

## **Attitudes Towards Death in Latin American Nursing Professionals: An Integrative Review**

**Actitudes ante la muerte en profesionales de enfermería latinoamericanos:  
una revisión integrativa**

**Atitudes diante da morte em profissionais de enfermagem latino-americanos:  
uma revisão integrativa**

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**Abstract:** Introduction: Death is part of the existing social taboos and can foster attitudes that are far from its explicit approach in relation to care. Objective: To analyze attitudes towards death in nursing professionals according to scientific publications in the Latin American context in the period 2018 to 2022. Methodology: An integrative literature review was conducted of Latin American scientific publications regarding attitudes towards death in the context of Nursing, using the following standardized terms: attitude, death, nursing and nursing care. Eight articles published in the defined period were included, in Spanish and Portuguese, in which the subject of the review was explicitly addressed. The information in the articles was analyzed using the concepts of the theory of transitions as a reference. Results: Both quantitative (50 %) and qualitative (50 %) designs were found, all of them elaborated in the hospital setting. The main results show the predominance of indifference to death in the context of care. In relation to the theory of transitions, most of the articles address the conditions under which these occur, in addition to the concepts of nursing therapeutics and response patterns. Conclusions: The production of research on the attitude towards death in nursing professionals is scarce in Latin America. Experiences of close losses, training and institutional support are the basis for contributing to a better attitude towards death.

**Keywords:** attitude; death; nursing; nursing care; nursing theory.

**Resumen:** Introducción: La muerte es parte de los tabúes sociales existentes y puede fomentar actitudes que distan de su abordaje explícito en relación con los cuidados. Objetivo: Analizar las actitudes ante la muerte en profesionales de enfermería de acuerdo con las publicaciones científicas en el contexto latinoamericano en el período 2018 a 2022. Metodología: Se realizó una revisión de literatura integrativa de las publicaciones científicas latinoamericanas respecto de las actitudes ante la muerte en el contexto de la enfermería, empleando los siguientes términos estandarizados: actitud, muerte, enfermería y cuidados de enfermería. Se incluyeron 8 artículos publicados en el período definido, en idioma español y portugués, en los que se abordó explícitamente la temática de la revisión. La información

de los artículos fue analizada tomando como referencia los conceptos de la teoría de las transiciones. Resultados: Se encontraron diseños tanto cuantitativos (50 %) como cualitativos (50 %), elaborados en su totalidad en el ámbito hospitalario. Los principales resultados dan cuenta del predominio de la indiferencia ante la muerte en el contexto de los cuidados. En relación con la teoría de las transiciones, la mayoría de los artículos abordan las condiciones en que estas se dan, además de los conceptos de terapéutica de enfermería y patrones de respuesta. Conclusiones: La producción de investigaciones sobre la actitud ante la muerte en profesionales de enfermería es escasa en Latinoamérica. Las experiencias de pérdidas cercanas, la capacitación y el soporte institucional son la base para contribuir a una mejor actitud hacia la muerte.

**Palabras clave:** actitud; muerte; enfermería; cuidados de enfermería; teoría de enfermería.

**Resumo:** Introdução: A morte faz parte dos tabus sociais existentes e pode fomentar atitudes que se distanciam de sua abordagem explícita em relação aos cuidados. Objetivo: analisar as atitudes diante da morte em profissionais de enfermagem de acordo com as publicações científicas no contexto latino-americano no período de 2018 a 2022. Metodologia: Foi realizada uma revisão de literatura integrativa de publicações científicas latino-americanas sobre atitudes diante da morte no contexto da enfermagem, utilizando os seguintes termos padronizados: atitude, morte, enfermagem e cuidados de enfermagem. Foram incluídos 8 artigos publicados no período definido, em espanhol e português, nos quais o tema da revisão foi abordado explicitamente. As informações dos artigos foram analisadas tendo como referência os conceitos da teoria das transições. Resultados: Foram identificados desenhos quantitativos (50 %) e qualitativos (50 %), elaborados totalmente no âmbito hospitalar. Os principais resultados mostram a predominância da indiferença diante da morte no contexto do cuidado. Em relação à teoria das transições, a maioria dos artigos aborda as condições em que as transições ocorrem, além dos conceitos de terapêutica de enfermagem e padrões de resposta. Conclusões: A produção de pesquisas sobre atitudes diante da morte em profissionais de enfermagem é escassa na América Latina. As experiências de perdas próximas, a capacitação e o apoio institucional são a base para contribuir para uma melhor atitude em relação à morte.

