

# The consequences of the coronavirus pandemic and mourning in nursing

## As consequências da pandemia do coronavírus e o luto na enfermagem

### Las consecuencias de la pandemia de coronavirus y el duelo en la enfermería

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# REVISA

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**Objetivo:** descrever as principais consequências da pandemia do coronavírus para a saúde dos profissionais de enfermagem, especificamente diante do luto em que muitos estão vivenciando durante as mortes devido aos contágios da Covid-19. Buscou-se também abordar sobre a percepção da enfermagem diante da morte e do morrer durante a pandemia do Covid-19. **Método:** Trata-se de revisão narrativa com abordagem de pesquisa qualitativa. A busca de artigos foi realizada na Biblioteca Virtual de Saúde (BVS) nas bases de dados Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS), Centro Latino-Americano e do Caribe de Informação em Ciências da Saúde (BIREME) e Scientific Electronic Library Online (SCIELO), com publicação entre os anos de 2018 até 2021 em português e inglês. **Resultados:** O processo de luto é único e evolui de acordo com as características do luto e as circunstâncias de morte cada vez mais comuns nos hospitais. Existem muitas dificuldades em lidar com o luto durante a pandemia. **Conclusão:** O enfermeiro durante a pandemia da Covid-19 experimenta em seu labor diário, inúmeras tensões devidas as mortes e os perigos de contágio no qual diariamente presencia. O luto é algo que precisa ser encarado como um momento circunstancial que merece todo cuidado e atendimento adequado preservando a saúde integral dos profissionais de saúde e dos familiares enlutados.

**Descritores:** Covid-19; Morte; Luto; Pandemia; Enfermagem.

#### ABSTRACT

**Objective:** to describe the main consequences of the coronavirus pandemic for the health of nursing professionals, specifically in view of the grief that many are experiencing during deaths due to the Covid-19 contagions. We also sought to address nursing's perception of death and dying during the Covid-19 pandemic. **Method:** This is a narrative review with a qualitative research approach. The search for articles was performed in the Virtual Health Library (VHL) in the Latin American and Caribbean Literature in Health Sciences (LILACS), Latin American and Caribbean Center on Health Sciences Information (BIREME) and databases. Scientific Electronic Library Online (SCIELO), published between 2018 and 2021 in Portuguese and English. **Results:** The mourning process is unique and evolves according to the characteristics of mourning and the circumstances of death that are increasingly common in hospitals. There are many difficulties in dealing with grief during a pandemic. **Conclusion:** Nurses during the Covid-19 pandemic experience in their daily work, countless tensions due to deaths and the dangers of contagion in which they daily witness. Grief is something that needs to be seen as a circumstantial moment that deserves all care and adequate care, preserving the integral health of health professionals and bereaved family members.

**Descriptors:** Covid-19; Death; Mourning; Pandemic; Nursing.

#### RESUMEN

**Objetivo:** describir las principales consecuencias de la pandemia de coronavirus para la salud de los profesionales de enfermería, específicamente ante el dolor que muchos están experimentando durante las muertes por los contagios de Covid-19. También buscamos abordar la percepción de la enfermería sobre la muerte y el morir durante la pandemia de Covid-19. **Método:** Se trata de una revisión narrativa con un enfoque de investigación cualitativa. La búsqueda de artículos se realizó en la Biblioteca Virtual en Salud (BVS) en la Literatura Latinoamericana y del Caribe en Ciencias de la Salud (LILACS), Centro Latinoamericano y del Caribe de Información en Ciencias de la Salud (BIREME) y bases de datos. Biblioteca Electrónica Científica en Línea (SCIELO), publicado entre 2018 y 2021 en portugués e inglés. **Resultados:** El proceso de duelo es único y evoluciona de acuerdo con las características del duelo y las circunstancias de la muerte que son cada vez más comunes en los hospitales. Hay muchas dificultades para lidiar con el duelo durante una pandemia. **Conclusión:** Las enfermeras durante la pandemia de Covid-19 experimentan en su trabajo diario innumerables tensiones por las muertes y los peligros de contagio en los que a diario presencian. El duelo es algo que debe ser visto como un momento circunstancial que merece todos los cuidados y cuidados adecuados, preservando la salud integral de los profesionales de la salud y de los familiares en duelo.

