The overload due to grief in the experience of nursing professionals: a cross-cross study

A sobrecarga por luto na vivência de profissionais de enfermagem: um estudo transversal

La sobrecarga por duelo en la experiencia de profesionales de enfermería: un estudio transversal

RESUMO
Objetivo: O estudo identificou o nível de estresse, descreveu ações geradoras de sofrimento que profissionais de enfermagem são expostos em cuidados a pacientes em fim de vida e identificou estratégias de Coping. Método: É um estudo transversal quantitativo, que contemplou 64 profissionais, desenvolvido em quatro enfermarias de clínica médica e duas de clínica especializada de um hospital no Rio de Janeiro. Utilizou a "Escala de Sobrecarga de Luto Profissional", que avalia o estresse/luto vivenciado por cuidadores de pacientes em fim de vida. Resultados: Os profissionais não se afetaram pela morte e adoecimento dos pacientes, mas pelo desgaste das jornadas de trabalho e seu estressores. Conclusão: A enfermagem está adoecendo, em prol de seus pacientes e remunerações dignas de trabalho. Necessita de melhorias do meio político e acadêmico, visando ofertar qualidade de vida à classe.
DESCRITORES: Estresse profissional; Cuidados de fim de vida; Coping.

ABSTRACT
The study identified the level of stress, described actions that generate suffering that nursing professionals are exposed to when caring for end-of-life patients and identified coping strategies. Method: This is a quantitative cross-sectional study of 64 professionals, carried out in four medical wards and two specialized wards at a hospital in Rio de Janeiro. It used the "Professional Bereavement Overload Scale", which assesses the stress/bereavement experienced by caregivers of patients at the end of their lives. Results: The professionals were not affected by the death and illness of the patients, but by the wear and tear of working hours and their stressors. Conclusion: Nurses are becoming ill, for the sake of their patients and decent pay. It needs improvements from the political and academic spheres, with a view to offering quality of life to the profession.
DESCRIPTORS: Professional stress; End-of-life care; Coping.

RESUMEN
Objetivo: El estudio identificó el nivel de estrés, describió las acciones generadoras de sufrimiento a las que están expuestos los profesionales de enfermería cuando atienden a pacientes al final de la vida e identificó las estrategias de afrontamiento. Método: Se trata de un estudio cuantitativo transversal de 64 profesionales, realizado en cuatro salas médicas y dos salas especializadas de un hospital de Río de Janeiro. Se utilizó la «Escala de Sobrecarga de Duelo Profesional», que evalúa el estrés/duelo experimentado por los cuidadores de pacientes al final de la vida. Resultados: Los profesionales no se vieron afectados por la muerte y enfermedad de los pacientes, sino por el desgaste de la jornada laboral y sus estresores. Conclusión: Las enfermeras están enfermando, a favor de sus pacientes y de un salario digno. Necesita mejoras por parte del mundo político y académico, para ofrecer calidad de vida a la profesión.
PALABRAS CLAVE: Estrés profesional; Cuidados al final de la vida; Afrontamiento.

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INTRODUCTION

Nursing professionals use technical-scientific skills and bioethical knowledge to minimize pain and provide well-being to people seeking physical and mental recovery. However, care does not always end with physical improvement, but rather with the death of the patient.

Accompanying the death process can cause pain and suffering. Monteiro[1], defines stress as a situation of tension that changes people's physical or emotional state. And nursing professionals experience situations that make them predisposed to greater physical and psychological exhaustion.

For Santana [2], health professionals constantly deal with pain and death, and negative feelings are generated by: 1) personal history of loss and mourning; 2) cultural factors, related to the understanding of death and mourning; 3) professional training, focused on the dynamics of loss and death.

Dias [3], cites coping as a set of adaptation strategies used in stressful situations. A mechanism for personal recovery. The individual has the function of self-management. It is the capacity for perception, absorption and internal mobilization to stressful demands.

