REVISTA
ENFERMAGEM ATUAL
IN DERME

MUERTE Y MORIR: COMPRENSIÓN, ACEPTACIÓN Y BARRERAS DEL EQUIPO DE ENFERMERÍA

DEATH AND DYING: UNDERSTANDING, ACCEPTANCE AND BARRIERS OF THE NURSING TEAM

MORTE E MORRER: COMPREENSÃO, ACEITAÇÃO E ENTRAVES DA EQUIPE DE ENFERMAGEM

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ABSTRACT

Objective: To describe with the help of literature the different perceptions related to the process in death and dying at nursing. **Methodology:** Bibliographic research of integrative literature review type, using available studies in their entirety, published in the last ten years, from 2010 to 2020, in Portuguese, Spanish and English. At the end, twelve (12) articles answered the guiding question and were added to the study. **Results:** The majority of studies suggest professionals are prepared to face the death and dying process of the patient and that this should be part of the curriculum of undergraduate courses, as the survey showed us that most professionals are still not psychologically fit. for this process, which will influence their professional and personal life. Even when death happens in old age it is a natural and acceptable fact, in adulthood it is frustrating because it makes it impossible to biological finitude of life, but constitute a process of interpretation socially elderly phase and when it is a child the difficulty of accepting the feelings and frustrations appear with greater intensity. Conclusion: Nursing plays a role fundamental in the death/dying process and needs greater support and support so that this process is understood and worked on in the best possible way, so that coping and acceptance can be facilitated as a life cycle.
Keywords: Death; Nursing Care; Comprehension.

RESUMEN

Objetivo: Describir con la ayuda de la literatura las diferentes percepciones relacionadas al proceso de muerte y morir en enfermería. **Metodología:** Investigación bibliográfica del tipo revisión integrativa de la literatura, se utilizaron en su totalidad los estudios disponibles, publicados en los últimos diez años, de 2010 a 2020, en portugués, español e inglés, al final doce (12) artículos cumplieron con la pregunta guía y se agregaron al estudio. **Resultados:** La mayoría de los estudios sugieren que existe una preparación de los profesionales frente a la muerte y el proceso de morir del paciente y que esto debe ser parte del plan de estudios de los cursos de pregrado, ya que la encuesta nos mostró que la mayoría de los profesionales aún no están psicológicamente aptos para este proceso, que influirá en su vida profesional y personal. Si bien la muerte ocurre en la vejez es un hecho natural y aceptable, en la edad adulta es frustrante porque imposibilita la etapa de vejez y cuando se es niño, la dificultad de aceptar los sentimientos y las frustraciones son más intensas. **Conclusión:** La enfermería juega un papel fundamental en el proceso de muerte/morir y necesita mayor apoyo para que este proceso sea comprendido y trabajado de la mejor manera posible, de manera que se facilite el enfrentamiento y la aceptación, como un ciclo de vida.
Palabras clave: Muerte; Cuidado de enfermera; Comprensión.

RESUMO

Objetivo: Descrever com o auxílio da literatura as diversas percepções relacionadas ao processo de morte e morrer na enfermagem. **Metodologia:** Pesquisa bibliográfica do tipo revisão integrativa da literatura, utilizaram-se estudos disponíveis em sua totalidade, publicados nos últimos dez anos, de 2010 até 2020, nos idiomas Português, Espanhol e Inglês, ao final doze (12) artigos atenderam a questão norteadora e foram adicionados ao estudo. **Resultados:** A maioria dos estudos sugerem que haja um preparo dos profissionais diante do processo morte e morrer do paciente e que isso deveria fazer parte da grade curricular dos cursos de graduação, pois o levantamento nos mostrou que a maioria dos profissionais ainda não estão aptos psicologicamente para esse processo, o que influenciará na vida profissional e pessoal do mesmo. Ainda quando a morte acontece na terceira idade é fato natural e aceitável, na idade adulta é frustrante por impossibilitar a fase idosa e quando é de uma criança a dificuldade de aceitar os sentimentos e frustrações apresentam-se com maior intensidade. **Conclusão:** A enfermagem desempenha papel fundamental no processo de morte/morrer e necessita de maior suporte e apoio para que este processo seja compreendido e trabalhado da melhor forma possível, para que se possa facilitar o enfrentamento e a aceitação, como ciclo vital.
Palavras-chave: Morte; Cuidados de enfermagem; Compreensão.

