

ANXIETY AND DEATH AND DYING PERCEPTIONS AMONG NURSING UNDERGRADUATE

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ABSTRACT

Objective: To verify the degree of anxiety about death and the different perspectives of the death and dying process among undergraduate nursing students.

Method: Cross-sectional study, conducted in five universities in northwestern Paraná. Data were collected between August and October 2017, through a self-applied questionnaire addressing sociodemographic questions and anxiety scales and perspectives of death. Data were analyzed using descriptive and inferential statistics.

Results: Most (41.7%) of the 108 undergraduates pointed insufficient discussion of this subject in class. Correlation between anxiety and the following prospects of death was observed: feelings of suffering and loneliness ($p=0.0275$), abandonment as a sense of guilt ($p=0.0177$) and fear of failure ($p=0.0262$).

Conclusion: Anxiety and religion were associated with feelings about death that should be better addressed among future nurses.

Keywords: Nursing; Death; Students, Nursing.

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INTRODUCTION

In Brazil, estimates point that approximately 1,264,175 million people die each year from different causes[1]. However, death remains a complex issue, difficult to address, both in personal and professional life[2].

It is noteworthy that one of the duties of the nursing professional is to promote nursing care, based on the promotion of quality of life, throughout the life cycle, from birth to death and mourning[3]. However, even being part of the daily life of these professionals, death still presents as a triggering situation of negative reactions and feelings, both in personal and professional life, which can negatively interfere in the quality of care provided to patients and their families facing the possibility of death[4].

It is emphasized that in the academy students are in a process of developing their professional profile and everything that interferes in this process can have consequences for the professional future. Thus, in the health field, the difficulties of understanding the process of death and dying and the care provided at this moment can be exacerbated[5], since most educational institutions

approach this theme in a fragmented and deficient way, without room for discussion of experiences that can lead the undergraduate to reach a clearer understanding about death[2], which requires technical competence, knowledge, reasoning, perception and sensitivity[6]. The deficit in nursing education to deal with the death of critically ill patients interferes with the quality of care provided[7].

A factor that may contribute to the fact that this training does not occur fully is that the teachers themselves do not have enough skills to work with this theme, being feeling unprepared and/or insecure[8]. Discussing death through school can better prepare undergraduates for such a frequent health field experience, as well as reduce stress and anxiety in situations that emotionally weaken the client, their families, and sometimes nursing staff.[9-11].

Such behaviors, in addition to negatively interfering in the nurse-patient relationship, place the professionals in a situation of emotional vulnerability, which may culminate in the occurrence of Burnout Syndrome[12]. Therefore, it is substantial that educational institutions prepare future health professionals to deal with the process of death/dying in daily professional practice,

with an approach to the theme throughout the training cycle[10,12-13].

Thus, the objective of the study was to verify the degree of anxiety about death and the different perspectives of the death and dying process among undergraduate students from the senior year of nursing school.

METHOD

Non-probabilistic cross-sectional study, conducted in the northwestern region of the state of Paraná with students from the senior year of nursing school of five universities, three public and two privates. Participants were selected by convenience, by including students present in the classroom on the days set for data collection and who voluntarily agreed to participate.

Data were collected between August and October 2017, through a self-applied questionnaire consisting of two parts, the first with sociodemographic questions (gender, age, marital status, color/race and religion) and the approach of the theme during training. The second part comprised two scales: "Different Perspectives of Death" translated and validated into Portuguese[14], consisting of 43 items distributed in eight factors: 1)

Pain and loneliness, which represents death as a moment of agony, isolation, anguish and loneliness; 2) Beyond-life reward - points to an image of death as a new life, with satisfaction, reward, happiness, and union with God; 3) Indifference, which indicates death as an indifferent phenomenon to the human being; 4) Unknown, presents the perspective of death as uncertainty, mystery and unknown; 5) Abandonment, in which death is imagined as abandonment and a moment to feel guilty; 6) Courage - death is conceived as an opportunity to show virtues, such as facing the last test of life; 7) Failure - indicates death as something that ceases the achievement of personal potential as the accomplishment of meaning and life goals; 8) Natural end - suggests death as something that is part of the natural cycle of life. Answers are presented on a seven-point Likert scale ranging from 1 = Strongly Disagree to 7 = Strongly Agree. The maximum possible score is 258 and a minimum is 43 points.