When analyzing the complexity of work in a hospital environment, it was concluded that nursing professionals experience remarkable experiences that range from birth to death and the process that accompanies the post-mortem of a human being.

Experiencing such a process can accompany the suffering of the patient, family members and all members involved, including health professionals.

After field experience as a resident nurse at a university hospital in Rio de Janeiro and a thorough search for recent materials focused on addressing the end-of-life process, it is understood that in the Brazilian and international research scenario, much of the interest is focused on the perspective of patients and family members in such a process.

Therefore, it is justified to study the topic, to enable a greater understanding of the work reality that nursing professionals experience when dealing with the end-of-life process of their patients.

In view of the above, the guiding question is: "How do nursing professionals working in medical clinics deal with the stress/suffering generated by caring for end-of-life patients?" The objective is to analyze the coping strategies used by nursing professionals in situations of stress/suffering due to caring for end-of-life patients.

The general objective was to analyze the level of professional overload/grief experienced by caregivers of end-of-life patients. The specific objectives are to describe actions that generate such suffering/stress in workers and to identify coping strategies.

The COFEN/Fiocruz 4 addresses data on the reality of the profession, and shows that Brazil has more than 400 thousand nurses, and about 35% work up to 60 hours a week, 28% between 61-80 hours and another 10% beyond that. Such data show that more than 130 thousand nurses work in 2 or 3 places, declaring dissatisfaction with the low pay and precariousness of services.

It is understood that precariousness and low pay expose this class to exhausting work hours, favoring stress and emotional exhaustion. And this class has a greater bond with patients, as they are the ones who remain in their care for the longest time. Nursing is essential in the pyramid of essentials of the Unified Health System, and no health establishment operates without its services.

METHOD

This is a cross-sectional study with intentional non-probabilistic sampling and a quantitative approach, developed in four general medical clinic wards and two specialized medical clinic wards of a University Hospital in the city of Rio

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de Janeiro.

It was decided to collect data in the fields described, due to the high number of patients in terminal situations, and the consequent exposure of professionals to stressors.

The instrument was a questionnaire applied individually, through Google Forms, divided into two stages.

1. Application of a sociodemographic questionnaire with correlations between financial need/return, weekly hours worked and the level of influence that religious belief has on the service.
2. "Professional Bereavement Scale (PBS)", developed by Gama 5 which assesses "insulated" grief in health professionals exposed to frequent deaths. It is a Likert-type scale, with the statements evaluated arranged in scoring levels, dependent on agreement. The highest score is assigned to the number 5, and the lowest is 1.

Regarding the election of participants, the inclusion criteria were: Being a nurse or nursing technician, working in the wards for at least one year, due to the need for prior knowledge of the care profile; having been a caregiver for at least one patient at the end of life.

Regarding the exclusion criteria: No experience in caring for end-of-life patients, and being on vacation or leave during the period.

The sample was obtained by convenience, where, out of their own desire, the participants expressed their willingness to fill out the form, between March 1st and July 31st, 2023.

The study population consisted of 64 professionals, 45 of whom were nursing technicians and 19 were nurses, resulting in a sample of 46.7% of nursing professionals in the sectors in question. The percentage of 53.3% of professionals not included was due to various individual reasons, including: refusal to participate, vacations, leaves and shift changes.

The research was approved by the institution's ethics committee under number: 67182423.2.0000.5282.

RESULTS

Table 1 shows that the majority of participants in this study are female, 77% (n=49). Regarding age and race, the predominant age group was between 31 and 60 years old, representing 90% of the public, and they identify as black or mixed race in 89.5% of the responses. These professionals showed that in 60% of the cases, they work between 30 and 60 hours per week. And in 95%, they have one or two employment contracts. Regarding remuneration, in 65% of the cases, they claim to earn between one thousand and five thousand reais. Regarding religious aspects, in 60%, they called themselves Catholic or Evangelical, in 35% as Kardecists/Umbandaists/Candomblecists, and in only 5% as agnostics. In 73.7% of the cases, they reported making associations between their religious beliefs and their work practices.

