

# HEALTH EDUCATION WITH NURSING TECHNICIANS IN CASES OF DEATH

*EDUCAÇÃO EM SAÚDE COM TÉCNICOS DE ENFERMAGEM EM CASOS DE  
ÓBITO*

*EDUCACIÓN EN SALUD CON TÉCNICOS DE ENFERMERÍA EN CASOS DE  
MUERTE*

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## ABSTRACT

The objective is to report an educational action in health with nursing technicians who work in the Transport sector of a general hospital in relation to work in cases of death and recognition of patient bodies. Six group meetings were held, led by two psychologists, with the participation of fifteen nursing technicians. The professionals talked about their experiences, referring to the difficulties they faced in dealing with the emotional reactions of family members, the attitude of funeral directors and the structure of the funeral. The psychologists listened and accepted demands, as well as developing a health education process about death and mourning. Institutional strategies were also built to welcome family members in cases of death, with interaction between Psychology, Transport and Social Services. Therefore, the importance of interprofessionality and continuing health education for improving humanized health care is recognized.

**Keywords:** *Death; Bereavement; Nursing Care; Health Education.*

## RESUMO

Objetiva-se relatar uma ação educativa em saúde com técnicos de enfermagem que atuam no setor de Transporte de um hospital geral frente ao trabalho em casos de óbito e reconhecimento de corpos de pacientes. Foram realizados seis encontros grupais, conduzidos por duas psicólogas, com a participação de quinze técnicos de enfermagem. Os profissionais falaram sobre as suas vivências, referindo-se às dificuldades enfrentadas no manejo com as reações emocionais dos familiares, com a postura dos agentes funerários e com a estrutura do velório. As psicólogas realizaram a escuta e o acolhimento das demandas, bem como desenvolveram um processo de educação em saúde acerca da morte e do luto. Também foram construídas estratégias institucionais para o acolhimento do familiar em casos de óbito, com a interação entre Psicologia, Transporte e Serviço Social. Reconhece-se, portanto, a importância da interprofissionalidade e da educação permanente em saúde para o aprimoramento do cuidado humanizado em saúde.

**Descritores:** *Morte; Luto; Cuidados de enfermagem; Educação em saúde.*

## RESUMEN

El objetivo es relatar una acción educativa en salud con técnicos de enfermería que laboran en el sector Transporte de un hospital general en relación al trabajo en casos de muerte y reconocimiento de cuerpos de pacientes. Se realizaron seis reuniones grupales, lideradas por dos psicólogos, con la participación de quince técnicos de enfermería. Los profesionales hablaron de sus experiencias, refiriéndose a las dificultades que enfrentaron para afrontar las reacciones emocionales de los familiares, la actitud de los directores funerarios y la estructura del velorio. Los psicólogos escucharon y aceptaron demandas, además de desarrollar un proceso de educación en salud sobre la muerte y el duelo. También se construyeron estrategias institucionales para la acogida de familiares en casos de fallecimiento, con interacción entre Psicología, Transporte y Servicios Sociales. Por tanto, se reconoce la importancia de la interprofesionalidad y la educación sanitaria continua para mejorar la atención humanizada de la salud.

**Descritores:** *Muerte; Luto; Atención de Enfermería; Educación en Salud.*

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## INTRODUCTION

Health education can be defined, in general, as a field of knowledge and practice in the area of health whose main objectives are to promote health and prevent disease.<sup>1</sup> For these authors, health education is based on the relationship between the knowledge that subjects establish about something in the world. It is from previous knowledge, built from the experiences and conditions of each person, that there is the possibility of building new knowledge.