**Descritores:** COVID-19; Muerte; Luto; Pandemia; Enfermería.

## Introduction

Pandemic is the term used to indicate that an epidemic has spread to two or more continents with sustained transmission from person to person. This is a global risk factor, with impacts on population survival and important impacts on the economy, in addition to imposing significant changes in social life and causing an increase in deaths and poverty. This scenario observed worldwide since the identification of the new Corona virus has mobilized researchers to develop studies aimed at combating the pandemic and contributed directly to changes in health care practices.<sup>1</sup>

In this scenario of complex contingencies, health professionals emerge, like nurses, who have made every effort to reduce the number of infected and consequently deaths. For this reason, the death of infected patients has been presented as a frequent news in the media systematically, thus, it has been a constant emotional exercise and an even time challenging task the fact of dealing with the loss of people daily, including several health professionals.<sup>2</sup>

The conceptions of death and mourning are the result of a long historical process, marked by different cultural and social influences. Given the ephemerality of life and death being inherent to it, there is a need to qualitatively understand death and dying in the health area by professionals, in order to base their attitudes towards these conditions in their daily lives. During this covid-19 pandemic period, dozens of people, including health professionals, are experiencing moments of mourning and pain.<sup>3</sup>

Grief is an emotional reaction to a significant loss, a natural process and is part of recovery in the face of loss. It is seen as a mental process in which physical balance is restored after the loss of a loved one, being a mental response to any significant loss. In mourning one experiences in its fullness the pain that is usually accompanied by the loss of interest in relation to the outside world, concern with the memories of the lost object and decreased ability to invest in new relationships and promising friendships. Noteworthy, the stages of mourning, systematized and described by Elisabeth Kubler-Ross are: denial, anger, bargaining, depression and finally, acceptance.<sup>4</sup>

It reinforces the stage of mourning, on the agenda, the fact that the process of death and dying, has been appreciated from several perspectives, both that of the patient, his family members and all health professionals involved in the care of the population contaminated by the new coronavirus. This highlights the need for understanding and caring for feelings that involve loss and non-existence.<sup>2</sup>

Given the theme of death and the pain it causes, many questions arise at the moment of loss. Among these observations something that is always worked with people in mourning, refers to the fact that death has always been considered something of the natural course of life. Death occurs within the family, and rites take place in public ceremonies in which everyone can participate and express their feelings for the loss.<sup>5</sup>

The Middle Ages dying as a family and embracing religious beliefs provided a death that sought peace in the midst of ideological conflicts and pre-established designs. Many dying people felt separation and exclusion in life as they performed their own farewell rituals. Gradually death comes to be seen as a man's struggle in the face of his finitude and impotence to change the destinies of life. After death, it was left to the family to enjoy the mourning.<sup>5</sup>

The grieving process is unique and evolves according to the increasingly common characteristics of mortuary circumstances whether in homes or in hospitals. There are many difficulties in dealing with grief in the Western world, so it is important to offer help to those who suffer loss. Suffering and sadness are not diseases, but reflect the erroneous thinking of the absolutization of life. Death is an undeniable fact and so pain is present, and it does not need to be pathologized.<sup>6</sup>

Pain is an emotional response to a significant loss, a natural process and recovery from loss. It is seen as a mental process of restoring physical balance after the loss of a loved one, a mental response to any significant loss and the most common pain, usually accompanied by a loss of interest in the outside world by memories of this lost object and less ability to invest in new relationships.<sup>3</sup>

All mourning needs to be monitored, although not all mourners need care, which reinforces the need for special attention for those who need medical and psychological attention. Caring for survivors and helping families overcome pain and maintaining joy involves continuing grief.<sup>6</sup>

In the current context, pandemic in Brazil, it is emphasized that the high transmissibility of the virus makes it essential to reflect on which nursing care is necessary to preserve the safety of professionals working in this service during primary care and interinstitutional transfers of confirmed and/or suspected patients to Covid-19.<sup>1</sup>