INTRODUCTION

Social representations on the theme death/death, do not result only in the biological finitude of life, but constitute a process of socially constructed interpretation shared in different historical, social and cultural contexts. In this sense, as with other phenomena of social life, the different readings on the process of death and dying have determined different interpretations over time [1].

Death is present in human existence and, with it, comes a set of conceptions related to experiences, stories experienced by people according to their particular culture. Thus, the meanings attributed individually to death are far from being univocal, since they are related, among other events, to age, family experiences in the face of loss, belief, religion or faith, and culture, as well as personal and social convictions and values [1].

The training of professional nurses is of paramount importance, some authors cite that unpreparedness in academia brings out the negative feelings towards death. In this sense, the exclusion of the theme of death during the training process of health professionals makes them unprepared to deal with the situation. Most of the academic training is focused on the process of preserving life and curing diseases, identifying a gap in the knowledge of these professionals [2].

Therefore, it is essential for health professionals to understand and learn about the concepts of death and dying, so that during nursing care they know how to deal with the situation. It is known that most professionals bring to their assistance religion as a strong instrument for the acceptance of death, to become an explicable fact [3].

The difficulty in facing the death/death process is almost inevitable, especially when the experience is with the death of the "other" who is being cared for, along with the accompaniment, sometimes of the terminal phase and the permanence of the family facing this reality generating feelings of helplessness, discomfort, pain, anguish, emotional fatigue and fear, requiring extensive psychological effort from those who provide care for someone who is dying [4].

The present work is justified by the issues inherent in the process of death and dying that have been discussed, analyzed and experienced in various ways throughout history, by different areas of knowledge. The research problem is about which scientific evidence points to the understanding and acceptance of the process of death and dying, nursing care and the obstacles encountered in this process?

Given this issue is of great importance to emphasize the importance of educationduring the academic life of nursing professionals on the above-mentioned theme of this work, since they are the caregivers who have greater connection with the sick, so that it can minimize the difficulties of health professionals in dealing with the death of their patients, in addition, describe with the help of literature the various

perceptions related to the process of death and dying in nursing in relation to the terminally ill patient.

This research aims to describe, with the help of literature, the various perceptions related to the process of death and dying in nursing, citing how nursing professionals deal with patients at the end of their lives.

METHODS

The present study is a bibliographic research of the integrative literature review type. This procedure was chosen because it allows the synthesis and analysis of the scientific knowledge already produced on the theme "Death and dying: understanding, acceptance and obstacles of the nursing team". This review used the methodology proposed in the study by author[5] . The PICo strategy was used, which is an acronym for Patient (P), Intervention (I), Context (Co), through the guiding question: "What scientific evidence points to the understanding and acceptance of the process of death and dying and the obstacles encountered by the nursing team in this process? After this process, the following descriptors were found: "Death", "Understanding" and "nursing care". The BIREME databases were used, finding 38 results, filtering 26 and selecting 10, and PUBMED, finding 162 results and selecting only 02. The terms used during the search were classified and combined in the databases, resulting in specific strategies for each database, as shown in Chart 1.

Table 1 - Search strategies used in BIREME and PUBMED databases- Caxias- MA, Brazil, 2020.

