

Nurse's role in dealing with the bereaved family member

El papel de la enfermera en el trato con el familiar en duelo

Atuação do enfermeiro frente ao familiar enlutado

Ricardo Moura Lecker Junior^{1*}

ORCID: 0000-0003-3853-7076

Yasmin Ferreira Ramos Amador¹

ORCID: 0000-0002-7141-3596

Carlos Eduardo Peres Sampaio²

ORCID: 0000-0002-6770-7364

Castorina Silva Duque³

ORCID: 0000-0003-0466-0965

Maria Eduarda Carneiro Gonzaga dos Santos⁴

ORCID: 0000-0002-9007-8500

Patrícia Dias Barreto Marinho¹

ORCID: 0000-0002-8822-9293

¹Universidade Veiga de Almeida. Rio de Janeiro, Brazil.

²Universidade do Estado do Rio de Janeiro. Rio de Janeiro, Brazil.

³Ministério da Saúde. Rio de Janeiro, Brazil.

⁴A. F. Penza Cursos Livres. Rio de Janeiro, Brazil.

How to cite this article:

lecker Junior RM, Amador YFR, Sampaio CEP, Duque CS, Santos MCG, Marinho PDB. Nurse's role in dealing with the bereaved family member. Glob Acad Nurs. 2023;4(Sup.2):e362.

<https://dx.doi.org/10.5935/2675-5602.20200362>

*Corresponding author:

ricardoieckerjr@gmail.com

Submission: 02-07-2023

Approval: 03-03-2023

Abstract

The aim was to describe the actions of the nursing team provided to the bereaved family member. Descriptive integrative review study with a qualitative approach. The inclusion criteria adopted in this review are articles in Brazilian Portuguese, available free of charge and in full on the Internet, published within a 10-year retroactive period. The exclusion criteria covered duplicate articles and articles that did not address the object of this study. Data collection was done based on an analytical framework, which contains title, author, database, objectives, methodology, main results, and conclusions and was subjected to Bardin's content analysis. The search returned 748 articles, and after the screening process, this quantity was reduced to 10. From these, two categories were obtained: Communication and its importance in palliative care for the patient and family in the grieving process and Perception of health professionals regarding care in a situation of mourning. Effective communication is one of the fastest ways to good care, so the nursing team needs to be involved in the process of death and dying of patients, offering them and their families individualized attention focused on the exchange of knowledge and experiences.

Descriptors: Mourning; Nursing Care; Palliative Care; Family Assistance; Communication.

Resumén

El objetivo fue describir las acciones del equipo de enfermería brindado al familiar en duelo. Estudio descriptivo de revisión integrativa con enfoque cualitativo. Los criterios de inclusión adoptados en esta revisión son: artículos en portugués brasileño, disponibles gratuitamente e íntegramente en Internet, publicados en un período retroactivo de 10 años. Los criterios de exclusión cubrieron artículos duplicados y artículos que no abordaban el objeto de este estudio. La recolección de datos se realizó a partir de un marco analítico, que contiene título, autor, base de datos, objetivos, metodología, principales resultados y conclusiones y fue sometido al análisis de contenido de Bardin. La búsqueda arrojó 748 artículos, y luego del proceso de selección esta cantidad se redujo a 10. De estos se obtuvieron dos categorías: Comunicación y su importancia en los cuidados paliativos para el paciente y su familia en el proceso de duelo y Percepción de los profesionales de la salud sobre el cuidado. en situación de duelo. La comunicación efectiva es una de las vías más rápidas para un buen cuidado, por lo que es claro que el equipo de enfermería necesita involucrarse en el proceso de muerte y morir de los pacientes, ofreciéndoles a ellos y a sus familiares una atención individualizada enfocada en el intercambio de conocimientos y experiencias.

Descriptores: Duelo; Cuidados de Enfermería; Cuidados Paliativos; Cuidados Familiares; Comunicación.

