

## ATITUDES DOS ENFERMEIROS ESPECIALISTAS FACE À MORTE: PARTICULARIDADES DOS ENFERMEIROS ESPECIALISTAS EM ENFERMAGEM DE REABILITAÇÃO

### ACTITUDES DE ENFERMERAS ESPECIALIZADAS HACIA LA MUERTE: PARTICULARIDADES DE LAS ENFERMERAS ESPECIALIZADAS EN ENFERMERÍA DE REHABILITACIÓN

### ATTITUDES OF SPECIALIST NURSES TOWARDS DEATH: PARTICULARITIES OF SPECIALIST NURSES IN REHABILITATION NURSING

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#### RESUMO

**Objetivo:** analisar as diferenças no perfil de atitudes face à morte entre enfermeiros especialistas em enfermagem de reabilitação e enfermeiros especialistas em outras áreas.

**Método:** estudo comparativo, quantitativo, transversal, com participação de 223 enfermeiros especialistas de um hospital do norte de Portugal. Como instrumento de colheita de dados usou-se o questionário. Para análise dos dados recorreu-se a estatística descritiva e analítica.

**Resultados:** quanto às atitudes face à morte, nos enfermeiros especialistas em enfermagem de reabilitação predominaram as de aproximação, neutralidade, medo, evitamento e escape. Nos enfermeiros com especialização em outras áreas prevaleceram as atitudes de aproximação, medo, neutralidade, evitamento e escape.

**Conclusão:** embora as atitudes positivas dos enfermeiros especialistas em enfermagem de reabilitação face à morte, adquirissem um valor percentual superior, a diferença não foi significativa. Além disso, as atitudes negativas sinalizam para a necessidade de se repensarem as estratégias de formação no contexto académico, mas também no contexto profissional.

**Descritores:** Atitude Frente à Morte; Morte; Enfermeiras Especialistas; Especialidades de Enfermagem; Enfermagem em Reabilitação; Hospitais.

#### RESUMEN

**Objetivo:** analizar las diferencias en el perfil de actitudes hacia la muerte entre enfermeros especializados en enfermería de rehabilitación y enfermeros especializados en otras áreas.

**Método:** estudio comparativo, cuantitativo, transversal, con la participación de 223 enfermeros especializados de un hospital del norte de Portugal. Como instrumento de recolección de datos, se utilizó el cuestionario. Para el análisis de datos, se utilizaron estadísticas descriptivas y analíticas.

**Resultados:** en cuanto a las actitudes hacia la muerte, en los enfermeros especializados en enfermería de rehabilitación, predominaron las de enfoque, neutralidad, miedo, evitación y escape. En los enfermeros con experiencia en otras áreas, prevalecieron las actitudes de acercamiento, miedo, neutralidad, evitación y escape.

**Conclusión:** aunque las actitudes positivas de los enfermeros especializados en enfermería de rehabilitación hacia la muerte adquirieron un mayor valor porcentual, la diferencia no fue significativa. Además, las actitudes negativas señalan la necesidad de repensar las estrategias de aprendizaje en el contexto académico, pero también en el contexto profesional.

**Descriptores:** Actitud Frente a la Muerte; Muerte; Enfermeras Especialistas; Especialidades de Enfermería; Enfermería en Rehabilitación; Hospitales.

#### ABSTRACT

**Objective:** to analyse the differences in the profile of attitudes towards death between specialist nurses in rehabilitation nursing and specialist nurses in other areas.

**Method:** comparative, quantitative, cross-sectional study, with the participation of 223 specialist nurses from a hospital in northern Portugal. A questionnaire was applied as a data collection instrument. For data analysis, descriptive and analytical statistics were used.

**Results:** as for attitudes towards death, in nurses who specialize in rehabilitation, those of approach, neutrality, fear, avoidance and escape predominated. In nurses with expertise in other areas, attitudes of approach, fear, neutrality, avoidance and escape prevailed.

**Conclusion:** although the positive attitudes towards death, of nurses specializing in rehabilitation, acquired a higher percentage value, the difference was not significant. In addition, negative attitudes signal the need to rethink training strategies in the academic, but also in the professional context.