**Palavras-chave:** atitude; morte; enfermagem; cuidados de enfermagem; teoria de enfermagem.

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## Introduction

Death as a theme has become part of the existing social taboos, bringing to light the fragility and vulnerability of the human condition in the context of health-illness processes, which generates the opportunity to foster attitudes that are far from being explicitly addressed in various contexts, among them the health sector. <sup>(1, 2)</sup>

Attitudes, although understood as complex webs with cognitive, affective, and behavioral components, might be defined as a learned “predisposition” to respond consistently favorably or unfavorably to an event, mediated by historical circumstances, socio-demographic characteristics, as well as personal or behavioral beliefs concerning the socially established normative beliefs and attitudes. <sup>(3-5)</sup>

It is significant that the social construction of the subject of death facilitates its recognition as an essential part of the human being and, therefore, makes it possible to forge attitudes that favor behaviors that promote its incorporation into everyday life, both in the social environment and the sanitary context.

From a world-historical perspective, death has been linked to negative aspects, becoming invisible since Hippocrates and Galen, who focused their premises on life and health, shaping in this way a sanitary culture that responded to it. Nevertheless, on a social level, a close bond was maintained, reflected in dying in close surroundings accompanied by relatives and in social sharing in cemeteries, scenarios that were also a source of other socioeconomic activities. This rationality brought about by the Enlightenment influenced these aspects, giving rise to new bonds, linked to a necessary participation of sanitary institutions, and the aseptic vision from which they exercise their labors. <sup>(6, 7)</sup>

The institutional response to this issue in Latin America has been pragmatic, focusing its actions on legal and biosafety aspects, as reflected in some of the institutional protocols of El Salvador, Argentina, and Guatemala. <sup>(8-10)</sup>

In Chile, it can be found that the guidelines and regulations issued by the sanitary authorities regarding life-course, include from birth to old age, being the closest to the subject of death, the document titled *Technical Orientation of Universal Palliative Care*. <sup>(11)</sup> The name implies that it addresses users with palliative care requirements, linking psychosocial and spiritual aspects that involve both the user’s environment and the health care team that provides this type of care on an ongoing basis.

Based on the above, it can be affirmed that there is a lack of general technical guidelines regarding the care of the deceased in contexts other than palliative care, including post-mortem management beyond the management of the corpse itself, linking not only ethical aspects but also psychosocial care.

In the Chilean context, there are actions aimed at raising awareness related to the normalization of death as part of life, and this is the basis of the methodology called *Café de la Muerte*. <sup>(12)</sup> It consists of informal meetings that have a structure for its execution and that aim to contribute to the reduction of taboos and at the same time, to facilitate the dialogue that allows a more daily approach to death. Although these types of meetings are not specifically aimed at the health sector, they are an alternative to be considered for intentional work in these contexts.

It can be considered that the existing technical guidelines, training, and awareness-raising sessions are part of the strategies that contribute to building a much more inclusive vision of death, which benefits professionals in general and the care they provide to their users. It is worth bearing in mind that, for nurses, the incorporation of these strategies is a

necessity, considering their majority representation as a human resource in the sanitary field, and their constant presence in the care provided to users, families, and communities throughout the life course, at the different levels of care.<sup>(13)</sup> This allows for closer contact and thus facilitates therapeutic communication, especially in times of crisis, both normative and non-normative, that may arise in the face of the loss of a loved one.<sup>(14, 15)</sup>

From a disciplinary perspective, death has been approached as part of the Transitions Theory of Afaf Ibrahim Meleis,<sup>(16)</sup> who proposes the need to investigate the transitions experienced by human beings. In this theory, he suggests incorporating different aspects from the perspective of care, proposing the concepts of types of patterns of transitions, properties of the transition experience, conditions of transitions, response patterns or process and outcome indicators, and, finally, nursing therapeutics. Based on these foundations, it would be possible to consider that nursing professionals are individuals who must adapt to transitions in a healthy way—using the language of the theory—, just as the people under their care are expected to do, recognizing in this process, the existence of organizational transitions, which are understood as those that link the changes in the environmental conditions that affect the lives of both users and employees.<sup>(16)</sup>

In consideration of the above, the general objective of this review was to analyze attitudes towards death in nursing professionals according to scientific publications in the Latin American context in the period 2018 to 2022. As specific objectives: to describe the characteristics of the publications in relation to the country of origin, year, and design; to identify the main results and relate the findings to the concepts of the theory of transitions of Meleis.