Resumo

Objetivou-se descrever as ações da equipe de enfermagem prestadas ao familiar enlutado. Estudo descritivo de revisão integrativa com abordagem qualitativa. Os critérios de inclusão adotados nesta revisão são: artigos em português do Brasil, disponíveis de forma gratuita e integral na Internet, publicados no período de 10 anos retroativos. Os critérios de exclusão abrangeram artigos duplicados e artigos que não abordaram o objeto deste estudo. A coleta de dados foi feita a partir de um quadro analítico, que contém título, autor, base de dados, objetivos, metodologia, principais resultados e conclusões e foram submetidos à análise de conteúdo de Bardin. A pesquisa retornou 748 artigos, e após processo de triagem, essa quantidade foi reduzida para 10. A partir destes, foram obtidas duas categorias: Comunicação e sua importância nos cuidados paliativos para o paciente e familiares em processo de luto e Percepção dos profissionais da saúde quanto ao cuidado em situação de luto. A comunicação efetiva é um dos caminhos mais rápidos para uma boa assistência, assim, fica evidente que a equipe de enfermagem precisa estar envolvida no processo de morte e morrer dos pacientes, ofertando a estes e suas famílias, atenção individualizada focada em troca de conhecimentos e experiências.

Descritores: Luto; Assistência de Enfermagem; Cuidados Paliativos; Assistência Familiar; Comunicação.



Introduction

The process of death and dying represents a difficult problem to face, especially for health professionals who, throughout their academic training, have their teaching-learning focused on healing and/or restoring health. For this reason, experiencing this process, which is the only certainty in life, still results in feelings of anxiety, fear, and anguish, as well as a feeling of professional failure¹.

The experience of grief is unique and is driven by elements that are internal and external to the subject. Thus, culture, education, social group, and religion are elements that are directly linked to the way in which human beings experience loss and mourn their dead. Among the psychosocial impacts that loss causes, the literature highlights psychosomatic illnesses, especially depression and compromised marital and social relationships, affecting work, religion, leisure, among others. The same areas that are affected are also sources of support for the process of working through the loss².

During the grieving process, families experience loneliness, feelings of emptiness, sadness, and painful memories, which are mentioned as difficulties that reflect the need to receive comfort from someone, who will help them find strength to face what is to come. It is possible to perceive a relationship, and even a certain constancy, between the experiences, difficulties and needs that permeate grief³. The process of family adaptation is slow and taking care of someone will generate more work and responsibility for the family, adding to a greater burden and less time for everyone's lives⁴.

In this context of care, the nurse plays a key role in coping with this entire process. Dealing with death is part of the profession and for this reason this professional needs to be qualified to face this situation.

Nursing represents the team that spends most of its time with the patient and is therefore able to assist in this process. The nurse's care tool is to offer interventions and information that help the family in coping with this process, from understanding the stages of grief to legal questions about documentation and burial.

During a study carried out in a public hospital in the interior of São Paulo, the benefit of bereavement care being carried out by the local team was found, as this contact in the user's post-mortem period provides a feeling of comfort to the family in the face of what happened, since it is necessary to create a space for them to be heard and understood, with the purpose of maintaining the bond built during hospitalization¹.

In view of the above, the object of this study is nursing care for families in a situation of mourning. This integrative review was formed based on the following research question: "How is nursing assistance provided to families in a situation of mourning?"

The objective is to describe the actions of the nursing team provided to the bereaved family member. This is justified by the need, in the academic sphere, to make available an instrument that shows the nursing practices to

be adopted in the cases covered by the research; in the social sphere, guide families regarding the care of the nursing team regarding the death situation; in a practical sense, make a study available for consultation by nursing professionals who are faced with the process of death and dying in health units.

Methodology

This is a descriptive integrative review study with a qualitative approach. An integrative review is a method that aims to synthesize results obtained in research on a topic or issue, in a systematic, orderly, and comprehensive manner. The qualitative approach requires a broad study of the research object, considering the context in which it is inserted and the characteristics of the society to which it belongs⁵. This integrative review was formed based on the following research question: "How is nursing assistance provided to families in a situation of mourning?"

This research question was formulated based on the PICo strategy as follows: P – nursing team; I – family assistance; Co – mourning situation. The descriptors used for the search will be: "Grief", "Nursing Assistance", "Palliative Care", "Family Assistance". The keywords for the search will be: "Mourning", "Nursing Actions", "Stages of Grief". The searches were carried out in September and October 2022 in the reference databases: Latin American and Caribbean Literature in Health Sciences (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE), Nursing Database (BDENF), National Library of Medicine (NLM) PubMed Portal and Scientific Electronic Library Online (SciELO).