Databases	Search Strategy	Results	Filtered	Seleccionados
BIREME (descriptors-Decs)	tw:((tw:(nursing staff)) AND (tw:(feelings)) AND (tw:(death and dying)))	38	26	10
PubMed **(descriptors MeSH)**	(("nursing, team"[MeSH Terms] OR ("nursing"[All Fields] AND "team"[All Fields]) OR "team nursing"[All Fields] OR("nursing"[All Fields] AND "team"[All Fields]) OR "nursing, team"[All Fields]) AND ("emotions"[MeSH Terms] OR "emotions"[All Fields])) AND ("death"[MeSH Terms] OR "death"[All Fields]) AND "humans"[MeSH Terms] AND ("loattrfree full text"[sb] AND "2010/05/01"[PDat] :	162	72	2

	"2020/04/27"[PDat] AND "humans"[MeSH Terms])			

Source: The authors

The inclusion criteria used were studies available in their entirety, published in the last ten years, from 2010 to 2020, in Portuguese, Spanish, and English. The following were excluded from the initial search: book chapters, abstracts, incomplete texts, theses, dissertations, monographs, technical reports, and other forms of publication other than full scientific articles. Also excluded were 45 unavailable articles, 51 articles outside the time frame, 06 studies not conducted with humans, 12 duplicate articles, and 74 did not meet the guiding question. The analysis for selection of studies was carried out in two phases, namely: in the first, the studies were pre-selected according to the inclusion and exclusion criteria and according to the search strategy of each database. Thirty-eight (38) studies were found as a general search in the BVS, and limiting the search to full-text articles carried out with humans in the last 10 years, twenty-six (26) studies were found. In the PUBMED database, the total search found one hundred and sixty-two (162) studies, applying the filter that limits the search by full text of the last 10 years with humans, seventy-two (72) studies were obtained, titles and abstracts were analyzed and the final result was two (02) studies. In the second phase, the studies were analyzed for potential participation in the study, evaluating the fulfillment of the research question, as well as the type of investigation, objectives, sample, method, outcomes, results and conclusion, resulting in twelve (12) articles. In the end, 12 articles met the guiding question and were added to the study. We opted for an analysis in statistical form and in text form, using mathematical calculations and inferences, which will be presented in charts to facilitate visualization and understanding. The research took into consideration the ethical aspects regarding the citation of studies, respecting the authorship of the ideas, concepts, and definitions present in the articles included in the review. The scientific evidence was classified according to the levels and degrees of recommendation of the study proposed by the author[6].

Figure 1 - Levels and degrees of recommendation

Source: Potter; Perry, Fundamentals of Nursing, chap.5, ed. 8, 2013.

RESULTS

Of the twelve studies included in this review, eight (08) were in Portuguese (66.6%), three (03) were in English (25%) and one (01) was in Spanish (8.3%). Most studies belong to the year 2015 and 2011(03/25%) each year, however, there were more recent researches and all with qualitative approach (12/100%); All articles used in this work were available in full in a free way to obtain information. The predominant level of evidence was regular according to the classification of Potter and Perry (2013), wheresix (50%) of the studies were pre-clinical studies, five case controls (41.6%) and only one systematic review (8.3%), all (100%) obtained a grade of recommendation "A" for the preparation of the nursing professional in the process of death and dying of the patient. Brazil (11/91, 6%) was the country with the most studies included.

Most studies have evaluated the nursing staff feelings,barriers, understanding about the process of death and dying: the results most found in research were presented, where you can see the perception of nursing professionals on the process of death and dying, and show that despite the emergence of negative feelings towards death, feelings as well as the difficulties in living with the patient and the family, brings powerlessness in the face of death/acceptance, acceptance of death already expected, sadness and anguish, difficulties in expressing feelings, frustration in the face of understanding the process of death and dying that is extremely painful, both for the grieving family and for the professionals who deal daily with the situation.

Even being considered as a natural process, death is not expected and evidenced as a common possibility, however, the older professionals do not take this feeling of guilt very much, precisely because they are already used to that common process of the life cycle.

Most studies suggest that there is a preparation of professionals facing the process of death and dying of the patient, and that this should be part of the curriculum, while they are in the training process, because the survey showed us that most of them are not yet psychologically able to this process and wanting or not ends up affecting the professional as a whole, according to the results presented in charts 2 and 3.