**Descriptors:** Attitude to Death; Death; Nurse Specialists; Specialties, Nursing; Rehabilitation Nursing; Hospitals.

## INTRODUCTION

Just as birth represents the beginning of life, death is a natural episode that marks the end of life on earth<sup>(1-2)</sup>. The problem is that due to the countless changes that have taken place throughout history<sup>(3)</sup>, the hospital has become the place where people die and death is seen as a failure, marked by feelings of impotence and frustration<sup>(4)</sup>.

In a national epidemiological study carried out in Portugal, it was found that, in relation to the place of death, of all deaths registered in a calendar year, 61.7% occurred in hospitals/clinics and 29.6% at home<sup>(5)</sup>, data that show the frequency with which health professionals take care of people at the end of life. Given the particularities of their professional practice, nurses are the professionals who spend more time and in close proximity with people who experience death and the process of dying, and their attitudes can be a facilitating or hindering aspect of care.

Attitudes about death can be classified as positive or negative. In positive attitudes, the acceptance of death is highlighted, while in the context of negative attitudes, fear and avoidance of death are particularly focused<sup>(2,6)</sup>. Regarding the acceptance of death, three types of attitudes are identified: neutral/neutral acceptance (characterized by the understanding of death as an integral part of life), acceptance as an approximation (characterized by the religious belief of a happy life after death) and acceptance as an escape (characterized by the acceptance of death as the end of circumstances that cause pain and suffering)<sup>(2,6)</sup>.

Investigations in the scope of attitudes about death have become more frequent in several scientific areas, as it is believed that they are crucial components in the decision-making process<sup>(7)</sup>. Studies carried out in the field of nursing point to the fact that nurses' attitudes towards death can influence the quality of care provided to people who experience death and the dying process<sup>(7)</sup>.

Although several authors emphasize that training related to the subject of death and the process of dying culminates in more positive attitudes in caring for people at the end of life<sup>(2)</sup>, doubts about the most relevant typology of training have prevailed. In addition, the fact that the subject of death and the process of dying is superficially addressed at all levels of training has often been pointed out by nursing students and nurses as a justification for the lack of

preparation they feel in providing care for people at the end of life<sup>(8-9)</sup>.

During the nursing degree, following the course's curricular structure, students fundamentally perceive their role in promoting, recovering and preserving the lives of the sick people they will care for. In view of this approach, death begins to be seen as an unforeseen event or a failure<sup>(8)</sup>.

Continuing the path started in the degree, the nursing specialization courses allow nurses to qualify, making them more able to make tangible contributions to the development of the nursing profession and discipline, as well as more capable of responding to the various needs evidenced by people throughout the life cycle, which inevitably includes death and the process of dying<sup>(10)</sup>.

As a result of this training, regardless of their specialization areas, all specialist nurses share a set of common skills that are spread over four domains: development of professional learning; care management; quality improvement and professional, ethical and legal responsibility<sup>(10-11)</sup>.

Although the attitudes of specialist nurses about death can influence their performance towards people experiencing death and the process of dying, it is also important to highlight the contribution that these professionals can make, in their work context, within the scope of the entire process of to care. In fact, following the role they play in teams, namely in the field of care management, specialist nurses can be decisive for the quality of care provided in the final phase of life. The accompaniment and advice they can and should give to the nurses of their team, as well as the role of facilitator of their learning, already foreseen in common competences<sup>(11)</sup>, will minimize the impact caused by some negative attitudes of professionals towards death.

The truth is that, increasingly frequent in hospital institutions, death and the process of dying require more qualified approaches<sup>(12)</sup>, where, in addition to technical-scientific preparation, the attitudes of professionals acquire special relevance. Given that the contents related to death and the dying process are addressed differently in the different areas of specialization, it is understood that knowing the profile of attitudes of specialist nurses about death can contribute to improving the training process in the context of subject under study. In this context, the starting question was defined: will there be

differences in the profile of attitudes about death in specialist nurses?

In light of the above, and given the importance of studying in a phased manner the attitudes of nurses from different areas of specialization, the aim of this study was to analyze the differences in the profile of attitudes about death between specialist nurses in rehabilitation nursing and specialist nurses in other areas.