The data will be analyzed using Bardin's content analysis, in the thematic modality, which consists of a set of communications analysis techniques, which employs systematic and objective procedures for describing the content of messages. Content analysis has semantics as its main pillar, that is, research to understand the true meaning of a text. It is an exhaustive study that interprets between the lines, figures of speech and ellipsis⁶.

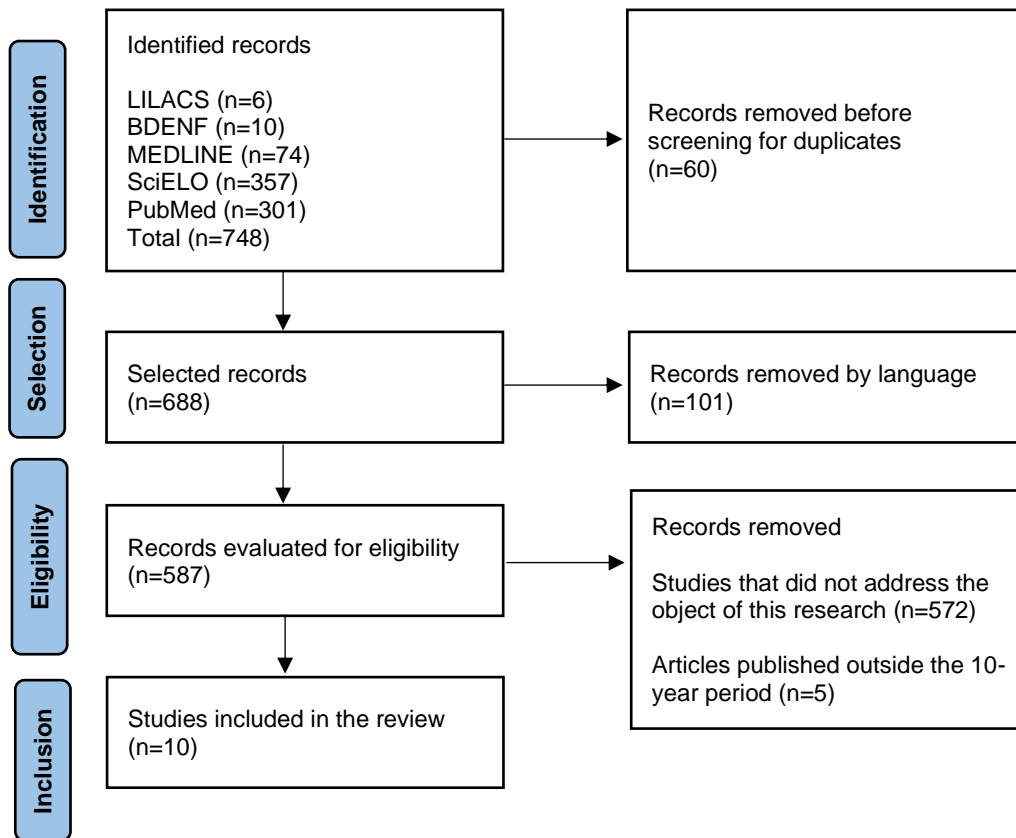
The following search strategies were used: "Grief AND Nursing Care AND Palliative Care AND Family Care", in the LILACS, BDENF and MEDLINE databases; "Grief AND Family assistance, Grief AND Palliative care, Nursing assistance AND Palliative care, Palliative care AND Family assistance", on the SciELO Portal; and "Grief, Family assistance, Palliative care, Nursing assistance", on the PubMed Portal.

The inclusion criteria adopted for this integrative review were articles in Brazilian Portuguese, available free of charge and in full on the Internet and articles published within a 10-year retroactive period. The exclusion criteria covered duplicate articles and articles that did not address the study theme.

The identification, selection, eligibility, and inclusion selection process, demonstrated in the flowchart below, considering the preparation steps recommended by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)⁷, as shown in Figure 1.



