

**PROCESS OF DEATH AND CHILD'S DEATH:
PERCEPTION OF NURSING ACADEMICS**

Verônica Mascarenhas Oliveira¹; Hellis Simone Sousa Vieira Trindade²
Ana Carolaine de Souza Batista³; Laura Emmanuela Lima Costa⁴
Rudval Souza da Silva⁵

Highlights: (1) Lack of preparation in the training of nurses in the face of the death of a child. (2) Greater difficulty in accepting the death of children by nursing students. (3) Logotherapy in training enables greater understanding and reflection on the topic.

PRE-PROOF

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¹ Universidade do Estado da Bahia. Senhor do Bonfim/BA, Brazil. <https://orcid.org/0000-0002-4283-9897>

² Universidade do Estado da Bahia. Senhor do Bonfim/BA, Brazil. <https://orcid.org/0000-0002-6478-8533>

³ Universidade do Estado da Bahia. Senhor do Bonfim/BA, Brazil. <https://orcid.org/0000-0002-4444-7731>

⁴ Universidade do Estado da Bahia. Jacobina/BA, Brazil, <https://orcid.org/0000-0002-2920-9567>

⁵ Universidade do Estado da Bahia. Senhor do Bonfim/BA, Brazil. <https://orcid.org/0000-0002-7991-8804>

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ABSTRACT

Objective: Recognizing the perception of nursing academics regarding the process of dying and the death of the child. **Methods:** This is an exploratory-descriptive study of qualitative approach conducted with academics of a nursing course and using semi-structured interviews with eight participants, so that these resulted in the corpus of research that was organized based on the Thematic Content Analysis Technique and analyzed based on concepts of Logotherapy. **Results:** The results were organized in thematic units grouped by convergence of meanings and meanings resulting in two categories: 1) Training of the academic nursing and the unpreparedness to deal with the death of the child; 2) The death of the child as a premature event and potentialized by negative feelings. **Conclusion:** The results point to a lack of preparation of academics to deal with infant death due to the poor approach of the theme during graduation. They described death as a moment of sadness, suffering and denial and demonstrated difficulty in accepting that moment and claim that the death of a child is much more difficult to deal with and accept than that of an elderly person. This scenario reinforces the need for the insertion of the thematic process of dying and death of the child during graduation through strategies that enable reflections about death and assistance to the child.

Keywords: Death; Child; Nursing students.

1. INTRODUCTION

Death is part of the natural cycle of life, but it is never easy to face it. For some, this cycle may be a little shorter than for others, death being the final cycle of life on earth for every living being, an inevitable fact and inherent in the process of human development, which enables a series of questions and reflections¹.

Faced with this phenomenon, surrounded by uncertainties, as well as the process of dying and death, people respond in different ways when they experience this moment to depend on the culture in which they are inserted, which can facilitate the occurrence of existential fear and anguish, characterized by the feeling of loss, loneliness or despair, promoting the interruption of ties due to unpreparedness to face this type of suffering¹.

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Because it is a topic marked by taboos, talking about death is still a complex and challenging subject, seen in a negative way by society in general, by health professionals and students, especially nursing, who even having greater contact with this theme, end up seeing death as a professional failure, very painful and difficult to deal with, and with this they end up having the need to seek ways of self-coping and self-education before the process of terminality².

This difficulty may be a reflection of the lack of a more comprehensive approach during the training process of nursing academics on Thanatology. During graduation students are trained to provide the patient with necessary care for the preservation and prolongation of life through the removal of suffering, pain and healing diseases in order to avoid death, which is not always possible. When this student becomes professional and is faced with the process of caring for a person, in the context of a child before death, eventually identifies such a fact as a failure to care and even avoid being present at these moments, as an act of self-protection and relief from their fears, worries, sufferings, pains, sorrows and feelings of failure in the practices of caring³.

And the big problem is the fact that the theme of Thanatology usually only appears in specific curricular components and in the others such approach is neglected or approached in a very superficial way. A minority of academics who have the possibility of a greater contact with discussions about Thanatology during graduation, end up being those who participate in extension projects on the subject. And when it comes to Thanatology in pediatrics, this is even less contemplated, leaving a gap in the preparation of future nurses to face such situation and know how to deal with the suffering that is observed during pediatric palliative care⁴⁻⁵.