In this context, the present theme is justified, due to the fact that it is nurses, professionals who are at the forefront of care for patients with COVID-19, and they are the largest contingent of active health professionals. According to the Federal Nursing Council (Cofen), in Brazil there are approximately two million and four hundred thousand professionals among nurses, nursing technicians and nursing assistants. Illness and death has not spared this professional class. Thus, it is essential to study the effect of the pandemic on health and mourning in nursing, and thus, the fundamental question is this: what are the consequences for nurses in the face of the face of losses and mourning during the exercise of the profession in the midst of the Covid-19 pandemic in Brazil?

The hypothesis that is based on this research refers to the concept that the nurse's performance during the new coronavirus has provided the emergence of lack of mental health and difficulties to nursing to deal with adversities and often mourning during this pandemic period.

Given this reality, the objective of this research is to describe the main consequences of the coronavirus pandemic for the health of nursing professionals, specifically in view of the mourning in which many are experiencing during deaths due to covid-19 contagions. We also sought to address the perception of nursing in the face of death and dying during the Covid-19 pandemic.

## **Method**

This is a narrative bibliographic review with a qualitative research approach. The search for articles was carried out at the Virtual Health Library (VHL) in the Latin American and Caribbean Literature databases in Health

Sciences (LILACS), The Latin American and Caribbean Center for Information on Health Sciences (BIREME) and Scientific Electronic Library Online (SCIELO). The descriptors were selected from the health terminology consulted in the Descriptors in Health Sciences (DECS-BIREME): Covid-19, mourning, pandemic and nursing.

After reading the texts, the main articles and their similarities were gathered for analysis, aiming to group materials that help in the analysis of the main consequences of the coronavirus pandemic for the mental health of health professionals and the mourning experienced by nursing in Brazil.

In the context of bibliographic research, the research was exploratory and as for the approach, the study is qualitative, because this research does not seek generalization, aims to understand a phenomenon in its most intense sense, instead of producing inferences that may lead to the constitution of general laws or extrapolations that allow making valid predictions about the future reality.

The criteria used for the selection of the sample were: articles that addressed the theme in question, written in Portuguese and English, published between 2018 and 2021, which had the full text available online on sites recognized by the smoothness and scientific rigor. Considering these criteria, 35 articles were identified in the databases from which 16 journals were used. Articles published before 2018, parts of books, undergraduate monographs and texts on the Internet without authorship were excluded.

## **Results e Discussion**

In the time period delimited for this study (2010-2021) 16 publications were found and analyzed. In 2018, an article was found (6%). In 2019 three articles (17%), in 2020 ten articles (62%), in 2021 three articles totaling (17%).

Regarding the coherence of the results, the 16 articles were selected to meet the objectives, because it is fundamental for a bibliographic review that the comprehension of the published article is in thematic harmony with the other scientific papers. Of the 16 articles selected, most of them fit more than one theme, so the sum of the percentage reached 100%. Six articles analyzed (38%) they deal with nursing, death and dying with coping with grief. With 43%, the articles on death and mourning during the Covid-19 pandemic and, finally, three articles (18%) refer specifically to the mourning of nursing in the face of cases of death during the pandemic.

### **Grief in Western Societies**

Pain has different effects on people and should be understood in isolation and linked to social processes, since the sensations and behaviors caused by pain are influenced by society. Grief is therefore a subjective and social process that affects many aspects of life, including professionals.<sup>7</sup>

Freud was the first author to use pain as a theme for understanding psychological processes. In his famous book "Mourning and Melancholy", the author described grief as a non-pathological psychological process after the loss of a loved one. From an existential point of view, this can be understood as a typical experience in the case of a sudden change in the way of donating in the I-You relationship. Pain is the death of the relationship between the deceased and

the pain caused by the collapse of the body. With the oppression of others, the loss of meaning in the world of life goes hand in hand with the need for a new meaning.<sup>7</sup>