Figure 1. PRISMA flowchart for the integrative review on the nurse's role in dealing with the bereaved family member. Cabo Frio, RJ, Brazil, 2022



Results

The 10 studies selected in the final sample were grouped in a table to better visualize the results. This instrument favored the grouping of key information from each selected study, building a database for the final stage

of the research. The information taken from the selected articles that made up the table were: title, author, database, objective, methodology, main results, and key takeaways (Chart 1).

Chart 1. Classification of articles applied in this review. Cabo Frio, RJ, Brazil, 2022

Title/ Author / Database	Objective	Methodology	Main results	Key takeaways
As intervenções especializadas do enfermeiro em cuidados paliativos Sílvia Juliana da Silva Oliveira. BDENF	Identify and participate in specialized interventions by nurses in PC to obtain skills as a specialist nurse in PC Nursing and provide humanized care, which contributes to a dignified dying process.	Bibliographical research in scientific journals, books in the field, research work within the scope of master's and doctoral degrees, as well as database research.	It is considered that only through communication can uncertainty be reduced, the relationship improved, and the patient and family given direction. We consider that, whoever cares and allows themselves to be touched by human suffering, becomes a highly sensitive radar, humanizes themselves in the process and beyond scientific knowledge, has a precious opportunity and privilege to grow.	In summary, given technological advances and the increase in longevity and consequent increase in chronic diseases, there is a growing need to change the way we care about health today, new approaches are required that center the patient and family as subjects of care.
Cuidados de enfermagem à família do doente em fim de vida Anabela Pires Costa Meixedo. BDENF	Understand the nursing care provided to the patient's family at the end of life and thus contribute to improving the care practices of primary health care nurses to the patient's family at the end of life.	Qualitative study, an exploratory-descriptive study. A semi-structured interview was used to collect information, carried out with primary health care nurses at a health center in Alto Minho. The findings were subjected to content analysis according to Bardin.	At the end of life, nurses' care is essentially focused on decision-making; support in the grieving process; symptom control; emotional and psychological support, family monitoring/support and health education. In this care, they experience feelings of avoidance, emotional repression, and avoidance of information transmission. They express difficulties in taking care of their family due to the complexity that care requires.	There is a need for palliative care support teams with specific training in the area. Nurses must include intervention dynamics in the care process that encourage the expression of feelings so that the family can maintain a close relationship with their loved one.