The Ministry of Health, through Ordinance No. 198 of February 13, 2004, institutes the National Policy for Permanent Education in Health (PNEPS) as a strategy of the Unified Health System (UHS-SUS) for the training of its workers. This Ordinance defines Permanent Education as learning that takes place at work, that is, in which learning and teaching are incorporated into the daily life of organizations and work. To this end, it proposes that training aimed at health workers should have as their starting point the health needs of people, management and social control, as well as have as objectives the transformation of professional practices and work processes.<sup>2</sup>

In this sense, the relevance of continuing education for the improvement of knowledge and professional practices is perceived, with a view to the needs of the population. Their practice as psychologists and SUS workers in a hospital institution enables them to be part of a multidisciplinary team composed of social workers, nurses, physiotherapists, speech therapists, physicians, nutritionists, occupational therapists and nursing technicians, among other categories. This teamwork enables the discussion of knowledge and professional practices that contribute to the construction of an expanded understanding of health.

In the mid-nineteenth century, with the advancement of medicine, technologies provided new treatment modalities and patients began to occupy hospitals and no longer people's homes.<sup>3</sup> As a result, death has also become more frequent in the practice of health professionals, since the hospital institution is no longer a space for assistance and charity only for the marginalized of society, but a place of therapeutic instrument and field of medicine.<sup>3,4</sup>

Nevertheless, it is verified that health professionals often assume tasks that are not part of their academic training. If, on the one hand, the burden of death was delegated to the hospital staff, on the other hand, there was no adequate preparation, neither technical nor subjective, for the effects of working with the dying process. As a consequence, the patient and his/her family may also suffer the impacts related to this lack of preparation and the possible effects of the professionals.<sup>4</sup>

During the years 2020 and 2021, the COVID-19 pandemic intensified the number of deaths and, consequently, the contact of these professionals with the bodies of deceased patients and with the suffering of the families involved. In addition, in a pandemic scenario, it is necessary to consider that these professionals may also have experienced the death of one or more loved ones at some point, which makes the task of caring for the death of another even more complex. It is identified that the frequent contact of professionals with death and suffering in their daily work can present a risk for unrecognized grief, complicated grief or even *Burnout Syndrome*.<sup>5</sup>

It is in this sense that this article presents the interaction between Psychology and Nursing, especially with nursing technicians, at the time of the death of the hospitalized patient and the reception of the family. The work process of nursing technicians in health institutions is marked by specific characteristics that can make them more susceptible to work overload and chronic stress.<sup>5,6</sup> Such characteristics are presented by Santos<sup>6:2</sup> as "direct contact with patients who are difficult to manage, high psychological demand, less autonomy to perform professional activities, low remuneration, long working hours, fear of errors during care, and precarious working conditions". In this sense, it is essential to be attentive to the psychosocial aspect of these professionals so that their mental health demands are also considered in the work processes.

From the interactions between Psychology and the Transport sector of a hospital institution, in cases of death of hospitalized patients, the psychologists were interested in listening to the experiences of the nursing technicians who work in this sector regarding the transport of bodies and the monitoring of the family with the funeral director, as well as providing theoretical and technical subsidies for the management of certain situations. Therefore, the objective is to report the experience of a health education action carried out with nursing technicians who work in the transport sector of a general hospital in relation to work in cases of death and recognition of bodies of hospitalized patients.

## METHODS

The main characteristic of the experience report, the design of this study, is the description of a certain academic and/or professional experience or intervention, whose purpose is to contribute to the processes of formation and the transformation of society.<sup>7</sup> In this case, a health education intervention focused on the management of death and grief situations in the hospital environment will be presented.

Initially, six group meetings were held, conducted by two psychologists from the institution, with fifteen nursing technicians from the Transportation sector in the format of conversation circles. The meetings took place every two weeks, between October and November 2021, in a private room of the hospital, in the morning and afternoon shifts, with an average duration of one hour.

The instruments used for data collection were the field diary and participant observation.<sup>7</sup> The framework of analysis was based on the critical and dialogical reflection of the contents that emerged from each group, with the consequent discussion on the health education proposal.

After six months, in May 2022, two more new meetings were held with professionals, with the same format as the previous ones, in order to identify the effects of the work carried out jointly.

## RESULTS

In the first moment, the nursing technicians were encouraged to talk freely about their experiences at work in situations of death and recognition of bodies. They addressed the difficulties they faced in handling the emotional reactions of family members, the marketing posture of funeral directors and the structure of the wake.