The grieving process is unique and evolves according to the characteristics of grief and the circumstances of death increasingly common in hospitals. There are many difficulties in dealing with grief, so it is important to offer help to people who are suffering. The grieving process is triggered by an experience of deprivation that can be perceived as the personal and profound loss of an important person. Deep losses are a difficult reality throughout the life cycle, especially by the death of parents, spouses, children, siblings, and friends. Grief is usually accompanied initially by crying, which has historically been an inherent experience in human life.<sup>8,6</sup>

Pain is experienced in a unique way; there is no response model. There are differences in intensity and duration, which are influenced by factors such as the context of death and the characteristics of death. For this reason, natural reactions should not be interpreted as pathological. In this sense, grief pain comprises a variety of intimate experiences that can lead to significant breakdowns and disorganizations in daily life, especially in the first months after the death of a loved one.<sup>8</sup>

In order for grief support to be effective and to avoid misunderstandings, it is necessary to consider the cultures, beliefs, contexts and dynamics of family relationships and identify the factors that can influence the management of non-expression of feelings, postponement of the process or denial of loss. The grieving process can be understood as the phase in which suffering decreases in the face of the memories of the deceased and the interest of family members for life is recovered.<sup>8,6</sup>

Given this reality, it is worth considering a fundamental fact about death. It exists only for those who speak. It is brought by language. The animal doesn't die properly. He perishes. Between perishing and dying there is an enormous distance that will be filled by life, by the meaning of life, which thus begins to be given by death. We die, therefore, in language and sense. And death will give the speaker a new meaning to life. Having been taken from a "natural" place since classical Greek thought, death brings us the dimension that we are beings immersed in the symbolization that will constitute and affect our entire way of life.<sup>9</sup>

Death is, therefore, a fact of language that refers and attests our belonging to this social dimension in which we move. Not by chance, religions and philosophies have always provided the means for death to acquire the meaning that speakers give it, a sense that is social, a different sense of institution in each society, but in any case, a sense that works to some extent to ward off fear. Every culture is, among other things, an attempt to tame death.<sup>9</sup>

### **The mourning in the pandemic of Covid-19**

The emergence of the pandemic leads to a marked deviation in this scenario in which the collective experience of death is constituted, with its expression in singularities, which in turn refer to where we are in the civilization in which we are Life. As expected, when we are exposed to more than 400,000 deaths in less than a year and six months, when we have sad experiences with

our acquaintances and immediate friends, and when we see everyday life, lifestyle, habits, customs and habits. The way we treat death in life has completely changed and threatened its existence.<sup>9</sup>

For this reason, the death of infected patients has received prominence in the media, especially recently, and has been a permanent challenge for health professionals, especially the care team. In this sense, although death is part of the cycle of human life, it still represents a great challenge for health workers in general and for nurses in particular, because this is the period of care during the pandemic and the daily life of deaths in hospital units, and feelings of the most diverse end up, among them the revolt and attempts to deny death.<sup>2</sup>

Human rituals are common to all people and are symbolic acts, repetitive, standardized and highly valuable behaviors that help people channel emotions, share their beliefs with their peers, and convey their values. The funeral rites, which mark the transience of life, have always been present in history, with the aim of delinusing a state of mourning to recognize the value and meaning of this loss, to favor the change of roles and allow the passage of the life cycle.<sup>10</sup>

In this context, the importance of burial rituals for psychological maturation should also be considered, as they help in coping with the concrete loss of people and trigger their mourning process, thus allowing the public manifestation of their mourning. The lack of body separation rituals makes it difficult for loss to occur psychologically. Associated with this, sudden and unexpected deaths make it impossible to prepare for pain, because the temporality of physical death does not coincide with that of social and psychological death, which can generate difficulties to work the mourning process.<sup>10</sup>

The high rates of deaths in the middle of the pandemic, and the occurrence of illness of several people from the same family, has been a factor that adds more stressful elements to the processes of discharge and adjustment to loss. The negative effects that occur in these cases may be increased depending on the phase of the life cycle and the functions performed in the family by the deceased.<sup>11</sup>