## METHOD

Comparative, quantitative, descriptive and cross-sectional study, carried out in a hospital in the northern region of Portugal. The study population corresponded to specialist nurses working in that hospital institution. The sampling technique used was non-probabilistic convenience. The following inclusion criteria were defined: specialist nurses working in the services of the departments of medicine, surgery and intensive care. Nurses who were on leave at the time of data collection were excluded. The sample consisted of 223 specialist nurses, 99 of which are specialists in the field of rehabilitation nursing and 124 in the remaining areas of specialization in nursing.

Data collection was carried out from February to March 2018 and a questionnaire consisting of two parts was used as a data collection instrument, the first referring to the sociodemographic characterization of specialist nurses and the second part with the Attitude Profile Assessment Scale about Death (EAPAM)<sup>(6)</sup>. The EAPAM is composed of 32 items distributed over five dimensions: fear (with 7 assessment items), neutral/neutral acceptance (with 5 assessment items), acceptance as approximation (10 assessment items), acceptance as escape (5 items of evaluation) and avoidance (with 5 evaluation items). Answers on a Likert-type scale range from one (completely disagree) to seven points (completely agree). The total score can range between 32 and 224.

For data analysis, descriptive and analytical statistics were used, using the Statistical Package for Social Sciences (SPSS) version 22.0 as a resource. Given the objective of the study, in addition to measures of central tendency, Pearson's Chi-Square test and Mann-Whitney U Test were used, always considering a significance level of 5% ( $p < 0.05$ ).

It should be noted that the study received a favorable opinion from the Ethics Committee, under number 102/2017, and was approved at a meeting of the Board of Directors of the hospital under study, on March 30, 2017. In line with ethical principles, all Participants signed an informed consent, with confidentiality and anonymity guaranteed.

## RESULTS

Of the 223 participants, 44.4% had a specialization in Rehabilitation Nursing and 55.6% in other areas, of which 59.3% had a specialization in Medical-Surgical Nursing; 19.2% specialization in Community Health Nursing; 16.3% specialization in Mental Health and Psychiatry Nursing; 3.0% specialization in Child Health and Pediatrics Nursing; and 2.2% specialization in Maternal Health and Obstetrics Nursing.

Tables 1 and 2 present the results related to the sociodemographic and professional characterization of the two groups under study: a group consisting of specialist nurses in rehabilitation nursing and another group consisting of nurses with specialization in other nursing areas.

In relation to sociodemographic variables (Table 1), and specifically regarding gender and age, with statistical recourse to Pearson's chi-square, significant associations were confirmed ( $p=0.021$  and  $p=0.020$ , respectively) between the two groups of specialist nurses. Although females were predominant in both groups, it is important to highlight that in the group of specialist nurses in rehabilitation, the number of male nurses was higher. In relation to age, among specialist nurses in rehabilitation, the class between 36 and 45 years-old prevailed, and among nurses with specialization in other areas, the class between 25 and 35 years old prevailed. Furthermore, the participants of the two groups are mostly married and practicing or believing in some religion.

Regarding professional variables (Table 2), using Pearson's Chi-square statistical analysis, significant associations were found in the length of professional practice between the two groups of specialist nurses ( $p = 0.038$ ). Although the class between 11 and 20 years old prevailed in both groups, it is noteworthy that in the class from 1 to 10 years old, the percentage was higher in the group of nurses with specialization in other areas.

Regarding the service where they exercise their functions, in the group of nurses specializing in rehabilitation nursing, the medical area prevailed, and in the group of nurses with specialization in other areas, the intensive area predominated. When asked about training in the context of death, loss or grief, only 4.0% of the participants in the group of specialist nurses in rehabilitation nursing and 4.8% of nurses with specialization in another area answered affirmatively.