<p>Cuidados paliativos: a comunicação como estratégia de cuidado para o paciente em fase terminal</p> <p>Cristiani Garrido de Andrade; Solange Fátima Geraldo da Costa; Maria Emília Limeira Lopes.</p> <p>SciELO</p>	<p>Investigate how nurses use communication, within the scope of palliative care, when assisting terminally ill patients.</p>	<p>Exploratory research, qualitative in nature.</p>	<p>Three categories: "palliative care and communication – interpersonal relationship between the nurse and the terminal patient"; "communication in palliative care as a strategy to strengthen the bond between nurses and terminal patients"; "importance of communication between nurses and the patient's family under palliative care".</p>	<p>It is concluded that communication is an effective element of care for terminally ill patients and is of paramount importance for the promotion of palliative care.</p>
<p>Dificuldade de comunicar a morte do paciente aos familiares</p> <p>Juliano Cezar Ferreira; Ana Paula Pereira; Elcio Luiz Bonamigo.</p> <p>SciELO</p>	<p>Identify recommendations in the literature to reduce the harm of this situation.</p>	<p>Qualitative study carried out through bibliographic review.</p>	<p>Three categories: professional training; family preparation; and professional practice.</p>	<p>It was found that simulated practices, exchange of information between professionals, emotional control of professionals and dialogue with and between family members contribute to reducing the harm caused by communicating death.</p>
<p>Atenção à mulher em situação de óbito fetal intrauterino: vivências de profissionais da saúde</p> <p>Taynara Caroline Serafim; Beatriz Helena Naddaf; Camila Mariana Rodrigues Carizani; Mariana de Gea Gervasio; Diene Monique Carlos; Natalia Rejane Salim.</p> <p>SciELO</p>	<p>Understand the experiences of health professionals in obstetric care in relation to the situation of intrauterine fetal death.</p>	<p>Qualitative approach study.</p>	<p>The professionals' difficulty in dealing with the topic and its invisibility during training proved to be challenging. The lack of ambience and forms of organization of care were reflected in the care provided to women and families experiencing intrauterine fetal death.</p>	<p>There is a need to develop strategies for changes in the model and organization of the service in situations of fetal death, promoting spaces that produce reception.</p>
<p>Prática profissional no cuidado ao luto materno diante do óbito fetal em dois países</p> <p>Gisele Ferreira Paris; Francine de Montigny; Sandra Marisa Pelloso.</p> <p>SciELO</p>	<p>Understand professional care for maternal grief in the postpartum period of stillbirths.</p>	<p>Clinical-qualitative study. A semi-structured interview was carried out, and the relevant aspects were categorized into themes.</p>	<p>The categories identified were Assistance received in the postpartum period with a focus on grief: hospital and outpatient environment and Professional support in coping with maternal grief after fetal loss: with contact and memories, without contact and without memories and inability to contact the baby.</p>	<p>The need for a support network and multidisciplinary monitoring for women who experienced fetal loss became evident. From this study, a bereavement care routine can be implemented in Brazil based on experiences in Canada.</p>
<p>Profissionais paliativistas e suas contribuições na prevenção de luto complicado</p> <p>Mariana Sarkis Braz; Maria Helena Pereira Franco.</p> <p>SciELO</p>	<p>Understand and analyze the training of professionals in relation to the patient's dying process and their perceptions in relation to their contributions to the prevention of complicated grief in the care unit.</p>	<p>Qualitative study theoretically based on Attachment Theory. A questionnaire was applied to obtain academic, professional and course data, and a semi-structured interview. The analysis of the information collected in the interviews was carried out through transcription and categorization, followed by content analysis.</p>	<p>The results confirmed that the training of professionals in relation to the dying process is scarce. Furthermore, it was observed that health professionals who work in palliative care have attachment behaviors, which are identified as natural in this context, which ends up making it difficult to perceive that they are important contributions.</p>	<p>In view of these results, this research highlighted the need to include the themes of death and dying in the education of health professionals, which can contribute to better assistance to the care unit in its grieving processes.</p>
<p>Cuidado à família enlutada: uma ação pública necessária</p>	<p>Report and analyze the repercussions of interventions offered by a public hospital in the interior of São Paulo.</p>	<p>Qualitative research, with a comprehensive approach, based on sociological phenomenology. A semi-</p>	<p>Bereaved family members expressed difficulties in facing this period, and, even in the face of predictable deaths, there is a need</p>	<p>The study proves the benefit of bereavement care being carried out by the hospital team, as this contact in the user's</p>

Giovanni Gurgel Aciole; Daniela Carvalho Bergamo. SciELO		structured interview was used, and the collected material was subjected to content analysis.	for a space for them to be heard and understood.	post-mortem period provides a feeling of comfort to the family in the face of what happened.
Tanatologia clínica e cuidados paliativos: facilitadores do luto oncológico pediátrico Sonia Sirtoli Farber. SciELO	The need for specific skills on the part of caregivers to achieve two distinct objectives: promoting the well-being of terminally ill pediatric cancer patients; and promote the resolution of grief for the caregiver.	Bibliographical review of literature that specifically deals with palliative care offered to children.	In the research process, it was found that the specialized literature lacks specific productions on the administration of care and specific actions in the care of pediatric oncology patients.	We divide the actions that facilitate grief into educational measures and care practices, highlighting the promotion of activities and actions that provide pleasure and comfort for the child. Thus, we demonstrate that simple actions such as touching and cuddling are examples of facilitators of grief and patient care simultaneously.
Teoria da adaptação de Roy e modelo do processo dual de luto fundamentando o cuidado paliativo de enfermagem à família Vladimir Araujo da Silva; Rita de Cássia Frederico Silva; Monica Martins Trovo; Maria Júlia Paes da Silva. LILACS	Propose a reflection on palliative nursing care for the bereaved family, based on Roy's Adaptation Theory and the Dual Grief Process Model.	Theoretical-reflective study based on the philosophical principles of palliative care, especially Roy's Adaptation Theory and its intersection with the Dual Process Model of Grief.	This theoretical reflection shows that grief constitutes a focal stimulus confronted directly by the family, which can be manipulated by the compassionate presence of the nurse and by active and welcoming listening during its elaboration process, helping the family in the process of life reorganization and adaptation. to changes resulting from the loss.	It is suggested to use Roy's Adaptation Theory and the Dual Grief Process Model as theoretical references for palliative nursing care for the bereaved family.