Chart 2 - Publications included according to article title, author, main objective and main results. Databases (N=12).

Order and base number	Title of the article	Authors	Study design Level of study evidence	Main objective	Main results
1 BIREME	The process of death and dying for intensive care nursing staff.	Author[7]	Case control/ Evidence level 4.	Describe the perceptions of team from intensive care center nurses abot the process of death and dying and its implications for nursing care.	It was possible to discuss the perceptions of nursing professionals about the process of death and dying and show that despite the emergence of negative feelings about death, there were no major repercussions on the care provided by them. Thus, the study obtained a grade B recommendation.
2 BIREME	Process of die at Unit Intensive Care (ICU) pediatric.	Author[8]	Series of cases/ Evidence Level 4.	To discuss how professionals deal with the process of death and dying, and to identify the the impacts caused in the assistance in intensive care units pediatric.	The participants answers evidenced how the nursing professionals feel during the process of death and dying, such as difficulties in living with the patient and the family, helplessness in the face of death/acceptance, acceptance of death already expected, sadness and anguish, difficulties in expressing the feelings, the understanding of the cause of death differs at each professional level and also affects the work climate. The death/death process is extremely painful, both for the grieving family and the professionals who deal with the situation on a daily basis. The results indicated a degree of recommendation B.
3 BIREME	Nursing professionals' perspective on death in the emergency room professionals nursing on death in	Author[9]	Series of cases/ Evidence Level 4.	Know perspective of nursing professionals, who work in the emergency room, about the process of death and dying.	The professionals understand that death is part of the process of living, but feel sadness, frustration and helplessness, especially when the patient stays longer in the emergency room. The study indicated grade B recommendation.

	emergency.				
4 BIREME	Child with cancer proces of dying and its family: the nursing team's face of the nursingstaff.	Author[10]	Series of cases/ Evidence Level 4.	Describe the specificsof nursing care and the team's performance facing the child with cancer in the process of dying and his family.	It was evidenced that death is understood as a loss and sometimes a relief. The team has difficulty in experiencing the child's dying process and establishes coping strategies such as not letting the child die alone, separating the professional from the emotional, neutralizing feelings and never showing weakness. The nursing team presents difficulties in dealing with the death of the child with cancer in the process of dying and supporting the family. Obtaining a degree of recommendation B.
5 BIREME	Terminality of child life: perceptions and feelings ofnurses	Autor[11]	Series of cases/ Evidence Level 4.	To understand the perceptions and feelings of professional nurses when facing the process of infant death and dying.	Besides the difficult acceptance, confrontation and assimilation of the finitude of infant life by nurses, nursing care is essential at this moment. The emotional unpreparedness of nurses and the lack of support, both in academic training and in their continuing education, as well as the lack of therapeutic support in health institutions to deal with the situation. Identified grade of recommendation B in the present study.
6 BIREME	The Meaning the death of the surgical patient experienced by team nursing staff.	Author[12]	Series of cases/ Evidence Level 4.	Understand the meaning of death of the surgical patient on everyday life from team from nursing.	Even though being considered a However, the feelings of the team that takes care of the surgical patient's recovery can be both of relief from suffering and of fulfillment of their competencies. Having grade B for study recommendation.
7 PUBMED	Preparing residents for death in long-term care: the experience of frontline staff.	Author[13]	Series of cases/ Evidence Level 4.	Identify characteristics of the resident, Certified Nursing Assistant (CNA), and context of care associated with CNAs' preparation for the resident's death and determine differential patterns for emotional preparation versus	Certified Nursing Assistants (CNAs) who reported that their resident was "aware of dying" or "inpain" expressed higher levels of emotional and informational preparation. CNAs who endorsed an end-of-life care preference of wanting all possible treatments, regardless of the chances of recovery, were likely to report less emotional preparation. The more gentlemanly CNAs, with respect to both age and tenure, reported higher levels of preparedness. Greater support from co-workers and involvement in palliative care