Variables	Indicators	Specialist nurses in rehabilitation nursing		Specialist nurses in other areas		Total		Sig.*
		n	%	n	%	n	%	
Sex	Fem.	67	30.0	99	44.4	166	74.4	0.021
	Male	32	14.3	25	11.2	57	25.6	
Age	< 25	0	0.0	1	0.4	1	0.4	0.020
	25 to 35	36	16.1	50	22.4	86	38.6	
	36 to 45	56	25.1	49	22.0	105	47.1	

	46 to 55	7	3.1	19	8.5	26	11.7	
	> 56	0	0.0	5	2.2	5	2.2	
Marital status	Single	34	15.2	51	22.9	85	38.1	0.573
	Married	60	26.9	66	29.6	126	56.5	
	Divorced	5	2.2	6	2.7	11	4.9	
	Widow/er	0	0.0	1	0.4	1	0.4	
Are you a practitioner or believer of any religion?	Yes	83	37.2	99	44.4	182	81.6	0.444
	No	16	7.2	25	11.2	41	18.4	

**Table 1** – Sociodemographic variables of the two groups of specialist nurses | \*Sig.: Significance - Pearson's Chi-square

Variables	Indicators	Specialist nurses in rehabilitation nursing		Specialist nurses in other areas		Total		Sig.*
		n	%	n	%	n	%	
Professional exercise time	1 to 10 years	21	9.4	33	14.8	54	24.2	0.038
	11 to 20 years	57	25.6	53	23.8	110	49.3	
	21 to 30 years	21	9.4	32	14.3	53	23.8	
	> 31 years	0	0.0	6	2.7	6	2.7	
Acting area	Medical area	38	17.0	37	16.6	75	33.6	0.128
	Surgical area	26	11.7	23	10.3	49	22.0	
	Intensive area	35	15.7	64	28.7	99	44.4	
In the last year, have you done some training on death, loss or grief?	Yes	4	1.8	6	2.7	10	4.5	0.765
	No	95	42.8	117	52.7	212	95.5	

**Table 2** – Professional variables of the two groups of specialist nurses | \*Sig.: Significance - Pearson's Chi-square

Scale items	Sig.*
1. Death is without a doubt a cruel experience	0.517
2. The prospect of my own death makes me anxious	0.981
3. I avoid death-related thoughts at all costs	0.573
4. I believe that after I die I will go to heaven	0.806
5. Death brings an end to all my problems	0.616
6. Death must be seen as a natural, undeniable and inevitable event	0.878
7. I worry about the purpose of death	0.048
8. Death is the entry into the ultimate place of satisfaction	0.012
9. Death provides an escape from this terrible world	0.407
10. Whenever a thought related to death comes into my head I try to push it away at all costs	0.674
11. Death is the release from pain and suffering	0.141
12. I try not to think of death.	0.647
13. I believe heaven will be a much better place than this world	0.403
14. Death is a natural aspect of life	0.658
15. Death is union with God and eternal happiness	0.077
16. Death brings the promise of a new and glorious life	0.237
17. I don't fear death nor desire it	0.668
18. I have an intense fear of death	0.278
19. I avoid thinking about death	0.213
20. Talking of life after death disturbs me a lot	0.335
21. It scares me that death means the end of everything I know	0.320
22. I look to the future, after death, like meeting the people I loved	0.690
23. I see death as a relief from earthly suffering	0.311
24. Death is simply a part of the life process	0.526
25. I see death as a passage to an eternal and holy place	0.122

Scale items	Sig.*
26. I try not to do anything related to the subject of death	0.874
27. I try not to do anything that is related to the subject of death	0.389
28. One thing that gives me comfort in the face of death is my beliefs.	0.133
29. I see death as relief from the burden of this life	0.636
30. Death is neither good nor bad	0.634
31. I look forward to life after death	0.149
32. The uncertainty of knowing nothing about what happens after death	0.692

\*Sig.: Significance - Pearson's Chi-square

**Table 3** – Analysis of the significance of attitudes about death in the two groups of specialist nurses

In the analysis of attitudes about death (Table 3), significant associations were confirmed in items 7 and 8 of the Scale, using Pearson's Chi-square statistical tool. In this sense, the attitude "I worry about the purpose of death" ( $p=0.048$ ), included in the fear dimension, was more prevalent in the group of nurses with specialization in other areas. On the other hand, the attitude "Death is the entry into the ultimate place of satisfaction" ( $p=0.012$ ), included in the dimension of acceptance as an approximation, was more prevalent in the group of specialist nurses in rehabilitation nursing.