The "Anxiety to Death" scale also validated[14], with 11 questions and answers on a five-point Likert scale, where 1 = totally in disagreement (absolutely no) and 5 = totally in agreement (absolutely yes), being the maximum score of 55 points and the minimum of 11.

Data were double typed in an Excel spreadsheet and analyzed using Statistical Analysis Software (SAS - version 9.3). Descriptive analysis was used to characterize the population using mean and standard deviation. Correlation analyzes between anxiety and the different perspectives of death were tested using the Spearman test. The Wilcoxon test was used to verify hypotheses between the type of institution and religion variables. For all tests, a significance level of 95% ($\alpha=0.05$) was considered.

The study complied with national and international human research standards (Opinion n. 2,171,120). Participants signed the Informed Consent Form.

RESULTS

A total of 108 undergraduate students participated in the study, 55 from public and 53 from private institutions, aged between 18 and 49 years, average of 26 years (± 7.24). There was a predominance of female (85.2%), single (76.9%), white (75.9%) and Catholic (65.7%) students. Significant differences were only observed between public and private institutions in relation to gender, because while public institutions had 5.5%

male students, in private ones they were 24.5%, which also had a higher proportion of married (28, 3 vs. 18.2%), non-white (26.4 x 21.8%), and evangelical (26.4 x 20.0%).

Most students reported having had some death-related experience (89.8%) with significant difference between public and private institutions. Significant differences between institutions (public vs. private) were also observed between the place of experience and feeling prepared when a patient died (Table 1).

The approach of death vs. dying during undergraduate school was mentioned by the majority (75.0%), and students from public institutions stated greater learning about the subject during the internships, while students from private institutions, in theory ($p=0.007$). The other questions related to the approach of the theme during graduation are presented in Table 1.

Table 1 - Experiences of death, and perceptions regarding the nursing course according to students. Maringa, PR, Brazil, 2017.

ISSUES ADDRESSED	Public n (%)	Private n (%)	Total n (%)	p-value
EXPERIENCE WITH DEATH				
EXPERIENCE WITH DEATH				
Yes	54 (98,2)	43 (81,1)	97 (89,8)	0,003
No	1 (1,8)	10 (18,9)	11 (10,2)	
PLACE OF DEATH EXPERIENCE				
Family	38 (69,1)	33 (62,3)	71 (65,7)	0,001
Undergraduate school	8 (14,5)	0 (0,0)	8 (7,4)	
Other	8 (14,5)	10 (18,9)	18 (16,7)	
None	1 (1,8)	10 (18,9)	11 (10,2)	
FEAR OF DEATH				
Yes	14 (25,5)	11 (20,8)	25 (23,1)	0,563
No	41 (74,5)	42 (79,2)	83 (76,9)	
PREPARED FOR APATIENT'S DEATH				
Unprepared	3 (5,5)	1 (1,9)	4 (3,7)	0,001
Partially prepared	37 (67,3)	18 (34,0)	55 (50,9)	
Prepared	15 (27,3)	34 (64,2)	49 (45,4)	
REPORT THE DEATH TO A RELATIVE				
Yes	22 (40,0)	34 (64,2)	56 (51,9)	0,012
No	33 (60,0)	19 (35,8)	52 (48,1)	