Discussion

The careful reading of the selected articles presented in Chart 1 allowed the topics covered to be grouped and specified in an organized way, providing a qualitative analysis of this research. Therefore, two thematic analytical categories emerged from this analysis, namely: Communication and its importance in palliative care for patients and family members in the grieving process; and Perception of health professionals regarding care in situations of mourning.

Communication and its importance in palliative care for patients and family members in the grieving process

In accordance with the selected articles, it is possible to understand how disturbing grief is for the family, considering all the changes and limitations that this event brings to their lives and that communication becomes a key point for specific nursing care. for bereaved family members. We can see in the excerpts below:

"It is considered that, only through communication, uncertainty can be reduced, the relationship can be improved, and the patient and family can be given direction"⁸.

"Nurses must include intervention dynamics in the care process that encourage the expression of feelings so that the family can maintain a close relationship with their loved one"⁹.

"In the context of Nursing, communication represents a strategy of utmost relevance for the practice of palliative care. And when supported by a relationship of attitude, cooperation, feeling and sensitivity, this instrument is an important driver of the relationship between the nurse and the terminally ill patient"¹⁰.

"Caring for social vulnerability, especially through assistance with the various difficulties surrounding death, is a way to reduce the pain of family members"¹¹.

At the same time as we seek to minimize the patient's discomfort, we seek to maximize care for the family's pain and suffering¹². Communication carried out in an understandable manner contributes to an awareness of dignity in all assistance provided and generates confidence in making decisions about the family member's life and treatment¹⁰.

It is known that palliative care provides a better quality of life for the patient, however this is only possible through good communication, especially in the field of care for terminally ill patients. This interpersonal communication is of great value, as it is evident that it is through this that bonds of bond and trust are created, as well as providing lightness, good humor, and optimism through joyful communication. It is important to emphasize that this communication must go beyond the patient and understand family members, always being based on honesty and sincerity so that the therapeutic healing process in the face of the grieving process is not weakened by emotional reactions, thus avoiding greater suffering for the patient and their family members.

It is important to understand that changes are necessary in the dynamism of caring for patients with incurable pathologies, whether or not they are at the end of their lives, so we can conclude with the full conviction that communication is characterized by being an effective element during the care process palliative and as support for

the bereaved family member, as only through it can high affection be provided, bringing dignity to the patient until the last moment of their life.

Congruent with the selected articles, it is observed that the support network for invisible grief is changeable, occasional, and temporary, since the lack of dialogue between the multidisciplinary team leads to flawed care and is often surrounded by prejudices and silent judgments in cases of induced abortion. It can be seen in the excerpts below:

*"It is possible to observe the lack of space in the training processes to think about and problematize care practices in the context of cases of fetal death"*¹³.

*"The lack of strategies and spaces for sharing among professionals were directly related to the suffering and feeling of powerlessness in the face of cases"*¹³.

In relation to a stillborn child, the woman experiences grief unlike any other form of sadness, as there were months of planning and expectations for the outcome of a birth without signs of life, which requires time and help to overcome the loss. For effective nursing care for women who have had fetal death, an anticipatory investigation of the grieving process is essential to plan the necessary interventions in each case¹⁴.

The grieving process is considered the same for everyone, however there is a fine line between grief and invisible grief. It becomes easy to distinguish one from the other when the assistance provided to families in these grieving processes changes due to the lack of multidisciplinary preparation. We know that the nurse must support the bereaved, providing them with all the attention and support necessary so that they can go through this very difficult process, however, in invisible grief this support becomes something ephemeral when we observe that the feeling of impotence is generated by the enormous gap that must be filled with an exchange of knowledge and professional experiences, thus allowing a network of support for women to face this grieving process when faced with the loss of their baby.