As a result of the analysis of the dimensions that make up the different attitudes about death (Table 4), among specialist nurses in rehabilitation nursing, approximation (37.30 points) predominated, followed by neutrality (27.89 points), fear (26 .51 points),



avoidance (17.88 points) and escape (15.04 points). In the case of nurses with specialization in other areas, approximation (36.38 points) prevailed, followed by fear (27.78 points), neutrality (27.30 points), avoidance (17.67 points) and escape (14.75).

Dimensions of attitudes towards death	Specialization area	Average	Standard deviation
Fear	Rehabilitation Nursing	26.51	8.902
	Other areas of specialization	27.78	8.305
Avoiding	Rehabilitation Nursing	17.88	7.718
	Other areas of specialization	17.67	7.266
Neutral/Neutral Acceptance	Rehabilitation Nursing	27.89	3.682
	Other areas of specialization	27.30	4.089
Acceptance as an Approach	Rehabilitation Nursing	37.30	9.884
	Other areas of specialization	36.38	12.600
Acceptance as Escape	Rehabilitation Nursing	15.04	5.604
	Other areas of specialization	14.75	6.303

**Table 4** – Average scores of attitudes about death in the two groups of specialist nurses

Although there are some differences in the mean attitudes towards death, when evaluating the dimensions and the global scale using the Mann-Whitney U Test of independent samples, it was possible to confirm that these differences between the two groups of specialist nurses are not significant. (Table 5).

Null Hypothesis	Sig.*
The distribution of the attitude: fear is the same for the group of rehabilitation nursing and the group of nurses specializing in other areas	0.288
The distribution of attitude: avoidance is the same for the group of nurses specializing in rehabilitation nursing and the group of nurses specializing in other areas	0.929
The distribution of attitude: neutrality is the same for the group of nurses specializing in rehabilitation nursing and the group of nurses specializing in other areas	0.520
Attitude distribution: approximation is the same for the group of nurses specializing in rehabilitation nursing and the group of nurses specializing in other areas	0.606
The distribution of the attitude: escape is the same for the group of nurses specializing in rehabilitation nursing and the group of nurses	0.642

specializing in other areas	
The distribution of the total scale is the same for the group of nurses specializing in rehabilitation nursing and the group of nurses specializing in other areas	0.923

**Table 5** – Analysis of the significance of the dimensions of attitudes about death in the two groups of specialist nurses \*Sig.: Significance - Mann-Whitney U Test of independent samples

## DISCUSSION

Although everyone is aware that death is an inevitable fact, it is still difficult to accept it<sup>(8)</sup>. As a result of its growing institutionalization, living with death and the process of dying is a reality that health professionals face daily, namely those who exercise their professional activity in the hospital context<sup>(12)</sup>, of which they are example in this study, specialist nurses. Although death is a natural event in human life, several authors have reflected on the importance of identifying the attitudes of health professionals about death, since they can influence the way of caring for people in the final phase of life<sup>(2)</sup>. Given the specifics of their professional practice, nurses are the professionals whose attitudes have been more deeply researched.

In addition, and as some authors add, given the natural resistance of health teams to death and the process of dying, it is nurses who often assume the role of leader<sup>(4,13)</sup>, which in fact reinforces even more the contribution they can make to care practice in the face of death and the dying process.

In this study, analyzing the attitude profile of specialist nurses was a huge challenge, as the impact of these nurses' attitudes can be significant in the care they provide to people, but also in the influence they can have on the performance of general care nurses in the service where they are<sup>(11)</sup>, which will consequently have a favorable impact on the quality of care provided to people experiencing death and the process of dying.

In an investigation carried out with specialist nurses, the authors confirmed that the participants were aware of the changes that will occur in their professional practice after completing their specialization, namely more security in decision-making, as well as greater capacity for an integral vision of the person and individualization of their respective needs<sup>(10)</sup>, an aspect that acquires special relevance in the care provided to people who experience death and the process of dying<sup>(9)</sup>.