					information.	were also associated with higher levels of both facets of preparedness, the latter in particular when palliative care was viewed positively by the CNA. Thus, the study was rated B for recommendation.
8 BIREME	Meanings attributed by the pediatric ICU nursing team pediatric ICU to the process of death and dying.	Author[14]	Series of cases/ Evidence Level 4.	To understand the feelings experienced by nurses when facing the death of pediatric patients.		The results showed that facing death is a delicate situation, requiring a cautious approach that considers the needs of all involved: child, family and team. It was evident that the theme of death remains little explored and discussed during professional training and that the organization of specific support services in institutions could contribute to a more qualified attention in these contexts. Therefore, obtaining a grade B of recommendation.
9 BIREME	Experiences of nurses facing death in the ICU Neonatal.	Author[15]	Series of cases/ Evidence Level 4.	Know the experiences of nurses regarding to process dying/death process from child admitted to the neonatal intensive care unit.		From the analyses of the interviews, three categories emerged: The conflict between the idealized and the experienced for feeling that one has failed and for professional failure, for thinking that he was not competent. The experience of negative feelings such as fear, guilt, sadness and others; The sharing of the death process with the family, sadness at the suffering that death will generate in them. It was possible to verify that this unit is a critical place for the professionals who work there in the daily coexistence with the limit between life and death. The study indicates recommendation grade B for research.
10 PUBMED	Reactions and feelings of nursing professionals facing the death of patients under their care.	Author[16]	Case control/ Evidence level 4	To know the reactions and feelings of nursing professionals when faced with the death of patients under their care.		The defense mechanisms most used by professionals in these situations are denial and avoidance, avoiding talking about the subject, each team member has different reactions to the death of the patient, the daily living with suffering and the possibility of death is perceived by nursing professionals in a negative way, with much sadness, pain and suffering, longing, besides arousing some fear and feelings of helplessness since can do nothing. Having recommendation grade B.

11 BIREME	Nursing in the process of dying and death in intensive care: a study of review literature.	Author[17]	Literature Review/ Evidence Level 5	Analyze in articles published in Portuguese and Spanish how nursing experiences process of dying and death in the ICU.	The ICU influences the nursing experience in the face of death, it is common for professionals to experience suffering and other feelings, develop defense mechanisms as a way to compensate for the emotional unpreparedness. Thus, the study had recommendation grade B.
12 BIREME	Feeling and perceptions of the nursing team facing death and the dying process in the ICU.	Author[18]	Series of cases/ Evidence Level 4	To identify the feelings and reactions of the nursing staff to death and the dying process in the ICU.	It was possible to verify that death is still seen as an enigma and that the nursing team experiences feelings of incompetence, anguish and unpreparedness in dealing with patients in the process of death and dying, even living routinely with this situation. This suggests the need for clarification of how to deal with death and the dying process in the training of health professionals, in order to provide assistance to patients in the process of death and dying qualified and integral. Thus, obtaining recommendation grade B.

Source: direct research.

Table 3 - Presentation of results regarding the author, acceptance, nursing care, obstacles and prevention strategies, DATA BASE (N=10).

Authors	Indication from acceptance and understanding	Assistance nursing	Obstacles encountered	Strategy to minimize
A7; A11; A15	The feelings and perceptions facing the process of death and dying and the changes in the perception of death in different stages of life. Both show feelings, initial experiences with death as a professional, and the lack of preparation about the theme during training.	The professionals understand that death is part of the process of living, but feel sadness, frustration, and powerlessness, especially when the patient stays longer in the emergency room.	Many professionals, despite allowing the interview to take place to take place in another location, did not accept that it take place outside the environment.	It is believed that this study can contribute to professionals being motivated to reflect and discuss more humane and supportive care in the hospital emergency department.
A8; A9; A14	To care for children with cancer and their families, the nursing staff must understand the dying process,	Keep interpersonal relationship, understanding and companions hip as facilitating attitudes;	A team has difficulty in experiencing the child's dying process and	The training of the study team about palliative care, the dying process, death and mourning, as well as group discussions in order