## **Methodology**

An integrative literature revision was conducted,<sup>(17)</sup> including scientific publications regarding attitudes toward death in Nursing professionals in Latin America, between 2018 and 2022, using the meta-search engine EBSCO as a database.

DeCS terms in Spanish and Portuguese were established as search criteria, combined using the Booleans AND, NOT, and OR (Table 1).

**Table 1 – Search criteria**

Search terms – DeCS	
Spanish	Portuguese
Actitud	Attitude
Muerte	Morte
Enfermería	Enfermagem
Cuidados de enfermería	Cuidados de enfermagem
Boolean combinations	
<ul style="list-style-type: none"> <li>Actitud AND Muerte AND Enfermería NOT estudiantes</li> <li>Actitud AND Muerte AND Enfermería AND Cuidados de enfermería</li> </ul>	<ul style="list-style-type: none"> <li>Atitude AND Morte AND Enfermagem no estudantes</li> <li>Atitude AND Morte AND Enfermagem AND Cuidados de enfermagem</li> </ul>

The following inclusion criteria were established: scientific articles from research works, open access to full text, that had been submitted to peer review and that their content explicitly addressed the subject of the review or included content related to it. Letters to the editor, reflection articles, review articles and undergraduate theses were excluded. Table 2 shows the selection process based on the PRISMA methodology. <sup>(18)</sup> In the identification stage, 56 articles were obtained; the articles included in the eligibility stage were read in full text and their quality was evaluated using the STROBE <sup>(19)</sup> and CASPe <sup>(20)</sup> parameters as a reference. A final sample of 8 articles was obtained from the MedicLatina, Academic Search Ultimate and CINAHL Complete databases. It is worth mentioning that a multicenter article was included, since it included a Latin American country, but only the results related to that context were taken into account for the analysis.

**Table 2 – Item selection process based on PRISMA <sup>(18)</sup>**

<b>Identification</b>	Identified records with keywords and Booleans	56
	Duplicate items	14
	Subtotal item identification	42
<b>Selection</b>	Selected articles after application of inclusion/exclusion criteria.	35
	Discarded articles by title and/or abstract	24
	Subtotal selection item	11
<b>Eligibility</b>	Selected articles for full-text reading	11
	Discarded articles after full-text reading	3
	Discarded articles after quality assessment	0
<b>Inclusion</b>	Included articles for analysis	8

The information was organized in an Excel file for subsequent analysis by the authors, taking into consideration the specific objectives. For the third objective, the theory of transitions was incorporated as a reference, in order to give a disciplinary sense to the interpretation of the information and because it is relevant to the topic to be analyzed, thus allowing to know the main approaches of the published research and those that require further research.

The disciplinary analysis was carried out by placing in the Excel file the concepts of the theory of transitions in the form of columns, in order to establish the frequency of aspects related to it as reported in each article of the final sample, according to the interpretation of this theory made by the authors of this text. The information collected was analyzed both quantitatively and qualitatively.

## **Results**

Nurses' attitudes towards death and dying have not been studied in depth in Latin America, as evidenced by the small number of studies found in this review.

The selected articles came from Chile, Colombia, Brazil, and Mexico, with two publications per country, equivalent to 25% for each of them.

About half of the publications developed qualitative designs, including phenomenological, phenomenological-hermeneutic, descriptive-exploratory approaches, and textual-discursive analysis.

Regarding quantitative designs, descriptive designs were found in their entirety, in which the Attitudes to Death Scale (CAM-2) ( $n = 2$ , 50 %), and the Revised Profile of Attitudes to Death (PRAM) questionnaire ( $n = 2$ , 50 %) were used.