ISSUES ADDRESSED	Public n (%)	Private n (%)	Total n (%)	p-value
REGARDING UNDERGRADUATE SCHOOL				
THERE WAS THIS SUBJECT IN UNDERGRADUATE SCHOOL				
Yes	37 (67,3)	44 (83,0)	81 (75,0)	0,059
No	18 (32,7)	9 (17,0)	27 (25,0)	
IN WHICH SUBJECT				
Theory	13 (23,6)	28 (52,8)	41 (38,0)	0,007
Clinical/ Practice	29 (52,7)	16 (30,2)	45 (41,7)	
None	13 (23,6)	9 (17,0)	22 (20,4)	
WHICH SUBJECT APPROACH THIS THEME				
Nursing Fundamentals	4 (7,3)	5 (9,4)	9 (8,3)	0,716
Adult Health	11 (20,0)	6 (11,3)	17 (15,7)	
Psychology	15 (27,3)	19 (35,8)	34 (31,5)	
Anatomy	6 (10,9)	7 (13,2)	13 (12,0)	
Bioethics	6 (10,9)	7 (13,2)	13 (12,0)	
PERCEPTION CHANGED AFTER PATIENT'S DEATH				
Yes	32 (58,2)	29 (54,7)	61 (56,5)	0,717
No	23 (41,8)	24 (45,3)	47 (43,5)	
WHAT IS MISSING IN NURSING EDUCATION				
Early contact with patients	1 (1,8)	4 (7,5)	5 (4,6)	0,105
Discussion of content on undergraduate school	29 (52,7)	16 (30,2)	45 (41,7)	
Previous experiences with the process	7 (12,7)	9 (17,0)	16 (14,8)	
Humanization in experiences	10 (18,2)	17 (32,1)	27 (25,0)	
Interaction with other sciences such as Psychology	8 (14,5)	7 (13,2)	15 (13,9)	

Regarding the Different Perspectives of Death scale, an average score of 141 points (± 54.08) and a median of 139 points were observed. The minimum score was 44 and the maximum 258 points (data not shown in

table). The average for the factors "Beyond-life reward" and "Unknown" was higher than those obtained for the other factors (Table 2).

Table 2 - Mean factors of the 'Different Perspectives of Death' scale among nursing students. Maringa, PR, Brazil, 2017.

DIFFERENT PERSPECTIVES OF DEATH	Mean (\pm)	Max Value	Min Value
Pain and loneliness	15,68	36	6
Beyond-life reward	22,74	36	6
Indifference	12,40	30	5
Unknown	25,24	36	6
Abandonment	13,19	30	5
Courage	18,29	36	6
Failure	13,98	30	5
Natural end	19,48	24	5

Regarding the Anxiety to Death scale, an average score of 38.74 points (± 9.18) and a median of 39 points were observed. The minimum score was 14 and the maximum was 55 points. These results reflect a

high tendency for anxiety about death in the study sample, since the maximum score of this scale is 55 points.

Table 3 - Perspectives of death and dying of nursing students, according to the type of educational institution. Maringa, PR, Brazil, 2017.

VARIABLES	INSTITUTION	AVERAGE SCORE	p-value
Pain and loneliness	Public	51.2	0.1346
	Private	57.8	
Beyond-life reward	Public	54.9	0.4377
	Private	54.0	
Indifference	Public	51.3	0.1395
	Private	57.8	
Unknown	Public	55.1	0.4207
	Private	53.8	
Abandonment	Public	50.1	0.0719
	Private	58.9	
Courage	Public	52.5	0.2521
	Private	56.5	
Failure	Public	52.6	0.2615
	Private	56.4	
Natural end	Public	55.2	0.3960
	Private	53.6	

In investigating the association between different perspectives of death and religion, it was observed that evangelicals

believe that death is a path to a new life ($p < 0.005$) (Table 4).

Table 4 - Perspectives of death and dying according to the religion of nursing students. Maringa, PR, Brazil, 2017.

VARIABLES	RELIGION	AVERAGE SCORE	p-value
Pain and loneliness	Catholic	59,1	0,0759
	Evangelical	48,3	
	Other/None	39,8	
Beyond-life reward	Catholic	56,6	0,0005
	Evangelical	63,8	
	Other/None	22,4	
Indifference	Catholic	54,5	0,7484
	Evangelical	51,7	
	Other/None	60,0	
Unknown	Catholic	57,2	0,1069
	Evangelical	55,2	
	Other/None	36,6	
Abandonment	Catholic	55,3	0,8009
	Evangelical	54,8	
	Other/None	48,8	
Courage	Catholic	55,4	0,3721
	Evangelical	57,5	
	Other/None	42,7	

VARIABLES	RELIGION	AVERAGE SCORE	p-value
Failure	Catholic	56,5	0,4618
	Evangelical	53,4	
	Other/None	44,5	
Natural end	Catholic	56,1	0,7016
	Evangelical	52,3	
	Other/None	48,9	

Correlating anxiety with the different perspectives of death showed significant values for the subscales: pain and loneliness

($p=0.0275$), abandonment ($p=0.0177$) and failure ($p=0.0262$) (Table 5).