The aforementioned makes this study even more relevant, which has the exclusive participation of specialist nurses. Regarding the sociodemographic characteristics of these participants, we found that the female gender and the marital status of married prevailed in the two groups of specialist nurses. Although females were predominant, it was highlighted the fact that in the group of specialist nurses in rehabilitation nursing, the number of male nurses was higher than in the other group of participants, which corroborates the data published by the Nurses' Order<sup>(14)</sup>. In relation to age, among

specialist nurses in rehabilitation nursing, the class from 36 to 45 years-old predominated, and in the group of nurses with specialization in other areas, the percentage was identical to the class from 25 to 35 years-old and from 36 to 45 years-old<sup>(14)</sup>. This difference can be explained by the growing number of nurses who in recent years have attended, at the beginning of their professional practice, nursing specialization courses in other areas, in addition to rehabilitation nursing.

Regarding professional characteristics, specialist nurses in rehabilitation nursing exercise their professional activity predominantly in services in the medical area; on the other hand, in nurses with specialization in other areas, the percentage was higher in services in the intensive area. The fact that in the group of nurses with specialization in other areas, the number of specialists in medical-surgical nursing is the highest, justifies this higher percentage in intensive care services, contexts that often concentrate a high number of specialists in this area. Regarding the length of professional practice, in both groups the class between 11 and 20 years prevailed, and it should be noted that in the class from 1 to 10 years the percentage was higher in the group of nurses with specialization in other areas.

The analysis of the scores of attitudes about death revealed that in both groups the dimension of acceptance as approximation was predominant, which, supported by religion, comprises the idea of a happy life after death. As mentioned by some authors, it is as if the health professional, based on their religious conceptions, wanted divine intercession<sup>(15)</sup>. In most studies carried out with nurses or nursing students, the prevailing dimension is neutral/neutral acceptance<sup>(2,7)</sup> and not acceptance as an approximation. Although it is consensual that belief in a religion, in addition to giving meaning to life and death, helps professionals and sick people to face death and the process of dying<sup>(9)</sup>, several authors consider it of greater relevance neutral acceptance. In her perspective, the neutral/neutral acceptance dimension enhances a professional performance that seeks to respond more effectively to the various needs expressed by people experiencing death and the process of dying, while respecting the right of these people to participate in decisions about care, as well as in accepting or rejecting these same cares<sup>(12,16)</sup>.

In this follow-up, and resuming the results of this study, secondly, in the group of specialist nurses in rehabilitation nursing, the neutral/neutral acceptance prevailed, characterized by the understanding of death as a natural phenomenon of life, followed by the dimension fear of death. In the case of nurses with specialization in other areas, after the dimension of acceptance as an approximation, the fear of death has prevailed, followed by neutral/neutral acceptance. In the view of some authors, although fear of death is an ego defense strategy against suffering, it can make it difficult to understand the moment experienced, as well as the very meaning of life<sup>(2)</sup>. Studies show that, in relation to attitudes towards death, the younger the age, the higher the score in the fear dimension<sup>(2)</sup>,

which can effectively be one of the factors that justifies the percentage differences found in the two groups under study. In addition, a shorter period of professional practice and, consequently, a shorter period of experience, verified in a greater number of participants in the group of nurses with specialization in other areas, can make the fear of death more evident. This is because, as mentioned by some authors, experience in care practice gradually helps to face the fear of death<sup>(9,17)</sup>.

Given the above, do nurses have to wait for years of experience to help them cope with death? In fact, the results obtained in relation to the fear of death dimension impose the need to reflect on how these professionals have been prepared to face the inevitability of death. Although it is indisputable that, given the technical-scientific evolution in the health area, specialized training provides nurses with an increased level of knowledge and promotes the development of essential skills for the provision of care to people in increasingly complex clinical conditions<sup>(18)</sup>, the same may not be happening to people in end-of-life situations. In this context, it is important to recover what was mentioned by a nursing theorist, who recently warned of the fact that the technologies and medicalization policies existing in hospitals are diverting nursing from its disciplinary bases, running the risk of being subjected to pressure under pressure to a medicalized and curative view of the experiences lived by people<sup>(19)</sup>. Given this possibility, it is emerging that the performance of specialist nurses towards people who experience death and the process of dying is congruent with the theoretical frameworks of the discipline, namely with those that show potential to support the practice of these professionals, which in fact, it has not always been verified<sup>(12)</sup>.