Table 3 summarizes the characteristics and results of the articles included in the review.

**Table 3 – Characteristics and results of the articles**

<b>Author, country, year of publication</b>	<b>Design and population</b>	<b>Objective, main results and conclusions</b>
López M, Vega P, Carrasco P, González X, Abarca E, Rojo L, et al. Chile, 2022 <sup>(21)</sup>	Qualitative. Health professionals and technicians from public hospitals who experienced the death of children and adolescents with cancer.	Objective: To reveal the strategies used by health professionals and technicians in Chilean public hospitals to cope with the death of infants with cancer. Results: The main strategies were to participate in farewell rites in the face of death, to carry out recreational activities with team members outside the working day, to make changes in the work routine, and to separate personal and professional aspects. When perceiving low support from the institution, they proposed facilitating attendance at the funeral, developing formal bereavement support interventions, carrying out self-care interventions, and incorporating the subject of death in work inductions. Conclusion: Professionals and technicians have strategies to cope with their bereavement. However, they require formal support from the institution, along with continuous training on the subject. It is essential for the institution to become involved in this issue.
Morales F, Ramírez F, Cruz A, Arriaga RM, Vicente MA, De la Cruz C, et al. Mexico, 2021 <sup>(22)</sup>	Quantitative. Nursing professionals working in critical hospital areas.	Objective: To explore the attitudes of nurses working in critical hospital areas about the process of patient death. Results: The nursing professionals who participated in the study have an average age of 32.5 years ( $SD = 7$ ), with 71.8 % of them female. 67.6 % of the nurses showed an indifferent attitude towards death, and only 9.9 % showed a positive attitude. About the perspective of fearful attitude, 46.5 % manifest that thinking about death generates anxiety, while 39.4 % see the death of patients as something natural. Conclusions: Nursing personnel possess feelings of indifference to patient care in the face of death. However, they consider that accepting their death leads them to care more freely.
Osés Zubiri M, Casas Fernández de Tejerina JM, Seguel Palma F. Chile (multicenter Spain-Chile), 2020 <sup>(23)</sup>	Quantitative. Nursing professionals from two hospitals and health centers of the public network.	Objective: To determine the attitudes of nursing professionals toward death, to analyze differences between the perceptions of professionals from Spain and Chile, and to ascertain the influence of cultural and sociodemographic factors on these perceptions. Results: 325 professionals from Navarra and 114 from Valdivia (66.51 %) participated. Those from Navarra obtained higher scores in the Fear dimension (...= 3.66 vs. 3.35) and those from Valdivia in the Escape (...= 4 vs. 3.55) and Approach (...= 4.93 vs. 3.37) dimensions. Valdivia professionals were influenced by factors such as sex, age, having attended funerals in childhood, professing and practicing a religion, or working in a health center as opposed to a hospital. Conclusions: Both presented a neutral attitude towards death the older they were, an enhanced attitude of closeness when professing a faith, and fear before the self-perception of poor technical handling of death, although cultural and sociodemographic aspects influenced both samples.
Trevisan D, Rosa JM, Colomé CL. Brazil, 2020 <sup>(24)</sup>	Qualitative. Health professionals, including nursing professionals, who worked in an emergency Department.	Objectives: To know the perceptions of health professionals about the death of patients. Results: There is evidence of using defensive strategies to face stressful situations. In addition, professionals do not elaborate on the feelings aroused. Conclusions: It was concluded that defensive strategies are used when the death of a patient occurs, but this does not reduce the suffering of the professionals which is why death should be a subject of initial and continuous training among health professionals.

