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**Introductory Note**



## The caring in face of the finiteness in the hospital institutions: a descriptive study

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### ABSTRACT

**Issue:** The death, although present in the health services, is considered a forbidden death, exiled, boxed and treated as failure, with few attempts and offers of care and preparation for the one who is going to die, for the family, for the professionals and caretakers.

**General aim:** to analyze the death process as an object of daily care and hospital practice, considering death as an event.

**Method:** the study will focus on the significance of the phenomenon, from a group of techniques; will be oriented by a quality approach, and able to answer to the theoretical and practical challenges raised by the investigation. A field journal and interviews will be used as instruments of data gathering. The subjects of the study will be oncology-hematology patients at University Hospital Antonio Pedro, Niteroi, state of Rio de Janeiro. The material will be analyzed from the sense modules with the analysis of content, according to Bardin.

**Descriptors:** Death, Thanatology, Palliative Care.

## ISSUE AND ITS SIGNIFICANCE

Death provokes discomforts, especially in the contemporary western culture, but it hasn't always been like this. The way to look at death depends on the historical moment and on the senses that cultures give to death; differently of what happened in ancient times, when death had a central place in life and was lived in and with the family. Nowadays, after modernity, life has become the central point and death has been hidden, representing what one doesn't want to be near of, the undesirable; and, with rare exceptions, the chosen place of the occurrence is the hospital institution<sup>(1)</sup>. However, as death has a constant presence in the health care services, in all levels of management and complexity, it impacts directly the professionals<sup>(2)</sup>, the family and the person living an announced death. The impact of this event is not obligatorily transformed into an experience. Facing death as an event is producing the singularity in an encounter, the good encounter.

## AIMS

General: To analyze the process of dying as an object of daily care and hospital practice, taking death as an event.

Specific: To know other possibilities of constructing and experimenting death, not only suffering and sadness, from the experiences of patients/users of health care services; to describe the forms and methods of taking care of health team during the death process in the hospital environment.

## METHOD

The proposal is focused on the quality approach, descriptive, that answers to very par-

ticular questions, and is concerned with part of the reality and the phenomenon to be investigated, what cannot be quantified. In this sense, the present study is included in the field of quality approach, as it investigates the process of taking care during dying-death.

The scenario of the study will be oncology-hematology infirmary of University Hospital Antonio Pedro, Niteroi, state of Rio de Janeiro. The technique for the data gathering will be a semi structured interview, which will take place between November 2013 and March 2014.

The subjects of the study will be the patients hospitalized and going through oncological-hematological treatment and living the process of human finiteness or the announced process, during the period of data gathering. Those who do not present the clinical conditions to answer the interview and patients under 18 will be excluded. The relatives of the eligible patients who accept the invitation and over 18 will take part of the research. Those who have little contact with the patient and who do not visit the infirmary during the research period will be excluded. The health care professionals who work at the infirmary and are not on vacation or off work will also be interviewed. Professors, students and interns of any area will be excluded. There is an estimative of 5 patients, 5 relatives and 10 health care professionals. The Free and Clear Consent Term (TCLE) will be read by the researcher for all the subjects and all the aims, risks and benefits will be explained, according to the ethical principles, before the signature and participation consent.

According to the proposal of a qualitative and descriptive research, the method patient-leader will be used, or else the tracing case, that follows the principle that patients of health care institutions in general look for bonds to the territories in which they are treated, in a singular way. The tracing case is a concept originated by

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biological sciences researches and clinical studies that can be applied to the evaluation field of health care services<sup>(3)</sup>. The method permits the evaluation of the work process of a health care team, from the reconstitution of a case, allowing a better observation of the patient care. The material will be analyzed from the senses modules with the content analysis according to Bardin. The project is under appreciation by the Ethics in Research Committee of UFF, CAAE under nr. 5963613.5.0000.5243.

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### Project Data

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