Perception of health professionals regarding care in situations of mourning

Nurses are responsible for providing care from the patient's arrival, being responsible for providing care. Family support is inserted into the professional's daily life from the moment the patient enters, as the nurse becomes the indispensable pillar in communication. In short, nursing professional training covers patient care in terminal situations and often during the period of death, however, there is a clear gap in learning when it comes to caring for the bereaved family member. As can be seen in the excerpts below:

*"The relevance of including the themes of death and dying in the education of health professionals contributes to better assistance to the care unit in its grieving processes"*¹⁵.

"Studies prove the benefit of bereavement care being carried out by the hospital team, as this contact in the user's post-mortem

"[...] be monitored by a multidisciplinary team and the importance of a support network. In Brazil, there is a need to expand light technology for health dialogue, which, added to the existence of a professional support group service in these situations of loss, can benefit people in coping with grief"^{14,6}.

It is possible to highlight the lack of preparation faced by nursing students to deal with the process of finitude, given the superficial and quick way of approaching the topic during academic training, which indicates the need to expand the space for information, discussion and reflection on this very complex process, in order to provide academics with the opportunity to truly understand death and dying, implications that, if not resolved, will have a strong influence on the training and performance of these future professionals, and due to lack of preparation for such assistance, they may develop a feeling of guilt and failure and even having your mental and emotional health compromised¹.

As part of the objective of this study, we can state that the most priority nursing action should also be more comprehensive, leaving the hospital environment and assuming a general context, focusing on preparing nursing students to deal with patients at the end of their lives and their family members experiencing the first stages of the grieving process. The lack of preparation of recent graduates when faced with an adverse situation is evident, leaving it up to them to seek knowledge to cope daily. This impacts not only new nurses, but also those who have worked in care practice for years in sectors far from those with the highest incidence of deaths and will go through the same dilemma of lack of preparation when they are put to the test. Therefore, it is necessary to establish support centers for these patients and their families with the participation of nurses, thus enabling greater interaction, representation, proximity, and maintenance of the bond between the hospital team and the emotional team.

"It is recognized that grief constitutes a focal stimulus confronted directly by the family, which can be manipulated by the compassionate presence of the nurse and by active and welcoming listening during the process of mourning, helping the family in the process of reorganizing life and adapting. to changes arising from the loss, reducing inefficient responses"^{16:535}.

*"[...] nursing interventions that can positively influence the environment, especially the adaptive responses of the bereaved family, in addition to leading them towards restoration-oriented coping"*¹⁶.

In these excerpts, we can observe that another nursing behavior to be adopted is characterized using strategies that aim to prepare the family for life after the loss. Fragility and a feeling of impotence can arise, triggering health and illness processes in family members who do not have the strength to follow treatment, who give in to pathology or who believe that they do not deserve to live to the detriment of those who are dying. The nurse must carry out actions that bring to light ways of adapting and



reorganizing life, taking advantage of the bond established since the discovery of the terminal diagnosis and the end of their patient's life.

Final Considerations

Effective communication is one of the fastest ways to good assistance, based on caring holistically, considering that it is the principle of care, because through it, we reach all others. In this study it was evident that the nursing team needs to be involved in the process of death and dying of patients, offering them and their families individualized attention focused on the exchange of knowledge and experiences.

Some limitations of the study must be considered that may make it difficult to apply the results, such as the divergence of the obligation for the topic of death and dying to be addressed during the professional training of nurses.

Therefore, research is necessary that can present the feasibility of implementing the subject as a mandatory curriculum in the country's universities, so that, in this way, future generations of professionals are taught to deal with the finiteness of life. and overcome their own fears regarding the feeling of guilt and helplessness when losing a client, minimizing stress and anxiety experienced in the daily routine of the health unit.