This gap in training at the undergraduate level can have an impact on future professional assistance, making it a situation that is often difficult to deal with. However, if the first contact with children with a terminal disease in imminent death situation occurs during the curricular stages, it is understood that such an experience may provide academics with a reflection on dying and death and thus bring learning that can help these future professionals to better manage their emotions. It is a time when teachers will be able to prepare and support them in order to minimize the negative factors inherent in this experience and re-signify it⁵.

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The identification of the gap in education on the theme of death in childhood during graduation, as well as understanding how future nursing professionals deal with this situation, can directly impact on the quality of care provided to children and their families, thus the authors felt encouraged to investigate such a problem and produced this study.

The research on this theme will allow reflections on the superficiality with which the subject is approached during the training process, since, they will be the future nurses, the professionals with greater contact with the process of dying and the death of the hospitalized child, consequently the most susceptible to suffering. It will also enable the improvement of quality of care, the development of emotional skills, the preparation of family-centered care and the advancement of pediatric nursing research and practice.

Being aware of death and his role as a professional makes it possible to provide assistance to the family and a dignified death to the child and support the bereavement of the family⁶. For this, this study has as guiding question: How is the preparation to deal with the process of death and death of the child during the training of nursing academics? And aims to understand the perception of nursing academics with respect to the process of dying and the death of the child.

2. METHOD

It is an exploratory-descriptive study of qualitative approach that led to consideration concepts of Logotherapy as a theoretical reference that aims to access the essence of the object under study and broaden perceptions about different experiences, identifying meanings and how they are experienced⁷. The steps of the checklist Consolidated Criteria for Reporting Qualitative Research (Coreq) were respected⁸.

The study participants were nursing academics from a state public university in a countryside of Bahia. These were identified from the list of enrolled at the Collegium of the Nursing Course and, considering the saturation criterion⁹, this was reached when the eighth participant interview. Being adopted as an inclusion criterion: Nursing academics who attended or were attending the curricular component of Supervised Traineeship II in order to ensure that students had the opportunity to experience hospital practice with

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children. And, as exclusion criteria the academics in a period of partial or total closure of the course.

The data collection took place in September 2022, using a semi-structured interview that contemplated subjective questions about how the academic deals with the process of dying and death of the child during his undergraduate nursing training. The other interviews had an average duration of 30 minutes each and were carried out in a reserved room, face-to-face, maintaining privacy, audio recorded with the help of portable voice apparatus and then transcribed in full for the organization of the research corpus.

As already mentioned, when the repetition of information and the non-increment of new elements were not observed, they were closed, by reaching the saturation criterion. Considering the principle of confidentiality and secrecy, alphanumeric codes were used to identify participants, with a view to protecting participants, namely: P (Participant) 1, P2, P3...

The collected data were treated and organized in a manual way, in a spreadsheet developed in Microsoft Word[®] software, based on the Content Analysis Technique of Bardin¹⁰, following its three operational phases: 1) Pre-Analysis; 2) Material Exploration; and 3) Treatment of the Results so that from the interviews emerged the units of records that when analyzed based on the convergences and points in common meanings resulted in thematic units, here called categories, which were discussed based on concepts of Logotherapy.

This research followed all the ethical aspects of Resolution 466/2012, which deals with human research being appreciated and approved by the Research Ethics Committee with a favorable Opinion under N. 5.618511. All, when they agreed to participate in the research, signed the ICF and only after this moment was the data collection.

3. RESULTS AND DISCUSSION

Of the eight study participants, all were female. In relation to the course period, all were attending the 9th semester, considering the criterion of having fulfilled the curricular component Supervised Curricular Internship II. From the organization and analysis of the interviews emerged two thematic categories as presented below (Figure 1).

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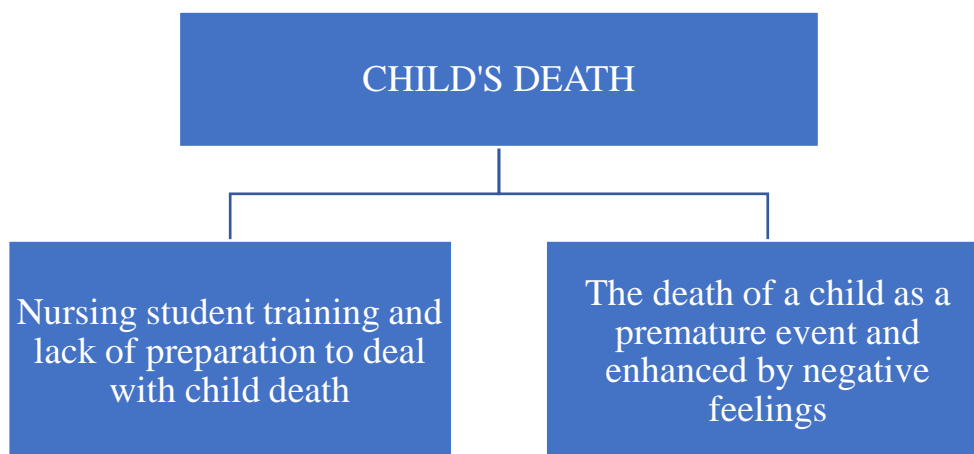


Figure 1 – Thematic Categories. Senhor do Bonfim, Brazil, 2024. **Source:** Results of the research.