Table 5 - Correlation between anxiety and different perspectives of death among nursing students. Maringa, PR, Brazil, 2017.

DIFFERENT PERSPECTIVES OF DEATH	ANXIETY (R)	p-value
Pain and loneliness	0.21217	0.0275
Beyond-life reward	0.11594	0.2321
Indifference	0.06730	0.4889
Unknown	0.09643	0.3208
Abandonment	0.22792	0.0177
Courage	0.06503	0.5037
Failure	0.21391	0.0262
Natural end	0.12149	0.2104

DISCUSSION

Most undergraduate students reported having had death-related experiences, but it was possible to identify differences in the approach of this theme among students from public and private institutions. In public ones the approach occurs most often in practical activities (clinical) while in private ones, in theoretical classes. There was also a positive correlation between anxiety about death and the different perspectives of death, that is, the higher the anxiety levels, the more frequent the feelings of pain, loneliness, abandonment and failure before death.

Most of the undergraduate students reported a death-related experience, but it was mostly family-related. It is noteworthy that undergraduates from public institutions had more contact with the death of patients than those from private institutions. This result resembles a study conducted at the University of Brasilia with 995 undergraduate health courses, which found that only 11.3% had had some experience with patient death[15].

These data point the poor contact of students with critically ill patients, terminally

ill or in emergency rooms in practical situations. Despite this, most participants stated that they were not afraid to witness the death of a patient, although only slightly more than half feel partially prepared for this situation. In this sense, a study with 50 nursing students found a higher frequency of fear (62.0%) in regarding to someone's death in students who considered themselves partially prepared for the loss of a patient[16].

Undergraduates from private institutions have shown that they feel more prepared for the death of a patient, which is probably related to the fact that, according to them, this theme is addressed during undergraduate studies rather than in public institutions. However, it was observed that just over half of the participants said they were prepared to report death to the patients' relatives. The literature points out that this is not an easy task, as it requires sensitivity, patience, empathy, scientific knowledge, among other skills. Even experienced professionals sometimes find it difficult to make this kind of announcement. Concerning this, it is true that during clinical activities, students may even have the opportunity to accompany a more experienced professional in the accomplishment of this task, but they will never be in charge of it during the under-

graduate course[17]. This way, they will need time after finishing the nursing course to acquire skills that will enable them to make this kind of announcement.

Just so the student finishes the degree with enough preparation to face the process of death and dying, the theme must be approached sufficiently and following its different perspectives, both theoretical and practical. However, 20.4% of the undergraduates under study, despite being in the last semester of the course, stated that the topic was not addressed throughout the course.

It is believed that the systematic approach to this subject in the psychology subject can contribute effectively preparing the future professional. It is possible to work on the anxiety of the students and prepare them to cope with the death situation during their internships and working life, and even their approach to the family, when necessary[18]. However, due to the complexity surrounding this theme, it has to be taken up in several subjects throughout the course. In addition, teachers need to take advantage of the occurrence of deaths during clinical stages to promote group discussion and enable academics to express their feelings about what happened. It is emphasized that nursing care

must include ethical, psychological, historical, religious and cultural information[19].

Regarding the differences observed regarding the perspectives of death in different religions, it was found that among evangelicals the conception of death as 'beyond-life of reward' was more frequent, that is, they see death as a reward and union with God, while among Catholics, despite greater emphasis on 'pain and loneliness', no differences were observed between the various conceptions of death and dying. This result reinforces that religious beliefs can influence the way a person faces loss. Concerning this, a study conducted with women who experienced the process of spouse mourning identified that evangelicals have different perceptions of death compared to other religions[20].