	because care is very differentiated and difficult, given the operational and relational aspects.	and the nursing assistants think that good relationship, respect unity, understanding and flexibility with the child and his family facilitate interaction.	establishes coping strategies such as not letting the child die alone, separating the professional from the emotional, neutralize feelings and never show weakness.	to deal with these critical situations are fundamental. It is necessary to reflect with the team on these issues so that transformations occur in the nursing care practice.
A9; A16; A17	From the perspective of emergency room professionals who work in the emergency room, death is part of the process of living, a relatively common occurrence in this sector and, even so constitutes an event that generates negative feelings.	Health care is considered as one of the most complex in the health care system, since it deals with critical and/or critically ill patients using technological devices, which require from professionals, training for the correct handling of the equipment, for decision making and immediatead option of conducts.	There is a need for continuing education/capacity building on the theme of "death" in order to of better prepare these professionals to deal with the death of the target of their care.	It is emphasized that humanized care in intensive care must be the main factor conditionant of the multidisciplinary health team's performance, and emphasizes the holistic view of the patient, since it seeks to meet all the patient's needs and contributes as much as possible to improve the patient's quality of life.
A10; A12; A18	For some professionals death is a natural procedure of life, for the unfolding of health process- disease may direct the patient toward the end. In this way, there is a greater naturalness in dealing with death, which does not exempt the presence of feelings in the process, being this, however, faced with more serenity.	A he team nursing team crucial in the care of these patients, making sure that they get the best possible assistance when facing a situation of death.	In the surgical context the word death brings countless feelings that are mostly negative, because what is expected after a surgery is the patient's recovery. Thus, the subject is considered taboo, tending to be masked in order to avoid being discussed and faced openly.	It is necessary to prepare the professionals of nursing so that they can provide authentic care to those who experience the process of death and know how to recognize the patient as a human being who is in this process, understanding the multiple experiences in this crucial moment.
A11; A13; A15	Learning to deal with death without losing humanity can mean transforming the encounter with the child and his family into dialogical moments of true encounter, giving meaning to the professional work.	Living with suffering and the possibility of death on a daily basis of death does not exempt the professionals the experience of conflicts and expression negative feelings. The professional nursing	The feelings reported by the team when facing death are frustrating. They feel frustrated, especially when they see the despair of the parents who wanted their child so much and have	It becomes necessary, then, to raise the awareness of nurses and their team so that they don't consider the experience of death as something fragile, shameful, shrouded in negative feelings, but as a possibility of expanding care, from the perspective of comfort, providing

		is in the midst of a scenario of diversity, a constant challenge, since you live daily in conflict, fighting for life and against death.	just lost him.	effective and resolutive support.
A12; A13; A15	Professionals create ways to protect themselves from suffering from the death of the other and from reflecting on their own deaths. It should be understood as a process, because if the terminally ill patient is considered as a social and historical being with his own beliefs and values, who is inserted in a family and social context, caring for him in these critical moments, is to seek understand it, listen to it, and respect it.	Even though it suffers, the practice of nursing requires continuing to care for the other, who also suffers. In order to perform their functions without getting sick, nursing professionals need to learn how to deal with the stress generated by contact with the other's suffering.	Fear of talking about denial of death, naturalization of death, the way to elaborate their feelings, experiencing this process in a more humanized way.	Reflecting on this theme may help these professionals to experience this process in a more balanced way, strengthening them to care for the patient and his family, minimizing their own suffering. Strengthening them to care for the patient and his family, minimizing their own suffering. There is a need to review the conception of death as a failure of therapy and care actions, synonymous with professional failure.
A8; A10; A11; A12; A13	Experience such experience, and all the doubts, insecurities and uncertainties that permeate it, provides, on the other hand, a review of the concepts and feelings of this professional about death, allowing a necessary reflection a construction of their own coping strategies.	The appreciation of life in its unfolding, of the child as a symbol of something to come, reveals the need of the human community to protect its own future and to renew the hope of the new generations.	Professionals health are more exposed to psychological health professionals are more exposed by their daily occupational in unhealthy environments and dangerous, and especially, in function of experience a repetitive routine and a close proximity to pain and death.	The pain and suffering, in these cases, although present, allow the gradual elaboration of strategies for its management; and the perspective of death becomes, thus, a constant companion in the daily life of the family members and professionals involved.
A14; A17; A18	The professionals also suffer in this process because talking about death and the dying process demands great cognitive effort from them. Cognitive efforte emotional,	Therefore, it is necessary to talk about death, be it without dialogue, death will remain a potency close to the other, but distant from us and silenced in the process of care as a	The attitudes people towards death are influenced by personal, cultural, social, and philosophical belief systems that will shape their behaviors	The reflections are needed by palliative care teams who need to work together, with firm and constant interpersonal communication with each other, in order to strengthen interprofessional