Cáceres Rivera DI, Cristancho Zambrano LY, López Romero LA. Colombia, 2019 <sup>(25)</sup>	Quantitative. Nurses in an Intensive Care Department.	Objective: To describe the attitudes toward death in a group of nurses working in a highly complex Intensive Care Department. Results: The general average of the attitude toward death scale was $133.53 \pm 21.50$ . The attitude with the highest average was acceptance of approach with $48.17 \pm 12.64$ , neutral acceptance with $28.94 \pm 4.62$ , and fear of death with $23.0 \pm 7.42$ . There is a moderate and direct correlation between the general average of the scale of attitudes towards death and the years of work in the service, $\rho = 0.59$ , $p = 0.016$ . Conclusions: Among the attitudes towards death of the participants of the present study, the most predominant was the attitude of close acceptance. In addition, it was possible to establish a moderate and direct correlation between the general average of the attitudes toward death scale and the years of work in the Intensive Care Department.
Ospina-Garzón H, Henao-Castaño A, Rivera-Romero N. Colombia, 2019 <sup>(26)</sup>	Qualitative. Nursing professionals in an Intensive Care Department.	Objective: To examine the nursing staff's experience caring for critically ill patients at their end of life. Results: 3 main themes were identified (attitude towards care, meaning of end-of-life care, and empirical care knowledge). Conclusion: Nurses during end-of-life care mainly carry out interventions to meet the patient's basic needs and manifest the need to acquire theoretical knowledge of death and end-of-life care.
García-Avenidaño D, Ochoa-Estrada M, Briceño-Rodríguez I. Mexico, 2018 <sup>(27)</sup>	Quantitative. Nurses in an Intensive Care Department.	Objective: To determine the nurse's attitude towards the death of a patient in the intensive care department. Results and Conclusions: The findings allowed us to conclude that the nursing professional is prepared to care for life, considering that at a general level, he/she accepts death as an inevitable fact. However, from the professional perspective of the nursing professional, death is considered a relief, considering also the burden evidenced by the patient's family members in the final process.
Machado ML, Viero M, Devos EL, Tomaszewski JG, Pereira L, Guimarães A. Brazil, 2018 <sup>(28)</sup>	Qualitative. Nurses and physicians in neonatal and pediatric areas.	Objective: To know Healthcare professionals' perception of how advance directives can be applied in the neonatal and pediatric context. Results: Some aspects that hinder the directives' applicability were evidenced, such as attitudes of denial of death, reduced communication, understanding of death as a one-time event, hierarchy, and professional instrumentalization. The facilitating factors included (multi) professional interaction, bonding, and spiritual support. Final considerations: There was a lack of understanding and discomfort about death and all its significance, showing the difficulty of the applicability of the Directives in this area.

There was a predominance of indifference, evasive postures, and fear of death among attitudes in general, <sup>(22, 25, 28)</sup> but attitudes of neutrality and acceptance were also evidenced, which facilitated the approach. <sup>(23, 25)</sup>

Although not directly linked to attitudes, the articles underscored the significance of institutional regulations for formal interventions in addressing issues concerning death, such as bereavement and workers' perception of care, along with the importance of a psychosocial and spiritual approach. <sup>(21, 24)</sup> It is worth mentioning that all the articles were conducted within hospital settings.

Linking the results to the Theory of Transitions, it was found that most of the articles addressed the conditions of transitions, followed by the concepts of Nursing therapeutics and response patterns (Table 4).



**Table 4 – Related articles according to concepts of the Meleis Transitions Theory**

<b>Concepts</b>		<b>Number of articles</b>
<b>Transition conditions</b>	Meanings, beliefs, cultural aspects	2
	Socioeconomic status	2
	Preparation and knowledge	6
	Community or social	0
<b>Response patterns</b>	Process indicators	4
	Outcome indicators	1
<b>Nursing therapeutics</b>	Readiness. Assessment of user readiness	4
	Transition readiness - educating the user	2
	Role supplementation	0

Therefore, it was possible to identify factors that favor or disfavor transitions related to death in the context of caregiving, as shown in Figure 1.



**Figure 1.** Transition-related factors in the context of caregiving

Regarding the *conditions of transitions*, aspects were identified that favor the attitudes of professionals regarding death in the context of care, such as participation in regular religious practices, personal experiences regarding the loss of a close family member, the incorporation of the subject as part of institutional training, in addition to its importance in initial training. Among the aspects that discourage such attitudes are personal fear of death and other stigmas related to the subject. (21-25, 27)

The research by Osés, Casas, and Seguel in 2020,<sup>(23)</sup> which is part of the selection, found that the most neutral attitudes towards death were significant in men, older professionals, those who did not have religious practices, and those who knew how to deal with end-of-life issues. In addition to technical and emotional aspects, fear of death was predominant in those professionals who had a low perception of it.