3.1 Nursing students' education and lack of preparation to deal with the child's death

In this category the academics were questioned about their preparation during graduation. Almost in their entirety they demonstrated in their speeches not being prepared to deal with the process of death and death of a child. They also pointed out that there is a deficiency in training with regard to the approach on the theme during nursing graduation.

[...] He has no preparation to know how to deal with either the death of the adult or the child. The adult one we kind of normalize, but there is no (P2).

[...] We are still not very fit with this process, because it involves many taboos, so in fact we are not trained, instructed to this moment, which is a natural moment[...] (P3).

[...] We don't have this experience. They say that it is the role of the nurse to communicate to the family member and why have we never seen this in practice? We never had this to see how it will happen, to see if it really happens the way we

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imagine, if it will be easy, if it will be difficult, we never dealt with this situation in graduation [...] (P4).

When questioning whether it is the role of the nurse to be the bearer of news for the family, this registration unit brings up the issue of death communication that is part of the role of the multidisciplinary team and, how much the nursing team is involved in this process by the privileged place to spend, in the hospital context, most of the time caring for patients and their families, which in many moments end up being responsible for providing support and information, including difficult news¹¹⁻¹². Such assignments can generate a physical and emotional overload to the nurse. Therefore, the importance of a preparation with scientific knowledge and psychological support to understand and deal with feelings that emerge from these situations¹³.

When such knowledge is disseminated, the professional can better deal with the meaning of life at work, which is based on giving oneself and reflect on their way of being, especially by assuming care as a moral imperative value. The framework of *Existential Analysis* by Viktor Emil Frankl and Logotherapy are psychotherapeutic approaches that assume that the main motivational force of an individual is to find a meaning for life even in the face of suffering, helping the human being to find the "so that" to live¹⁴. Frankl says that "giving oneself" to each other as absolute otherness is the interexistential way in which the "being" of one person "in" another is recognized as such going beyond, being thought of in human plurality¹⁵.

The meaning of life is the reason for which one wishes to live and it pushes the individual to find strength to face the situation of suffering, security to live the adversities, tranquility in the difficult moments¹⁶. Meaning can be found in three distinct ways: loving someone, doing or creating something, or facing suffering where there is no hope and there is nothing to do to modify it. The important thing is how the individual experiences the situation¹⁷.

In another unit of record it is still possible to perceive a certain concern caused by the lack of experience for never having experienced a death and fear for how it can react. According to this report, in a study¹⁸ with nursing academics, they revealed a feeling of

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fear about death, justified by the unpredictability with which death may occur, and the questioning actually offered all the support that the patient needed.

Such a feeling may be due to the negative faces of human existence, "especially that tragic triad in which pain, guilt and death are intertwined" that can provoke fear and consequently the lack of meaning of life and existential emptiness¹⁹. The existential emptiness, according to Frankl, is characterized by an inner emptiness, a lack of initiative to act and modify the suffering situation¹⁶.

It is not related to the human being to question the meaning of life, on the contrary, it is important that people ask questions and do not accept ready answers, meaning the achievement of intellectual maturity²⁰. Corroborating with Logotherapy, it is observed that spirituality is linked to something transcendent that enables the human being to face life's adverse situations by reducing anguish and fear of the unexpected²¹.

Providing opportunities for academics to experience the process of dying and the death of a child is something unpredictable, since it depends on many factors such as the demand for the unit and the types of internship locations. On the other hand, even if this experience does not happen during the internships, it is in graduation that the expected moment of preparation and support by teachers so that they acquire critical-reflexive and develop skills that enable them to deal with death in a humanized way and thus minimize the negative factors inherent in the death of a patient, including the concepts of Logotherapy^{5,19}.