	because this language was not taught to them, or was taught only incipiently, in the pedagogical process of training. There is no adequate and sufficient investment in training, either at the level as well as of higher education that level thatallows them to interpret the feelings.	power close to the other, but distant from us and silenced in the process of caring.	consciously or not.	collaboration, because effective communication strengthens interprofessional collaboration, since effective communication tightens bonds and promotes greater security in care. In addition, communication also needs be improved with patients and families.
A12; A14; A15	A formation of the nursing professional can be cited in this category, in the sense that the authors attribute that the unpreparedness in the academy brings up the negative feelings about death.	In recent years, studies on death and its influences on the team, care and quality of care have emerged of assistance, a subject that, until then, was seen as taboo and little discussed.	The professional nurse has countless feelings when a patient evolves to death, from more general feelings such as general sensations such as the pain of loss, to more specific sensations specific feelings such as dissatisfaction, nonconformity, failure and denial not are able to maintain the patient's life.	It is necessary to deepen the vision of the nursing professional on the subject, so that he/she can perceive beyond the circumstances of the context, and know the processes of death and dying, so that his/her assistance can be of quality.
A16; A17; A18	The social conception of death is the resultof a long historical process, marked by different economic and social systems, as well as by customs involving existential, subjective, and spiritual dimensions.	This is fundamental highlight aspects related to those who deal daily with cadavers and need to handle materials used in autopsies, such as tables, specif ic clothing, sharp objects among others.	There is a deficiency in educational formation of professionals who deal with death and bereavement, especially those who work in health care settings.	The necessity of creation programs aimed at death education in the curricula of professionals and in society at large, including interventional measures and protocols in cognitive-behavioral therapy to acquire skills for adequate and healthy coping of these experiences.

Source: direct research.

The studies selected for this integrative review focus on themes pertinent to the area of the study of death and the end-of-life process, thanatology, and point to the need for training health professionals in death education and acceptance of the end of the life cycle[9,10].

According to the results when death happens in old age it is a natural and acceptable

fact, in adulthood it is frustrating because it makes the elderly phase impossible and when it is a child's death the difficulty of accepting the feelings and frustrations present themselves with greater intensity[7,12] .

The studies pointed out that information does not have the desired effect on the episode of death, making it necessary to provide caregivers with adequate support, oversight, and role delimitation to reduce the challenges identified[15,16] .

The evidence provided points out that home palliative care can help by increasing the chance of the patient dying at home and reducing their symptom burden, without having much impact on the caregiver[14] .

However, there is a need to create spaces to discuss the theme of death among professionals, due to their difficulty and suffering when communicating bad news and the development of new measures of coping and support for the professional who lives this process every day and tries to develop an emotional blunting in relation to this process of death/death[4].

DISCUSSION

CHARACTERIZATION OF THE FINDINGS ACCORDING TO THE VIEW OF OTHER AUTHORS

Several factors have been identified in the process of death and dying, which leads to questions and psycho-emotional changes in health professionals' lives and point out the main findings, revealing to be common that health professionals have assistance in the process of death and dying, feelings and perceptions facing the process of death and dying and changes in the perception of death in different stages of life and bring experiences from the early stages of the process until the end of the life cycle, while the professional has seen the lack of preparation on the subject during academic training [19].