References

1. Santos CTA, Miranda SS, Freitas KO, Vasconcelos EV. Percepção de acadêmicos de enfermagem sobre o processo morte e morrer: implicações na formação profissional. *Enfermagem em Foco* [Internet]. 2020 [acesso em 29 mar 2022];11(3):48-53. Disponível em: <http://revista.cofen.gov.br/index.php/enfermagem/article/view/3243/888>
2. Coelho Filho JF, Lima DMA. Luto parental e construção identitária: compreendendo o processo após a perda do filho. *Psicologia Argumento* [Internet]. 2017 [acesso em 29 mar 2022];35(88):16-32. Disponível em: <https://periodicos.pucpr.br/psicologiaargumento/article/view/18432/pdf>
3. Aciole GG, Bergamo DC. Cuidado à família enlutada: uma ação pública necessária. *Saúde Debate* [Internet]. 2019 [acesso em 29 mar 2022];122:43. Disponível em: <https://www.scielo.br/j/sdeb/a/Tkwg7QgrTqbHqySsxw8hJZf/?lang=pt>
4. Voltarelli A, Sakman R, Leonardi MJ, Ferreira LC, Silva RGM. Cuidados paliativos: a atenção aos pacientes oncológicos. *Glob Acad Nurs*. 2021;2(1):e83. <https://dx.doi.org/10.5935/2675-5602.20200083>
5. Ercole FF, Melo LS, Alcoforado CLGC. Revisão Integrativa Versus Revisão Sistemática. *REME*. 2014;18(1). <http://dx.doi.org/10.5935/1415-2762.20140001>
6. Bardin L. *Análise de Conteúdo*. São Paulo: Edições 70; 2016.
7. Galvão TF, Pansani TSA, Harrad D. *Epidemiologia e Serviços de Saúde*. 2015;24(2):335-42. <http://dx.doi.org/10.5123/s1679-49742017000400002>
8. Oliveira SJS. *As intervenções especializadas do enfermeiro em cuidados paliativos*. Instituto Politécnico de Viana do Castelo, [Internet]. 2019 [acesso em 08 set 2022]. Dissertação de mestrado. Disponível em: <http://hdl.handle.net/20.500.11960/2242>;
9. Meixedo APC. *Cuidados de enfermagem à família do doente em fim de vida*. Instituto Politécnico de Viana do Castelo, [Internet] 2013 [acesso em 08 set 2022]. Dissertação de Mestrado. Disponível em: http://repositorio.ipv.pt/bitstream/20.500.11960/1192/1/Anabela_Meixedo.pdf
10. Andrade CG, Costa SFG, Lopes MEL. Cuidados paliativos: a comunicação como estratégia de cuidado para o paciente em fase terminal. *Ciência e Saúde Coletiva*. 2013;18(9):2523-30. <https://doi.org/10.1590/S1413-81232013000900006>
11. Ferreira JC, Pereira AP, Bonamigo EL. Dificuldade de comunicar a morte do paciente aos familiares. *Revista Bioética*. 2022;30(1). <http://dx.doi.org/10.1590/1983-80422022301504pt>
12. Fernandes MFP, Komessu, JH. Desafios do enfermeiro diante da dor e do sofrimento da família de pacientes fora de possibilidades terapêuticas. *Rev Esc Enferm USP*. 2013;47(1):250-7. <https://doi.org/10.1590/S0080-62342013000100032>
13. Serafim TC, Camilo BHN, Carizani MR, Gervasio MDG, Carlos DM, Salim, NR. Atenção à mulher em situação de óbito fetal intrauterino: vivências de profissionais da saúde. *Revista Gaúcha de Enfermagem*. 2021;42. <https://doi.org/10.1590/1983-1447.2021.20200249>
14. Paris GF, Montigny F, Pelloso SM. Prática profissional no cuidado ao luto materno diante do óbito fetal em dois países. *Rev Bras Enferm*. 2021;74(3). <https://doi.org/10.1590/0034-7167-2020-0253>
15. Braz MS, Franco MHP. Profissionais Paliativistas e suas Contribuições na Prevenção de Luto Complicado. *Psicologia: Ciência e Profissão*. 2017;37(1). <https://doi.org/10.1590/1982-3703001702016>
16. Farber SS. Tanatologia clínica e cuidados paliativos: facilitadores do luto oncológico pediátrico. *Caderno de Saúde Coletiva* [Internet]. 2013 [acesso em 05 out 2022];21(3). Disponível em: <https://www.scielo.br/j/cadsc/a/GQkHb5LXmhsqH5Xknr56hjs/abstract/?lang=pt#>
17. Silva VA, Silva RCF, Trovo MM, Silva MJP. Teoria da Adaptação de Roy e Modelo do Processo Dual de Luto fundamentando o cuidado paliativo de enfermagem à família. *O Mundo da Saúde*. 2017;40:521-36. DOI: 10.15343/0104-7809.201740A521536