Although there is a tacit understanding in the literature about the importance of reflecting on death during graduation, studies^{5-6,22} confirm that most courses do not yet cover the subject satisfactorily. About this, a study⁶ pointed out that the preparation to deal with death in undergraduate courses in nursing is still based only on technical procedures. The main objective of teaching has been to focus on restoring health, and its actions are aimed at treating and healing the disease^{3,18}, as mentioned in the following records units:

[...] I think I'm not prepared for this moment [...] in graduation it's something much related to curing the disease, to the process of caring there while you're sick, but when you die, as far as I remember there was no discipline (P5).

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[...] We are not prepared for the process of death and dying, we are prepared to help in life, in healing, and I didn't have anything specific focused on this, so I don't feel prepared to carry out this reception with the family, with the baby or a child (P8).

Some students had the opportunity to participate in extension projects and academic leagues of palliative care (PC) at the university where the study took place, and this experience gave them a closer approach to the theme, how you can work in the following units:

I believe so (about feeling prepared to deal with the death of a patient) [...] at the beginning of the course I participated in the Palliative Care Academic League, which gave a very good foundation, and then it was the experiences in the disciplines and practical activities (P1).

[...] as I have already studied Palliative Care for three years, I had contact with the process of dying and death [...] (P7).

[...] talk a little about some things in projects that we participated in relation to death [...] (P3).

We saw palliative care in the projects, but it was not a personal preparation of the student per se [...] (P6).

Among the participants of this research, only one of them showed to feel prepared to deal with the death of a child, attributing his preparation precisely to what he has experienced in his participation in an academic league of Palliative Care (PC) and his personal experiences. In the P7 registration unit, it is possible to observe a greater approximation with the theme because it was also part of the academic league of PC for three years, but still did not feel fit for this time. The academic leagues of PC are organized entities, made up of undergraduate students and faculty advisors, who seek to deepen their knowledge in the area, being able to provide different teaching-learning scenarios based on technical-knowledge of scientists²³.

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The contact with the theme allows the future professional to have an integral look at the process of dying and death, performing a humanized care in order to reduce the suffering of the past in finitude and the family¹⁹. In this sense, for the inclusion of Frankl's theory during the training process, it should be stimulated the formation of fullness, an education that associates identity, culture and needs, taking into account the interaction with oneself and with others, Training for the performance of skills and competencies as well as knowledge necessary to the formation of a critical and reflexive vision of the world²¹.

In relation to the death of children, the preparation and knowledge during graduation is minimal, being the reality different from what is idealized in the universities, making it difficult to practice care in the routines of the hospitals²⁴. Study²⁵ observed that the deaths of children and young people are those that cause the greatest impact for students, in addition to the premature death, often by seeing oneself in that patient, they end up experiencing this moment more intensely.

However, only one participant reports that in the last year of graduation had the opportunity to discuss infant death in an extension project on children in the ICU, but as well as the other nursing students, claims not to have had contact with the theme in a broad and transversal way.

No, there were very superficial things, we didn't have them in the child, they were very vague things, talking a little about some things in projects that we participated in relation to death, but not in the child's health (P3).

I saw people talk about the death of a child this last year, [...] in an extension group that I participated in, about family members of children in the pediatric ICU [...] but then, in the undergraduate program, in the curriculum this was not commented on (P7).

The university extension promotes transformative interaction between higher education institutions and other sectors of society, through the production and application of knowledge, and allows students to experience the practice of indispensable experiences, providing reflections on certain problems²⁶.

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Although some nursing academics have had the opportunity to be part of the extension groups and leagues, most still do not feel prepared to deal with the death of children, they report that the approach to the theme was superficial and at specific moments. In addition, not all students have the opportunity to participate in groups and leagues on Thanatology or Palliative Care, making it even more difficult to access discussions on the topic.

The knowledge acquired during academic training contributes significantly to the quality of care provided to the patient and his family during the process of dying and death. The speeches of the students highlight the importance of research projects, extension and leagues that address the theme, because even if briefly, they were the main means of approaching the subject. The participants of this research also cited some suggestions so that they could feel better prepared to deal with end-of-life patients:

I think it was something that the university should give us this psychological support (P3).

[...] So I think there should be some discipline about it or even a subject within a discipline, a conversation circle, something like that about the theme (P7).

In the first unit of record above, the participant cites the need to receive psychological support during graduation as a preparation for dealing with death and grief. Thus, it is recommended to reflect on the subject in a transdisciplinary and multidisciplinary manner, highlighting emotional problems²⁵. Some authors point out that the approach of the subject in the classroom can minimize the negative effects inherent to the process of dying and death of patients in the life of nursing students.