Regarding the *therapeutic concept of nursing*, it was found that nursing professionals have the preparation to face different aspects of the course of life, including death,<sup>(27)</sup> but require specific training for its approach.<sup>(26, 27)</sup> The professional role implies demonstrating strength in this type of situation, which represents emotional exhaustion, which is not addressed,<sup>(26)</sup> showing a possible normalization of this condition.

Regarding *response patterns*, there was evidence that the transition process related to death was facilitated by using farewell rites, formal support from the health institutions,<sup>(21)</sup> communication among the group of professionals, and the generation of links between professionals and users. Explicit spiritual support as part of the care provided also contributed,<sup>(27)</sup> favoring the construction of attitudes by what is expected in this context.

Among the factors that hindered the processes, the defensive coping of the professionals in the face of the stress that death can generate was identified, as well as their lack of approach,<sup>(24)</sup> — as mentioned in the concept of *nursing therapeutics*—. Other factors identified were: the development of interventions focused on care that meet only the basic needs of people and not the specific ones related to the end of life,<sup>(15)</sup> as well as deficiencies in communication within the health teams.<sup>(28)</sup>

Regarding the response patterns related to the results, we found evidence of the perception of relief generated by the death in the family environment,<sup>(27)</sup> reflecting a healthy transition in this context.

## Discussion

Two socially relevant circumstances began to raise interest in the subject: firstly, the discussions on euthanasia and the incorporation of palliative care as a matter of rights, and secondly, the AIDS-19 pandemic, resulting in heavy deaths throughout the world, which affected the most socioeconomically vulnerable sectors of the population in particular.<sup>(29-30)</sup>

Based on the findings, nursing professionals show mostly indifferent attitudes towards death, possibly related to the high exposure to this phenomenon in hospital environments,<sup>(32)</sup> besides the rationalization of end-of-life processes, which accompanies the predominant biomedical vision in the healthcare field.<sup>(33)</sup> Moreover, there is evidence that this attitude was mainly present in male professionals, so the gender perspective in end-of-life care should be considered,<sup>(34)</sup> identifying the need to develop research to provide evidence.

Research like the one conducted by Terezinha Zenevicz et al.<sup>(35)</sup> revealed the relevance and innovations regarding end-of-life care, assuming the challenge of favoring an attitude willing to be compassionately linked to those who are moving towards death. Based on this, the idea arises of actively participating in meeting the needs beyond the biomedical, incorporating those related to the cultural, social, emotional, and spiritual needs of the dying and their families to ensure the best possible transition conditions from hospital spaces, as well as from Primary Health Care and home care services.

Other significant findings had to do with the fear and stigma surrounding the concept of death among nurses. Such a condition constitutes a limiting factor for transition conditions and is directly related to the idea of finiteness of the health professionals themselves.<sup>(36)</sup>

Pais et al. <sup>(37)</sup> conclude in their research that to improve the attitude toward death, it is necessary to work on its conceptualization and reflections from undergraduate training and to receive continuous training for working with people in the end-of-life process and their environments. <sup>(37, 38)</sup>

Evidence has also demonstrated the need for institutional environments that promote reflections on the idea of life and death itself and that take into account the coping mechanisms of the staff, compassion fatigue, the implementation of respite times, and psycho-spiritual accompaniment; with this, we would expect an implementation of comprehensive and integrative care, from which transitions in those who exercise care are favored. <sup>(39, 40)</sup>

The death-related processes represent an opportunity for disciplinary development in Latin America, considering that nursing is a caring discipline and the history of its progress and positioning in health care has been marked by its contribution to well-being from different perspectives. <sup>(41)</sup>

It is recognized as a limitation of this review to address only the Latin American context, which was due to the authors' interest in knowing a more situated scientific production in coherence with the proposed objectives.

### Conclusions

Research on this subject is scarce in Latin America, and having experienced close losses, training in concepts and techniques, including favorable institutional support, is the basis for contributing to a better attitude toward death.

In this review we invite you to develop research on this subject to have more evidence in the Latin American context, which facilitates its recognition and incorporation in the institutional health environment, at all levels of care, taking into account that the research found was centered in the hospital environment.

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