Thus, religion is a relevant factor in the process of acceptance and coping with death, because people often find in it strengths to better tolerate this difficult phase[21]. And regardless of belief, having some religious involvement makes people feel less afraid of death, because they rely on religious teachings to find answers about the reasons for life and death and what happens after death[22].

In this sense, a study with nurses showed that in their perceptions there is a better acceptance of the imminence of death and suffering in religious patients and that, given the possibility of finitude, patients are more attached to religion[23].

Regarding anxiety, the data showed that the students had a high degree of anxiety about death (average score of 38.7). A study conducted in Portugal identified a high level of anxiety among health professionals, but with a lower average score (33,9)[24]. Higher degrees of anxiety among students can be explained by the lack of experience associated with poor approach to the theme throughout nursing school.

It was found that the greater the anxiety about death, the greater the frequency of negative feelings marked by 'pain and loneliness', 'feeling of abandonment', 'guilt for leaving loved ones' and 'haunting failure'. A study conducted in Campina Grande-PB with 400 psychology, nursing and medical students, found that the most common fear among them was to have a painful death and/or to experience the process of dying being cared by strangers[25].

To assist in this confrontation, the teaching strategies used should allow undergra-

duates to find support and security, update their knowledge about the clinical cause of death and provide support to family members and patients involved in the death/dying process[26]. Among the possible actions, we highlight the need and importance of integrating the multidisciplinary team with practical discussions of cases among all professionals, in view of the improved quality of coping with the process of life finitude[13].

Thus, discussing the training of nurses in the face of the process of death and dying is important when it comes to alleviating wishes, anxiety and impairment of the mental health of health professionals, due to the difficulties to provide quality and humanized care to patients and relatives. It is urgent to introduce in the academic training a critical-reflexive view on the process of death and dying, because quality care to people in end of life situations is possible, especially when one is prepared for this purpose[10].

A study that carried out an intervention with nursing students in Macaé - RJ, using a participatory teaching-learning method, on the theme of death, dying and associated care, aiming to favor the problematization of the theme, found that by exposing their own realities, feelings, fears and anguish about

the theme through the design of hypothetical scenes in which care was given to dying patients, students were able to reflect, criticize or change scenes, which, metaphorically, was translated into reviewing behaviors, interpreting situations to be attributed new meanings, acquiring knowledge and recognizing the need to search for new knowledge to deal with this process[6].

A study conducted in Canada points out that the university hospital's pediatrics unit uses death/dying discussions with patients, parents and health professionals as coping strategies, and most conflicts are often resolved at the time of death. Professionals also highlight the importance of two-step interdisciplinary meetings - between professionals and parents - postmortem ethics meetings, mourning follow-up protocols and clinical ethics services[27]. Finally, other strategies pointed out in the literature to favor the development of skills and performance in situations of coping with death and dying in professional life are experimental games[28] and death education groups that are developed as extra-curricular activities[29].

Possible limitations of the study are related to the adopted design, because cross-sectional studies do not allow to observe

the cause and effect relationship (death and dying versus anxiety among students) and also to the fact that most participants were female, which did not allow to identify if there is a difference in perspectives and anxiety between men and women. In any case, the results are valid, as there are still few studies on the degree of anxiety about death and on the different perspectives of the process of death and dying among nursing students, despite its importance, since in the future they will often face these situations. Thus, it is necessary to demystify death and the dying process, even during undergraduate course and this study contributes, as its results show important aspects related to this problem.

CONCLUSION

The results allow us to conclude that the students of the last year of the nursing courses under study have a high degree of anxiety about death and that most have had some experience related to death especially in the family. Although they consider that there is a gap in the approach of the subject in the undergraduate course, most of the academics declared themselves prepared to

face this process, indicating that they may be banalizing this preparation, as they presented a high degree of anxiety about death, which in turn, can be explained by the lack of experience associated with the lack of approach to the subject throughout the course.