In addition, Frankl argues that man is made up of body, mind and spirit, and the existence of this spiritual being in speech therapy makes him able to make decisions to deal with limited situations of life. It also stresses that man is a being referred to the values, which can be classified in "creative values" that concern the values of creation, linked to creativity; "experiential values" related to personal experiences that constitute the basis for coping with various life situations and, finally, "attitudinal values" which are supports for human completely²¹.

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All these values lead the human being to tragic optimism, ability of the person to live with the tragic triad without losing optimism about life, overcome adverse moments²¹ that if still discussed in the training process of future nurses can facilitate contact with the process of dying and death, especially children.

Having the opportunity to reflect on their feelings and understand what people who are at the end of life go through can provide students with strategies for providing care to patients both during graduation and in their future professional career⁵.

Nevertheless, authors²² show that addressing the theme in a single discipline is not enough, because considering the complexity of the subject, it must be present in spaces for discussion and reflection, enabling the training of trained professionals both technically and emotionally.

3.2 The child's death as an early event and potentiated by negative feelings

The participants of the research had convergent conceptions about the death of the child, evidencing the fact that the precocity of the death interrupts the natural process of the life (to be born, to grow, to reproduce and to die), as revealed through the lines:

[...] But when they are children they face it differently, damn so young they haven't lived what they had to live [...] (P1).

[...] Not from a child, we don't expect that, because a child hasn't lived all the stages of life yet, it's at the beginning, so it's much more shocking (P4).

I think it's more difficult because the child we see there that he has his whole life, right [...] the child you imagine growing up, having his future, his dreams yet to come true, moments of play, of youth [...] so in my opinion it's much more painful [...] (P5).

The interviewees' statements were similar to what was proposed in another study conducted with nurses working with pediatric patients. When asked about infant death,

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they almost always associated the difficulty of accepting death with the fact that the child is still at the beginning of life⁴.

When we talk about childhood we immediately imagine a scenario of joy, games, school and, almost always, when we look at a child we conjecture a future. A reality different from this is not what is expected, as quoted by P7:

[...] We see the innocence of the child, that child who has not yet lived anything, right, who is not to blame for anything, who is innocent. Because when we think of children, we think of life, joy, children running, seeing them at school learning things... and then seeing a child in the hospital or dying unexpectedly is very difficult [...] it's very sad [...] (P7).

The lack of personal experiences that constitute the basis for coping with the various situations of life, which are experiential values brought by Frankl, facilitates the fragility in the emotional ability to deal with the process of dying and death, linked to the feeling of failure, especially when this process involves an early loss²⁷. In addition, the difficulty of dealing with these feelings is related to the creation of a bond formed during the care of the child and the view that he or she did not have the right to life.

The students also highlighted the differences inherent in the death of an elderly person and the death of a child, characterizing old age death as "expected," while that of the child as something "shocking", as we can observe in the following records.

I believe that when it comes to a child... Acceptance is more difficult than when you are old (P1).

[...] Of course there are moments that are tragic, a child who dies, an adolescent, an adult (...) so it depends a lot on the expectation of each one's age and the moment [...] (P3).

[...] When the child is already weak and sick, they already expect death. But it shocks much more when it is a child than an elderly person [...] (P4).

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[...] the elderly, they have a certain life experience... It's difficult, but it's a slower process... The family suffers, we also suffer as professionals. But the child is always very shocking, very traumatizing [...] no one expects the death of a child, it is always expected that the elders go first. But it shakes both one and the other. But the child's death is more shocking [...] (P6).

The death in old age and/or patients with chronic diseases that go through great suffering, can be considered a relief. However, when the sudden death of a young person and especially a child occurs, the premature departure potentiates negative feelings. Thus, death may be easier or more difficult to deal with, depending on the circumstances in which it occurs^{2,28}. The students' statements corroborate with the above-mentioned authors in stating that, when compared to the death of an elderly person, the death of a child is more difficult to accept, characterizing it as something shocking and tragic.

When thinking about the death of an elderly person, relating to the tragic triad (pain, guilt and death), pain and suffering are present and represent the reflection of care and formed bonds. When the death of an elderly person occurs, it is considered to be the end of suffering for the patient, family and nursing professional²⁷.

None of the participants reported having experienced the death of a child during the internships, due to the few curricular experiences in the pediatric unit. However, in their speeches already project a difficult professional future because they have to deal at some point with the child death. Even death in some cases being considered a relief, when it comes to children, the academics in its entirety see as a moment of suffering. The lines show feelings of sadness, pain and despair, which possibly becomes a challenge to provide assistance to the pediatric patient and his family during the process of dying and death.