Although no significant differences were confirmed between the attitude profile of the two groups of specialist nurses, it is important to highlight the highest score in the neutral/neutral acceptance dimension in the case of specialist nurses in rehabilitation nursing, since this attitude is of consensual seen as a positive point, indicating that these nurses accept death as an integral part of life<sup>(7)</sup>. Considering that, within the scope of their specific competences, specialist nurses in rehabilitation nursing care for people with special needs throughout their life cycle<sup>(20)</sup>, the understanding of death as something natural becomes even more relevant. In fact, the neutral/neutral acceptance will enhance the performance of the specialist nurse in rehabilitation nursing not only focused on the domain of the function and on the control of signs and symptoms, which is still very evident<sup>(21)</sup>, but also on the psycho-emotional and social aspects that interfere in the quality of life and well-being of the person<sup>(20)</sup>, who experience death and the process of dying. The focus of the specialist nurse in rehabilitation nursing in these situations does not involve rehabilitating for life, but enabling for death, not in the sense of anticipating it, but rather in order to make the person able to live this period with the highest quality possible<sup>(22)</sup>. The problem is that the aforementioned will hardly be possible if the specialist

nurse in rehabilitation nursing manifests attitudes that do not facilitate this activity about death.

Regarding the other dimensions of the EAPAM, the avoidance dimension obtained lower scores in both groups, followed by the dimension of acceptance as an escape. From the perspective of the authors, given the avoidance, it is important not to forget that health professionals are also human and, therefore, suffer from issues related to death and, in addition, most of these professionals were not prepared by society, nor by training academic skills to deal with death<sup>(13)</sup>. Furthermore, even if not being prepared, it is understandable to adopt attitudes of escape in the face of death.

In fact, with regard to the preparation of nurses to deal with death and the process of dying, the weaknesses that currently exist in academic training are known<sup>(9)</sup>. The experience of negative feelings about death is often linked to training aimed at recovery and healing and neglects the discussion about the finiteness of life<sup>(4)</sup>. This gap in the curricular matrices of undergraduate and postgraduate courses has culminated in the difficulty of nurses and specialist nurses in dealing with the issue of death and the process of dying<sup>(2,8,15,23)</sup>, which consequently influences the quality of care provided. In addition, there is the fact that more than 95% of participants reported not having attended, in the last year, training on death, dying, loss or grief.

Although several authors have already addressed the attitudes of nurses towards death<sup>(4,9)</sup>, the lack of studies on the attitudes of specialist nurses made it difficult to discuss the results obtained. Even assuming as a limitation the fact that the study was carried out in only one hospital context, it is considered that it brings contributions that warn of the need to adopt strategies that favor the performance of specialist nurses towards people in the final stages of life, in front of their teammates, but that simultaneously minimize their suffering in dealing with death and the process of dying. In this context, alongside the training and monitoring of professionals, moments of sharing feelings and experiences between the different elements of the team have been highlighted, which, in addition to promoting psycho-emotional support, will contribute to the normalization of death as something natural<sup>(4,9)</sup>.

## CONCLUSION

The results obtained in this study reinforce the need to invest in training on the subject of death and dying, not only in the undergraduate course, but also at the level of postgraduate training, of which specialization courses are an example. The presence of negative attitudes towards death, with a special focus on fear, in addition to being able to influence the performance of specialist nurses towards people experiencing death and the process of dying, can lead to personal suffering that should be minimized.

Although the positive attitudes of specialist nurses in rehabilitation nursing towards death acquired a higher

percentage value, the difference was not significant, and in addition, negative attitudes are still notorious. In this sense, along with the reformulation of the contents included in the undergraduate and postgraduate courses, it is important in the hospital context to (re)think continuing education in the context of this theme, as well as to develop strategies that ensure the monitoring of professionals who are faced with difficulties in dealing with death and the dying process.

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