Board 1 - Sociodemographic analysis with details of the percentage of survey participants. Rio de Janeiro, 2023.

TOPICS	PORCENTAGE
Gender	
Male	23%
Female	77%
Age	
20 - 30 years old	10%
31- 40 years old	25%
41- 50 years old	40%
51 - 60 years old	25%
Race	
Black	47,4%
Brown	42,1%
White	10,5%
Working hours	
20 - 30 hours per week	20%
30 - 40 hours per week	25%
40 - 60 hours per week	35%
60 - 80 hours per week	20%
Employment relationships	
1 job	45%
2 jobs	50%
3 or more	5%
Remuneration	
$ 1.000-3.000	30%
$ 3.000-5.000	35%
$ 5.000 - 10.000	20%
+ $ 10.000	15%
Religion	

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Evangelical	35%
Catholic	25%
Kardecist	15%
Umbanda/Candomblé	20%
Influence of religious pratice on work	
Yes, it influences	73,7%
Does not influence	26,3%

Table 2 groups the results of the application of the Professional Bereavement Scale.

In the statement related to "missing patients after their death", participants were more likely to agree (28.1%) or partially agree (35.9%) than to disagree. In the aspect that addresses deprivation of liberty, the highest percentages were partial agreement (23.4%) and disagreement with the fact (32.8%). In the characteristic "I have no one to talk to", the predominant disagreement was with the fact. Regarding "feeling empty after the patient's death", participants showed a tendency to partially agree (35.9%) and disagree (31.3%). In the topics about constant concern and difficulty in dealing with death, there was a tendency to disagree with the fact, with the first having more than 53% and the second having more than 78% of the percentage of responses, respectively.

When discussing the lack of understanding from friends, and the difficulty of dealing with terminally ill patients, there was also a tendency towards disagreement, with 58.7% and 60.9% respectively.

When addressing awareness of what the disease is doing to patients, the profile changes and professionals are inclined to agree, with more than 68% of responses. The next topic deals with the presence of insomnia as a concern for patients, and more than 78% of responses are in disagreement.

"People close to me don't understand what I'm going through", this statement has 39.1% disagreement and 20.3% partial agreement.

Regarding personal frustrations, 71.9% of respondents disagreed. However, regarding the desire to have more free time, the pattern was reversed, with 67.2% approving.

"It is painful to care for terminally ill patients" had 84.3% total or partial agreement. Next, respondents stated that it was difficult to care for such patients due to similar family experiences, with 65% disagreeing.

The last two summaries present opposite response profiles, where the one that addresses the difficulty in accepting the disease has 67.2% disagreement and the one that addresses the constant feeling of responsibility has 73.1% total or partial agreement.

Board 2 - Analysis of the Professional Grief Overload Scale with percentage breakdown. Rio de Janeiro (RJ), 2023.

	TOTALLY AGREE	AGREE	PARTIALLY AGREE	DISAGREE	TOTALLY DISAGREE
After my patient's death, i miss the moments we had together	1,6%	28,1%	35,9%	14,1%	20,3%
I feel like i'm losing my freedom	9,4%	15,6%	23,4%	32,8%	18,8%
I have no one to talk to	-	1,6%	15,6%	31,3%	51,6%
I feel empty and sad about my patient's death	4,7%	15,6%	35,9%	31,3%	12,5%
I spend a lot of time worrying about the bad things that might happen	12,5%	14,1%	20,3%	25%	28,1%
Dealing with death and agony feels like a double loss. I lose intimacy with my patients and closeness with my family.	4,7%	4,7%	12,5%	43,8%	34,4%
My friends don't understand the process I'm going through	4,8%	7,9%	28,6%	38,1%	20,63%

