death are inevitable realities in people's lives, and in nursing, professionals are immersed in the care and attention of those facing these challenging moments. Nurses' perception of illness and death is complex, as it can significantly influence their approach to patient care and emotional well-being.[1] This essay will explore how nurses perceive illness and death and how this perception impacts their daily practice.[2]

The perception of illness and death in nursing is intrinsically linked to nurses' educational background and professional experience.[3] Throughout their education, these professionals acquire knowledge about different diseases and health conditions, as well as about the dying process and palliative care.[4] This gives them a solid foundation to understand and manage these situations with knowledge and professionalism.[5]

"An approach that improves the quality of life for patients and families facing the problems associated with life-threatening illnesses through the prevention and relief of suffering by early identification and impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual."[6]

The following principles of palliative care complete the definition:[7,8,9]

- They provide relief from pain and other symptoms.
- They affirm life and regard death as a normal process.
- They do not attempt to hasten or delay death.
- They integrate the spiritual and psychological aspects of patient care.

However, personal perceptions of illness and death also play a crucial role in how nurses approach these issues.[10,11] Our life experiences, religious beliefs, cultural values, and personal contact with disease and death can influence our view of these realities.[12,13] Some nurses may feel fear, sadness, or anxiety when faced with situations of illness or death, especially when close to their own experiences or when faced with the loss of a loved patient.[14]

DEVELOPMENT

The evolution of science and technical knowledge expresses the domination of the human being over biology, trying to extend life to its last circumstances, where the "inability to suppress death is experienced as a failure of knowledge and power." Phillips Aries remarks that nowadays, the daily routine is to die in the hospital, surrounded not so much by loved ones as by a team of specialists in dying (ARIÉS, 1984), being the nursing professional who in his work faces the care of these dying patients.[15]

For the nursing professional, every practice is oriented and emerges from representations impossible to detach from his daily work; however, most of his actions are seen as technical or scientific, without giving them the social value they connote.[16] Health professionals, during their work performance, merge their technical and scientific knowledge with empirical and social knowledge, but as technical rationality is generally attributed to practices, what is documented in patient's medical records and on-call reports in clinical areas are the techniques and procedures and not the practical knowledge used to deal with events in emergencies. However objective the techniques may be, they are performed by social beings interacting in a collective, hence the importance of a relational approach to address the knowledge and practices of nursing professionals.[17]

Nurses must develop emotional self-awareness skills and rely on their support network, coworkers, and supervisors to adequately manage their emotions. In addition, it is essential to have support and self-care programs in healthcare institutions that enable them to effectively manage the stress and emotional trauma inherent in their work.[18,19,20]

In many cases, the perception of illness and death is also influenced by the socio-cultural environments in which nurses work.[21] Some cultures avoid talking openly about death or even consider it taboo. This can create barriers in nurses' communication with patients and their families and the nurse's grieving process. Practitioners must be aware of these cultural differences and develop culturally sensitive communication skills to provide optimal and respectful care to all individuals.[22]

Western medicine: In most Western societies, illness is viewed primarily as an imbalance in the functioning of the human body. The biomedical perspective is prominent, focusing on diagnosis and treatment based on scientific evidence. Approaches such as pharmacological medicine and surgery are widely used.

Traditional Chinese Medicine: In Chinese medicine, the disease is considered an imbalance in the flow of vital energy, known as "Qi." A holistic approach is used to restore this balance through acupuncture, herbal medicine, and proper nutrition. In addition, prevention and health maintenance are promoted.[23]

Indigenous medicine: Different indigenous cultures often have their conceptions of illness. For example, in Native American medicine, illness is believed to be related to harmony with nature and connection with spirits. Herbal medicine, rituals, and healing are standard practices.

In Western culture, death is generally interpreted as the end of physical life and is associated with feelings of loss and sadness. Funeral rituals are usually formal and focus on saying goodbye and remembering the deceased. Beliefs about the afterlife vary, ranging from religious ideas to acceptance of death as the absolute end.