REFERENCES

1. Ministério da Saúde (BR). Sistema de informação sobre mortalidade. DATASUS. Brasília, DF: Ministério da Saúde; 2015.
2. Bandeira D, Cogo SB, Hildebrandt LM, Badke MR. A morte e o morrer no processo de formação de enfermeiros sob a ótica de docentes de enfermagem. *Texto Contexto Enferm*. 2014jun; 23(2):400-07. doi: <http://dx.doi.org/10.1590/0104-07072014000660013>
3. Conselho Federal de Enfermagem (COFEN). Resolução Cofen 564/2017. Código de ética dos profissionais de enfermagem [Internet]. Brasília, DF: COFEN; 2017. [citado 2019 jun. 20]. Disponível em: <http://www.cofen.gov.br/wp-content/uploads/2017/12/RESOLU%C3%87%C3%83O-COFEN-N%C2%BA-564-2017.pdf>.
4. Nunes NLF, Araújo KM, Silva LDC. As evidências sobre o impacto psicossocial de profissionais de enfermagem frente à morte. *Rev Interd [Internet]*. 2016 [citado 2019jun. 22];9(4):165-72. Disponível em: <https://revistainterdisciplinar.uninovafapi.edu.br/index.php/revinter/article/view/545>.
5. Oliveira ES, Agra G, Morais MF, Feitosa IP, Gouveia BLA, Costa MML. The process of death and dying in nursing students perception. *J Nurs UFPE on line*. 2016 May;10(5):1709-16. doi: 10.5205/reuol.9003-78704-1-SM.1005201617
6. Lima R, Bergold LB, Souza JDF, Barbosa GS, Ferreira MA. Death education: sensibility for caregiving. *Rev Bras Enferm*. 2018;71(suppl 4):1884-89. doi: 10.1590/0034-7167-2017-0018
7. Freitas TLL, Banazeski AC, Eisele A, Souza EM, Bitencourt JVOV, Souza SS. The look of nursing on death and dying process of critically ill patients: an integrative review. *Enferm Glob [Internet]*. 2016 [cited 2019 Aug 21];15(41):322-34. Available from: http://scielo.isciii.es/pdf/eg/v15n41/en_revision2.pdf
8. Nunes ECDA, Santos AA. Challenges of nursing teaching-learning to care for human dying - professors' perceptions. *Esc Anna Nery*. 2017Oct;21(4):e20170091. doi: 10.1590/2177-9465-EAN-2017-0091
9. Benedetti GMS, Oliveira K, Oliveira WT, Sales CA, Ferreira PC. Meaning of the death / dying process for entering nursing students. *Rev Gaúcha Enferm*. 2013 Mar;34(1):173-79. doi: 10.1590/S1983-14472013000100022
10. Jafari M, Rafiei H, Nassehi A, Soleimani F, Arab M, Noormohammadi MR. Caring for dying patients: attitude of nursing students and effects of education. *Indian J Palliat Care*. 2015 Aug;21(2):192-97. doi: 10.4103 / 0973-1075.156497.
11. Lima BSF, Silva RCL. Death and dying in a pediatric ICU: challenges for nursing care in the finitude of life. *Cienc Cuid Saude*. 2014 Out/Dez;13(4):722-29. doi: 10.4025/ciencucuidsaude.v13i4.21530
12. Santos MAD, Hormanez, M. Atitude frente à morte em profissionais e estudantes de enfermagem: revisão da produção científica da última década. *Ciênc Saúde Coletiva*. 2013 set;18(9):2757-768. doi: <http://dx.doi.org/10.1590/S1413-81232013000900031>.
13. Ferreira JMG, Nascimento JL, Sa FC. Profissionais de saúde: um ponto de vista sobre a morte e a distanásia. *Rev*