In general, the deaths of young people linked to the pandemic are particularly traumatic, especially among children and adolescents or even adults who have cared for families. Although the COVID-19 mortality rate tends to increase with age, with the majority of deaths occurring in people over 60 years of age, deaths have also been reported in young people, particularly with comorbidities such as hypertension, diabetes, and diseases that ultimately result in symptoms of worsening infection by the new coronavirus. Although children and adolescents have a lower mortality rate than the elderly due to COVID-19, they remain vulnerable to the psychosocial effects of the pandemic on their development and in their family and community relationships.<sup>11</sup>

Grief is the response to the situation of serious loss that takes control of the world as we know it and leads us to review the roles we play now without the presence of our loved ones. Its effects are observed in a wide variety of areas of life and reactions to losses depend on several factors. Therefore, it is of great importance to understand the specificities of the mourning process in the life cycle, taking into account the specificities of each bereaved individual, especially when death, rituals and mourning become lonelier.<sup>5</sup>

Nursing experiences great challenges, among many, the updating of knowledge in thanatology, in all dimensions, especially in reference to pain and grief due to COVID-19.

The management of pain of loss in the context of the pandemic aims to minimize the feeling of despair and anguish intrinsic to the moments of death of close relatives. It is up to all involved to contribute to a true reflection for satisfactory responses to pain at various stages of human development in mourning.

The UN in publication on COVID-19 has reported on the need for action meeting the mental health needs of infected people and makes it clear that the COVID-19 pandemic is linked to a wide-ranging potential health crisis and could worsen the misery of the existing world. Among the problems stand out:

1. Fear: falling ill and dying of illness; infect other people; losing loved ones; Losing livelihoods and income; Being socially excluded by illness or as a first-rate professional
2. Feeling of insecurity about the future, helplessness in the face of events, helplessness, loneliness, sadness, pain and fear.
3. Behavior changes: eating (having more or less appetite) and sleeping (insomnia or excessive sleep, nightmares).
4. Worsening interpersonal conflicts with family members and at work.
5. Change of thought: recurring thoughts about the pandemic, the health of loved ones, death and dying.

Based on these considerations, the scientific community should respond quickly to the virus outbreak that has led researchers around the world to share relevant results, protocols, and data as quickly as possible.

### **Nursing and new challenges in care in times of pandemic**

The greatest representation of health professionals is among nurses. According to who and the International Council of Nurses (CIE), the world has 28 million nursing professionals. According to Brazilian data, more than 2 million workers are allocated in all organizational structures of the health system.<sup>2</sup>

On July 3, 2020, the CIE recorded more than 600 deaths of nurses worldwide due to the infection. Of this number, according to the Federal Nursing Council (COFEN), 30% of the deaths of these professionals originate in Brazil.<sup>2</sup>

It has been notorious that the SARS-CoV-2 virus has affected the entire world and thousands of people have died as a result of this pandemic. The relatives and friends of these people cannot recover their losses and will need a lot of support and empathy to deal with them. Respecting the grieving process is one of the possible ways to care for these people, because this process requires a lot of sensitivity and subtlety, because each one can develop it in its own way in a very original way. This singularity can also be perceived in the way pain is viewed, depending on the historical moment and culture of each individual, as each society establishes acceptable cultural codes for the establishment of funeral rituals for loved ones that result from farewell ceremonies. Tributes to different forms of body treatment, such as burial or cremation. Pain is a natural process when someone is lost or a bond is broken.<sup>12</sup>

The number of infected cases varies widely in different countries, depending on coping measures, which depend on how diagnostic tests are performed, social distance, population, level of education and government interventions. The rate of increase in cases and deaths is high. The Centers for Disease Control and Prevention (CDC) found that the U.S. territory quickly reached 1/3 of the world's cases in two months, up to 1/4 of that in July/2020 due to the growth of cases in other countries around the world's cases decreased. In Brazil, the first case was confirmed at the end of February/2020 and, thanks to mitigation and repression measures, initially grew under "controlled" conditions. By gross negligence on the part of the federal government with an unprecedented political crisis that led to the resignation of two health ministers and their insistence on maintaining a negative narrative with speeches contrary to the recommendations of national researchers and institutions, as well as international health regulators, we reached nearly 5,000,000 cases and more than 142,000 deaths by the end of September/2020. However, the number of cases is even higher and it is estimated that it should be multiplied by six.<sup>13</sup>