Eastern culture: In many Eastern cultures, such as Buddhism and Hinduism, death is part of a rebirth cycle. The idea of reincarnation, or the transition of the soul to another state of existence, is central to these conceptions. Rituals and funeral practices ensure the soul's well-being and facilitate its transit to the next stage of existence.[23,24]

In different African cultures, death is considered a moment of transition to the spiritual world. Funeral rituals are colorful and festive to honor and celebrate the deceased's life. There is a strong belief in the continuity of spiritual existence after death.

As a complement, we conducted anonymous interviews in our work environment. We worked in a public hospital in the southern

area of Greater Buenos Aires. The interviews were conducted with three nurses of different positions and ages, whom we called supervisor Juana, graduate María, and nurse Laura.[25]

We asked the same question to all three.

1. Are you affected by death?

Juana: - "no, it doesn't affect me".

María: - "Yes, death always affects us, in different ways, some more than others because of empathy or affection."

Laura: - "yes, but it is so common in the hospital to have deaths that it is natural to be in contact with illness and death on a daily basis, the important thing is to know how to deal with it, otherwise we go crazy."

2. Did you ever feel overwhelmed, and why? About patient care in circumstances related to illness or death.

Juana: - "Yes, many times, but I remember one time in particular. When I was young in my first job, a pregnant woman underwent a cesarean section, she was full-term, had all the pertinent studies, dilation, everything was going well. But the attending physician decided to perform a cesarean section, I don't remember why, I, inexperienced, did not question anything, we performed the cesarean section successfully, she had a beautiful baby, but the mother began to hemorrhage, in the ward, they did not have therapy, the ambulance took a long time. I remember that I myself helped to take her up when the ambulance arrived. The mother arrived at the hospital with no vital signs. This is something that could have been avoided, and to this day I believe it was a preventable death. Three years later I adopted my daughter. She also lost her mother in childbirth".

María: - "yes, many times, not only with the patients' condition, when we have personal problems, and everything affects you more, I literally see them crying, I work the night shift and they don't see me".

Laura: - "I do not know, I don't know if I am overwhelmed, but I am stressed, with unavoidable situations that overcome you, but well, just a little cry, and you can go on."

3. Do the nurses have psychological support in the hospital?

Juana: -" Not for us, but for the patients. "

María: -" During the pandemic we had a psychologist, but for the doctors."

Laura:-" It would be good for us, it would certainly improve our care a lot."

CONCLUSIONS

The perception of illness and death in nursing is a complex and multifaceted issue; there is no single "right" way to deal with illness and death. Nurses regularly face illness and death, and their personal perception, educational background, and professional experience influence how they approach these realities. Emotional management and appropriate support are critical for nurses to cope and care for patients in these situations effectively.

Establishing institutional environments and cultures that foster open communication and respect for illness and death is also essential. This will enable nurses to provide quality care and compassion while caring for their emotional well-being.

Ultimately, the perception of illness and death in nursing is an ongoing learning and personal growth process. Nurses must be willing to reflect on and explore their beliefs and emotions about these issues to provide comprehensive and compassionate care to those in need.

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FINANCING

No financing.

CONFLICT OF INTEREST

None.

AUTHORSHIP CONTRIBUTION

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Data curation: Ramona Cristina Radaelli, Esmeralda Marina Quipildor.
Formal analysis: Ramona Cristina Radaelli, Esmeralda Marina Quipildor.
Acquisition of funds: Ramona Cristina Radaelli, Esmeralda Marina Quipildor.
Research: Ramona Cristina Radaelli, Esmeralda Marina Quipildor.
Methodology: Ramona Cristina Radaelli, Esmeralda Marina Quipildor.
Project management: Ramona Cristina Radaelli, Esmeralda Marina Quipildor.
Resources: Ramona Cristina Radaelli, Esmeralda Marina Quipildor.
Software: Ramona Cristina Radaelli, Esmeralda Marina Quipildor.
Supervision: Ramona Cristina Radaelli, Esmeralda Marina Quipildor.
Validation: Ramona Cristina Radaelli, Esmeralda Marina Quipildor.
Display: Ramona Cristina Radaelli, Esmeralda Marina Quipildor.
Drafting - original draft: Ramona Cristina Radaelli, Esmeralda Marina Quipildor.
Writing - proofreading and editing: Ramona Cristina Radaelli, Esmeralda Marina Quipildor.

https://doi.org/10.56294/cid202493