[...] a very big impact, I have a lot of affinity with children, it's an area that I wanted to pursue [pediatrics], but when we start to experience it, it's very painful [...] it's something that moves me a lot [...] (P3).

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[...] but, just imagining it must be very sad, right, very horrible, [...] seeing a child in the hospital or dying unexpectedly is very difficult [...] it's a deep sadness, it's a shock, it's something that is unacceptable [...] (P7).

[...] It becomes more difficult when it's someone very young, right, or it's an accident, there's that sudden loss there, or even with a disease, which out of nowhere discovers and dies, so it's a painful process [...] (P8).

Nursing students by revealing the sadness and pain, live the lack of meaning, reverberating the existential emptiness that may be due to a loss that the individual had to suffer since becoming a true human being, being present in the form of anguish and boredom at many moments in people's life²⁷.

Associating a child in the process of dying with a close relative causes a transfer of feelings. The interviewees P4 and P2 project the loss as if it were of their brother and son, this potentiates the negative feelings, leading to suffer together with a bereaved family.

[...] Hail Mary! It's sad, it's much more shocking than an elderly person's, no doubt. [...] And it's much more shocking for us, because we think all the time if it were him [his brother]? It even makes you want to cry, because it's a situation like this, very sad, very desperate (P4).

A lot of suffering, me like this... I don't even like to imagine, as I have a child, I don't even know what my life would be like without him, because he is a child, we have that instinct of protection so we are always there protecting the child [...] (P2).

It is common that during the care of the child and his family that goes through the process of dying the nurse has empathic attitudes and questions "what if he was my relative?"²⁹. Taking care of the other as you would like your relative to be taken care of and put yourself in the place of the family that is suffering is important to provide humanized assistance. But, on the other hand, the internalization of the pain of the family putting itself in the place of that family who lost their loved one, can generate wear and

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suffering and still trigger a "depression for empathy" reported in a study by some professionals⁴.

According to Logotherapy, it is from the vital values or experience that we meet with each other, we give ourselves, respect and understand, and where a single moment can give meaning to the whole life, enabling the awareness of finitude and helping in new confrontations that may arise with the understanding of the pain of other²⁷.

4. CONCLUSION

The nursing academics who participated in the study described death as a moment of sadness, suffering and denial and demonstrated difficulty in accepting this moment, especially when it comes to the death of a child, stating that this is much more difficult to deal with and accept than when it comes to the death an elderly. In addition, it was noted that by comparing the patient in the process of dying with a close relative the suffering of the students was mitigated.

Thus, there is a need to approach Thanatology during the training period, through the updating of curricular grades and creation of extensionist projects, in order to contemplate the subject satisfactorily with teachers able to provide the necessary support. From this, it will result in the training of nurses able to deal with the process of dying and the death of children, since these are those (professionals) who have more ties with the patient and family.

Therefore, the compactness of dealing with the finitude of life is highlighted, hence the need for qualified preparation, and concepts of Logotherapy can be included during the training process of nurses, in order to enable the understanding of the process of dying and death as an event that imposes the confrontation with their life, reflecting on their actions, way of living and acting in the world and their relationship with others, especially with patients and their families.

Among the limitations it is possible to cite the report of the graduates in not having experienced the experience of a child's death during the curricular stages in pediatrics.

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Corresponding author:

Verônica Mascarenhas Oliveira: Conceptualization; Data curation; Formal analysis; Investigation; Methodology; Project administration; Validation; Writing – original draft; Writing – review & editing.

Hellis Simone Sousa Vieira Trindade: Conceptualization; Data curation; Formal analysis; Investigation; Methodology; Project administration; Validation; Writing – original draft; Writing – review & editing.

Ana Carolaine de Souza Batista: Writing – original draft; Writing – review & editing.

Laura Emmanuela Lima Costa: Writing – original draft; Writing – review & editing.

Rudval Souza da Silva: Conceptualization; Formal analysis; Methodology; Writing – original draft; Writing – review & editing.

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PROCESS OF DEATH AND CHILD'S DEATH: PERCEPTION OF NURSING ACADEMICS**Corresponding author:**

Verônica Mascarenhas Oliveira

Universidade do Estado da Bahia

Rodovia Lomanto Júnior - BR 407 km 127 – CEP 48970000 - Senhor do Bonfim, BA, Brazil

veronicamascarenhas@gmail.com

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