- Bras Educ Med. 2018;42 (3):87-96. doi: 10.1590/1981-52712015v42n3rb20170134
14. Barros-Oliveira J, Neto F. Validação de um instrumento sobre diversas perspectivas da morte. *Aná Psicol [Internet]*. 2004 [citado 2019 ago. 20];22(2):355-67. Disponível em: <http://www.scielo.mec.pt/pdf/aps/v22n2/v22n2a04.pdf>
15. Ribeiro HJ. Atitude e ansiedade face à morte: perfil dos graduandos da área da saúde [Monografia]. Brasília (DF): Universidade de Brasília; 2014.
16. Borges MC, Gomes BLBD. Percepção dos acadêmicos de enfermagem quanto ao processo terminal da vida. *Rev Enferm Contemp*. 2017 abr;6(1):49-55. doi: 10.17267/2317-3378rec.v6i1.1183
17. Duarte AC, Almeida DV, Popin RC. Death within the medical undergraduate routine: students' views. *Interface (Botucatu)*. 2015; 9(55):1207-19. doi: 10.1590/1807-57622014.1093
18. Mendonça GA, Souza Junior VD, Correio NLS, Santos AS. O morrer para graduandos em enfermagem: a contribuição da psicologia. *REFACS [Internet]*. 2013;1(1):24-33 [citado 2019 ago. 20]. Disponível em: <http://seer.uftm.edu.br/revistaeletronica/index.php/refacs/article/view/492/pdf>.
19. Custódio MRM. O processo de morte e morrer no enfoque dos acadêmicos de enfermagem. *Rev Psicol [Internet]*. 2010 [citado 2019 ago. 20];13(18):127-42. Disponível em: <https://revista.pgsskroton.com.br/index.php/renc/article/view/2538/2425>
20. Farinasso ALC, Labate RC. Luto, religiosidade e espiritualidade: um estudo clínico-qualitativo com viúvas idosas. *Rev Eletr Enf [Internet]*. 2012set;1(1):588-95 [citado 2019 ago. 23]. Disponível em: <https://www.fen.ufg.br/revista/v14/n3/pdf/v14n3a15.pdf>
21. Bousso RS, Poles K, Serafim TS, Miranda MG. Religious beliefs, illness and death: family's perspectives in illness experience. *Rev Esc Enferm USP*. 2011 Apr; 45(2):397-403. doi:10.1590/S0080-62342011000200014
22. Barbosa AMGC, Massaroni L. Living with death and dying. *J Nurs UFPE on line*. 2016 Feb; 10(2):457-63 doi: 10.5205/reuol.8557-74661-1-SM1002201611
23. Silva CR, Portella SDC, Reis LR, Bispo TCF. Religião e morte: qual a relação existente. *Rev Enferm Contemp*. 2012;1(1):130-41. doi:10.17267/2317-3378rec.v1i1.49
24. Campelos ICSF. A ansiedade e o medo da morte nos profissionais de saúde [Monografia]. Porto (POR): Universidade Fernando Pessoa; 2006.
25. Ribeiro DB, Fortes RC. A morte e o morrer na perspectiva de estudantes de enfermagem. *Revista [Internet]*. 2012 [citado 2019 ago. 10];1(1):32-9. Disponível em: <http://revistafacesa.senaaires.com.br/index.php/revista/article/view/10/7>
26. Stochero HM, Nietsche EA, Salbego C, Pivetta A, Schwertner MVE, Fettermann FA, et al. Sentimentos e dificuldades no enfrentamento do processo de morrer e de morte por graduandos de enfermagem. *Aquichan*. 2016 jun;16(2):219-20. doi: 10.5294/aqui.2016.16.2.9
27. Archambault-Grenier MA, Roy-Gagnon MH, Gauvin F, Doucet H, Humbert N, Stojanovic S, et al. Teamwork and conflicts in paediatric end of life care. *Acta Paediatr*. 2018 Feb;107(2):262-69. doi: <https://doi.org/10.1111/apa.14102>

28. Lopez Alonso AI, Fernández Martínez ME, Liébana Presa C, Vasquez Casares AM, Castro González MP. Experimental classroom games: a didactic tool in palliative care. *Rev Esc Enferm USP*. 2018 Apr; 52:e03310. doi: <http://dx.doi.org/10.1590/S1980-220X2017007703310>
29. Oliveira-Cardoso EA, Santos MA. Grupo de educação para a morte: uma estratégia complementar à formação acadêmica do profissional de saúde. *Psicol Ciênc Prof*. 2017;37(2):500-14. doi: <http://doi.org/10.1590/1982-3703002792015>