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I can deal better with other types of patients than with those in the terminal phase	9,4%	14,1%	15,6%	40,6%	20,3%
I feel very sad about what the disease is doing to my patients	9,4%	29,7%	39,1%	15,6%	6,3%
I have insomnia because I worry about what's going to happen to my patients and how I'll act the next day	6,3%	4,7%	10,9%	34,4%	43,8%
People close to me don't understand what I'm going through	12,5%	9,4%	20,3%	39,1%	18,8%
I feel so frustrated that I often distance myself from my family when I get home	6,3%	6,3%	15,6%	29,7%	42,2%
I wish I had an hour or two to myself every day, to pursue personal interests outside of work	46,9%	20,3%	14,1%	12,5%	6,3%
It's painful to care for terminally ill patients	23,4%	28,1%	32,8%	9,4%	6,3%
I've lost people close to me, and that makes it hard to care for others who are dying	7,9%	4,8%	22,2%	46%	19%
I've had a hard time accepting what's happening to my patients and their families	7,8%	14,1%	10,9%	46,9%	20,3%
I feel a constant sense of responsibility that won't leave me.	17,5%	30,2%	25,4%	22,2%	4,8%

DISCUSSION

The data collected led to the understanding that the nursing profile directly reflects the way in which it is historically constituted, encompassing factors such as gender, age group and financial provision.

It is emphasized that the participants are mostly middle-aged women who need to have two or more employment relationships to support their families.

According to the IBGE 6, Women are exposed to double shifts due to household chores and childcare, being exposed to 9.6 more hours of work per week, compared to men.

Dias et al 7, states that female nursing professionals tend to have more health problems due to excessive workload.

Regarding race and age, the profile obtained was composed mostly of black/brown and middle-aged women. The COFEN 8, points out that nursing is predominantly composed of women, white or brown, and with nurses who are mostly white in an age range between 26 and 35 years old.

When analyzing weekly working hours, number of contracts and salary, it is noted that professionals develop exhausting working hours, reaching 80 hours/week (average of 30-60h/week), with the need for more than one contract and with salaries that do not exceed 5 thousand reais.

For Melo 9, nursing is exposed to exhausting workdays and the need for multiple employment relationships, due to factors associated with low wages.

Regarding the religious aspect, they showed a preference for Protestantism, followed by Catholicism, stating that their religious beliefs impact the way they conduct their work.

Jesus 10, correlates faith with the contribution of more humanized and respectful care. From a professional perspective, religious association with work practices can generate support and comfort, especially during finite life situations.

Meanwhile Barbosa11, states that the training of nursing professionals is curative. Based on the cure, regardless of the prognosis, a feeling of frustration and sadness is generated when dealing with death. The training profile should address a holistic and humanized perspective.

Analyzing the aspect of suffering, it was associated with the establishment of a bond between patients. This bond is created spontaneously and is independent of the proximity to death. It is the generator of the idea of responsibility, which is associated with painful and emotionally exhausting feelings related to the finitude of life.

Regarding previous experiences, complications of the disease and ongoing interaction with family members, the participants did not show any worsening of their suffering. Despite being sensitive, they showed resilience in dealing with the situations, given the complexity of their roles.

The demands linked to the need to have more time for themselves proved to be a sensitive point for the participants, affecting their personal lives and consequently the desired quality of life. However, despite the fatigue and dissatisfaction, there was no perceived impact on the care and quality of the services provided.

Ribeiro et al 12, points out that caregivers of end-of-life patients are more likely to develop mental illnesses, such as anxiety and depression. And when they combine the stress acquired at work with painful experiences, they can develop a double burden of illness.

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For Cunha 13, nursing uses different coping strategies to support its daily demands. Associated with the resignification of the service, positive association and support from friends and family. However, it dissociates emotional well-being from exhausting workdays and adequate remuneration.

CONCLUSION

Nursing is recognized for the scientific value employed in its care and for the need to value issues that go beyond the practice carried out at the bedside.

To build quality nursing in the ethical and professional field, it is necessary to pay attention to the type of life and care that these professionals are subjected to. It is necessary to understand that the class is getting sick, in favor of caring for their patients and in the tireless search for a decent and deserved remuneration.

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