The professionals shared the challenges faced by the diversity of emotional reactions of family members, such as aggressiveness, crying, distancing, among others. They pointed out the difficulties in knowing "what to say" or "what to do" in certain situations and signaled the need for Psychology support. They also specified the emotional impacts that arise in situations of recognition of babies' and/or children's bodies, mostly because they are fathers and mothers, even affirming a limit from the emotional point of view regarding this specific attribution.

In addition, the professionals were bothered by the marketing posture assumed by the funeral directors at the time of the recognition of the body. To this end, they requested the support of the Social Service for the guidance of the family members regarding the procedures after death, so that these family members have autonomy to deal with the offers/demands of the funeral services.

Finally, professionals in the sector shared some difficulties related to the structure of the wake space, as it was not functional for the transport of bodies, although it was in the process of being renovated at the time. They also emphasized that it is a small space, with little possibility of welcoming family members.

Despite the challenges reported, however, the professionals also pointed out some strategies adopted, individually and collectively, to be able to perform the work. The group itself was able to identify those who felt more emotionally fragile in certain situations of death, whether due to the patient's age, the circumstance of death or their emotional state at the time, and offered mutual support among team members to transport the body to the wake space and accompany the family during the recognition of the loved one.

## DISCUSSION

It should be noted that the proposal of conversation circles with nursing technicians, as a device for permanent health education, is close to the so-called Dialogic Model of Health Education, in which dialogue is the fundamental instrument.<sup>8</sup> In this model, learning takes place from the construction of a response to a given problem-situation, through active participation and dialogue between students and educators, enabling the subjects for a critical analysis of their own reality and for shared decision-making with a view to transforming the situation.<sup>8</sup>

Therefore, the psychologists initially listened to and embraced the demands presented by the nursing professionals and later conducted a health education action about the grieving process and the most common emotional reactions, according to the difficulties shared by the professionals in this regard. To this end, they used an educational material called "Booklet – How to help someone in mourning".<sup>9</sup> The booklet was discussed together with the nursing technicians and delivered to the sector at the last meeting of the group.

Based on the difficulties shared by the nursing technicians, it was perceived that there is also a need to build institutional strategies to improve care for family members in cases of death and recognition of their loved one. In this sense, an institutional flow was elaborated with the interaction between Psychology, Social Work and Transportation, in

a dialogued and agreed manner between the sectors, in which a joint intervention was proposed with a view to the comprehensiveness of care.

It is understood that continuing education must effectively mobilize changes that contribute to the quality of the health conditions of the population served and the work processes of the professionals.<sup>1</sup> According to these authors, health education is one of the main links between individuals, management and care practices. According to Sarreta et al.<sup>10:30</sup>, "Continuing education in health intends to build spaces for dialogue for the permanent formation of critical subjects, who express, think, construct and reconstruct the work spaces of the SUS".

Six months after the first interventions, two new meetings were held with professionals working in the Transportation sector, in the same format as the previous meetings, in order to identify the effects of the work carried out jointly. The nursing technicians referred to the functionality of the constructed flow, as well as the greater integration between the sectors. They also reported the benefits of having felt "seen" and "heard" (sic) by the psychologists, with the possibility of sharing their difficulties and participating in the construction of strategies that are more coherent with their needs at work.

## CONCLUSION

This recognizes the importance and potential of welcoming, multiprofessional teamwork and continuing education in health for the improvement of comprehensive care for users and families, contributing to more humanized health care. The limitations of the study are primarily due to the fact that a small group of participating professionals were included, which makes it difficult to generalize the findings to other realities.

It is known that there are many challenges to ensure permanent health education actions in the hospital institution, given its dynamics marked by urgency and overload of professionals. However, it is encouraged to identify and build health education strategies that are capable of inserting themselves in this dynamic and contemplating the greatest diversity of professionals, as well as managers and users. In particular, it is essential to invest in educational spaces on topics such as death and mourning, in order to support the management of the attributions of those who deal directly with the suffering of others.

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