Corroborating with the author above, another author states in his study that professionals understand that death is part of the process of living, but that they can not stop feeling sadness, frustration and helplessness, especially when the patient stays longer in the emergency requiring special attention and the commitment of professionals to postpone the end of life. Thus, the same author states that it is important that professionals know how to maintain a good interpersonal relationship, understanding and companionship with the other health professionals, demonstrating facilitating attitudes aiming at improvements in the quality of assistance and a good relationship, with respect to the pain of others, understanding and flexibility to the family strengthening the bond and access to universal health care[20].

The obstacles encountered in this process are diverse, however, nursing actions are essential to support family and team with ethical and constitutional support, so the emotions and feelings before the process of death and dying, are endowed with large assignments and tributes to the health professional, in addition to its

repercussions and impacts caused in professionals and family members of patients require more time and expenditure of energy and assistance from trained professionals to help them in the end of life process, leading to the commitment of a multidisciplinary team and also demonstrates the need for assistance from a professional psychologist[21] .

The importance of new investigations directed to those who deal with the process of death and mourning in their daily work, leading only to therapeutic suggestions, without enabling the indication of intervention on the thoughts, emotions and behaviors. It is suggested, therefore, protocols directed to therapy in the cognitive- behavioral psychological approach, considering the particularities faced by those who suffer from sudden or gradual loss and their functional or dysfunctional beliefs about death[22]

The author mostly sustains the argument to stop working death as the fact that most courses have in their curricula the focus of work only on life, on healing and well being of the patient. Thus, there is a huge gap in the curricular matrix of undergraduate courses. The reflection of this is the formation of professionals unprepared to deal with death during their professional practice[23] .

It is worth mentioning that the most current curricula, inserted within an anthropological and psychological perspective, value disciplines and moments in which the student, with his personal issues, has space to manifest his principles in order to mature his

view of reality. However, despite this configuration expressed in the documents that guide the pedagogical praxis, currently, it is still perceived that the professionals who work in the practice, as they have not had this look and this foundation, leave a disproportionate gap in the daily work[20] .

In the daily professional life of nurses, care permeates and consolidates their practice, however, this is a remarkable process in the development of coping actions and improvements, attitudes and behaviors based on scientific knowledge, experience, intuition and critical thinking performed for and with the patient, with the intention of improving the care provided, promoting, maintaining or recovering their dignity and human whole[24] .

CONCLUDING REMARKS

This study sought to highlight the theme of death and dying and its repercussions in practice and the impacts and obstacles faced by nursing, and achieved the objectives from the presentation of consistent and appropriate results to the proposed, a profession that stands out for care, and the nurse, the professional closest to the patient and his personal dilemma facing the process of death and dying. One of the major impasses of the research was due to the few references and studies on the death/death process. Thus, it is important to realize that nurses live in their daily lives the contradiction between the human and the professional, often mixing emotions and feelings with the tasks and responsibilities of the profession.

The limitations of this study were due to the low quantity and quality of scientific evidence, requiring the application of various filters and careful selection of studies that meet the objective. Another limitation is in relation to the studies with ahigh degree of evidence in the last five years emphasizing the impacts, obstacles, and catches

The studies that have proposed to analyze how nurses deal with death and religiosity in the process of care in their daily professional life are insufficient.

It is understood that this study has the function of bringing information to substantiate the professional practice, assisting in the ideal conduct of nurses facing the patient's death process, strengthening the daily practice, although it is frequent in units that demand special and intensive care to patients in the final stage.

Therefore, it is necessary to have better practices, adequate training, emotional support, and psychological support to deal with this process, since nursing is one of the main professions that live with the end-of-life process, with human finitude that is full of discoveries and experiences for both the terminally ill patient and the professionals who are offering care and ensuring dignity to the end-of-life process, and resolving doubts and anxieties.

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