The COVID-19 pandemic underscores the need to rebuild resilient health systems with better access to quality health services. The ability to respond to changes in demand is critical. Resilience is important because all countries have communities at risk. The topic could be explored using an inventory of lessons learned more than ever as an example of resilience, particularly on the agenda of World Health Organization meetings. Stakeholders need to work together to accelerate progress toward universal access to critical health information through flexibility.<sup>14</sup>

Grief is usually the reaction to the loss of a loved one or an abstraction that puts itself in its place, such as land, freedom, ideal, etc.", is how Freud presents in his classic "Mourning and melancholy" mourning. The pandemic of -19 (disease with the new Coronavirus SARS-CoV-2) has dramatically affected the socio-emotional and physical well-being of billions of people worldwide, leading us to a smaller or larger scale, in a process of mourning (or There are many losses: the freedom to move freely, the opportunity to meet, working conditions, study and fun that we mistakenly take for granted, and the usual distancing from the idea of death that makes our Mental function to which Freud drew attention in "Current Reflections on War and Death."<sup>15</sup>

In Brazil, in particular, the prospects for containing the epidemic are unfavorable due to unfavorable political scenarios and the lack of national planning and integration of states and communities. Given that a significant number of cases of the disease are developing adversely, understanding the weight of COVID-19 in the country's mortality profile should be a priority in the management of the various epidemics that have arisen since the first suspected case of the disease was recorded. The use of data from existing information systems in Brazil can provide a good reference base for monitoring the epidemic, establishing prevention and control measures and evaluating the impact of this new disease on the morbidity and mortality of the country.<sup>16</sup>

The first case of COVID-19 in Brazil occurred on February 26. Since then, more than 1 million cases and 50,000 deaths have been reported. This makes Brazil the second country with the highest number of cases and deaths in the world. However, the number of reported cases and deaths depends heavily on the defined test policy. Some countries test only patients who need



hospitalization, others recommend testing all patients with symptoms, regardless of the need for hospital care, and there are still countries that do mass testing.

Grief is a complex and heterogeneous process that occurs and manifests itself in many ways and is subject to considerable cultural variations and changes. It is a unique experience influenced by factors such as: ideas and beliefs about the nature of death or death, the relationship that existed with the deceased, the circumstances in which the death occurred and the characteristics of the deceased. sadness. With this caveat, recurrent aspects can be identified in multiple attempts to describe grief and understand whether these are autobiographical reports or theoretical collection efforts, of which we will highlight the following three.<sup>15</sup>

The first and most immediate of these is the "shock", the dimension of the inevitable existential intersection that the loss of a loved one triggers. The initial response to a loss is a strong shock or blow that disrupts existence at its core and is usually felt as a sudden physical weakness. The second is that the bereaved have a fundamental ambiguity between present and absence, between present and past, between living in a world that is still shared and survived with the loved one, and living in experiences of a transformed and silent World. After all, grief is a process that "develops gradually with high expenditure of time and investment".<sup>15</sup>

## **Conclusion**

This study showed the importance of new research aimed at those who are faced with the process of death and mourning in their daily work. The findings highlight that there are many specificities of people with loss in the pandemic period.

Studies confirm that many families have more complications during the mourning period, which can lead to a more intense and prolonged grieving process. More intense psychopathological symptoms and higher psychosocial morbidity in these families may also be associated with sudden deaths in the context of Covid-19 contagion.

It was noticed that during mourning, although pain is a natural factor for all people, negative feelings about the loss of other people and even about the finitude itself are noticed, often leading to pathological pain that can present a number of complications, including depressive aspects, addictions and, to a large part, affecting nursing professionals.

We concluded that nurses during the Covid-19 pandemic experience in their daily work, numerous tensions due to deaths and the dangers of contagion in which they daily witness. Grief is something that needs to be seen as a circumstantial moment that deserves all adequate care and care while preserving the integral health of health professionals and bereaved family members.

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