Original article

Emotional (un)availability in the face of neonatal death in a nursing team

(In)disponibilidade emocional diante da morte neonatal em uma equipe de enfermagem

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ABSTRACT | OBJECTIVES: Investigate the possible emotional impacts that neonatal death causes on nursing professionals working in a Neonatal ICU. Additionally, the study aimed to understand the coping strategies these professionals use when dealing with cases of neonatal death. **METHOD:** Exploratory qualitative study carried out with five healthcare professionals: two nurses and three nursing technicians, from a team in the Neonatal ICU of a private hospital in a city in the countryside of Rio Grande do Sul, Brazil. Data were collected through the focus group technique, whose transcriptions were analyzed using Content Analysis. **RESULTS:** An analysis theme called emotional (un)availability was organized, which included feelings and emotions with a predominance of sadness, frustration and helplessness, mainly related to the bond established with the patient, the families, and the insufficiency in training to cope with these situations. The main management strategies vary among silence, anger, psychological support or the maintenance of the work routine. **FINAL CONSIDERATIONS:** We observed that negative feelings and emotions were predominant when dealing with death, leading professionals many times to adopt reactions of emotional unavailability due to the problem.

KEYWORDS: Neonatal Death. Nursing. Neonatal ICU.

RESUMO | OBJETIVOS: Investigar os possíveis impactos emocionais que a morte neonatal provoca em profissionais de enfermagem que atuam em UTI Neonatal. Adicionalmente, buscou-se compreender quais estratégias de enfrentamento são utilizadas por esses profissionais na condução dos casos de morte neonatal. **MÉTODO:** Estudo qualitativo exploratório realizado com cinco profissionais de saúde, sendo dois enfermeiros e três técnicos em enfermagem, de uma equipe do setor de internação de UTI neonatal de um hospital privado de uma cidade do interior do Rio Grande do Sul. Os dados foram coletados por meio da técnica de grupo focal, cujas transcrições foram analisadas por meio da Análise de Conteúdo. **RESULTADOS:** Organizou-se um eixo de análise denominado (in)disponibilidade emocional, que incluiu as emoções e sentimentos com predominância da tristeza, frustração e sensação de impotência, decorrentes principalmente do vínculo estabelecido com os pacientes, familiares e da insuficiência na formação para lidar com essas situações. As principais estratégias de manejo variaram entre o silêncio, o choro, a busca por apoio psicológico ou a manutenção da rotina de trabalho. **CONSIDERAÇÕES FINAIS:** Observou-se que as emoções e sentimentos negativos dos profissionais ao lidar com a morte foram predominantes, levando-os a muitas vezes a adotarem reações de indisponibilidade emocional diante do problema.

PALAVRAS-CHAVE: Morte Neonatal. Enfermagem. UTI Neonatal.

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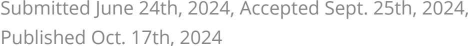

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1. Introduction

The life cycle is the sequence of phases and changes that a human being experiences from birth to death, usually divided into stages that include prenatal development, childhood, adolescence, adulthood, and elderly. During each of these phases, individuals face challenges and opportunities in their development, which shape their personality, skills, and social interactions.[1]

Classical authors of human and psychological development theories emphasize that cultural, social, and family factors are essential and influence personality formation and behavior throughout life.[1] However, humans often tend to ignore and reject death, even though it is the natural course of existence. This behavior provides a certain comfort by avoiding the perception of the possibility of separation and loss of the loved ones. In addition to fear and uncertainty, the lack of control in these situations can also trigger feelings of despair.[2]

If even in old age death can have an impact, a premature and unexpected death can be even more complex due to its abrupt and unprepared nature.[3] Especially in situations where there is a death of a baby. In addition to the grieving process, there is also the end of a life without unique memories, as this absence can result in the perception of non-existence for the parents and others involved in the context.[4]

The loss of a child who has not yet been born, during childbirth, or shortly after birth, is categorized as a traumatic event, where family members report experiences of pain, shock, despair, hopelessness, and anger.[3] Especially for the mother who loses a child, it takes time and psychological and social support to re-significate her loss, as all expectations regarding the child are interrupted, causing a gap in the role of being or not being a mother anymore.[5]

The factors influencing neonatal mortality is varied. The main causes include premature birth and its complications, infections, necrotizing enterocolitis, and asphyxia.[6] Other significant causes include low birth weight, congenital malformations, and maternal risk factors. In situations where the baby is born but requires specialized care that necessitates hospitalization, they are admitted to the Neonatal Intensive Care Unit (NICU).[7]

For the NICU care team, there is intense pressure and anguish in dealing with the life and death of a baby, where feelings of frustration, disappointment, and concern often predominate.[8] Additionally, among healthcare professionals, the death of a baby is seen as a significant failure, associated with a sense of helplessness. This process can be profoundly impactful, given that the newborn has only a few days of life and is already undergoing invasive and painful procedures, which may lead the medical and nursing team to face an ethical dilemma between continuing curative care or shifting to palliative care.[9]

The end of life is the only perspective, leading the professionals involved to feel frustrated and powerless, as the interruption of a life so early goes against the natural order of the life cycle.[10] In this scenario, frustration and the sense of loss are also experienced by the nurses and nursing technicians who provide care. In some cases, their inability to deal with death becomes evident, leaving them vulnerable to suffering, even if they adopt coping strategies to avoid their own physical and mental exhaustion.[9,10]

Nursing team works under intense pressure in cases of possible or actual neonatal death, with their primary purpose to promote and recovery of life. When the newborn dies, not only do the family members experience frustration, but also the professionals who witness it, and it becomes evident that they often lack the ability to cope with the event of death, making them vulnerable to suffering.[10]

Given all the presented arguments, it becomes essential to carry out researches on the emotional impacts experienced by professionals in the face of neonatal death. This is a way to provide evidence that assists in developing strategies to handle these situations more effectively, reducing feelings of guilt and powerlessness, as well as equipping them to offer more effective support to families. Therefore, the aim of this study was to qualitatively investigate the possible emotional impacts that neonatal death causes in nursing professionals working in a Neonatal Intensive Care Unit (NICU), located in a private hospital in an interior city of Southern Brazil. Additionally, this study sought to understand which coping strategies are used by these professionals when dealing with cases of neonatal death.

2. Method

The present study consists of an exploratory qualitative investigation. This design aims to explore and describe the complexity of a phenomenon, rather than quantifying it numerically, focusing on a deep understanding and interpretation of social specificities.[11] In this design, the interest is directed toward the narratives, perspectives, and experiences of the participants, aiming to collect detailed data through techniques such as individual or group interviews, observation, and/or document analysis. These data are subjective and capture the depth and diversity of each participant's perspectives on the addressed topic.[11]

The participants of this study were five healthcare professionals, consisting of two nurses and three nursing technicians, from the NICU of a private hospital in a countryside city of Southern Brazil.

The data collection instruments consisted of a sociodemographic and occupational data form (age, gender, race-ethnicity, marital status, education, religion), whether they have children, and the time spent working in the NICU sector, as well as a script for the focus group activity.

The focus group script involved the following topics: 1) Experience and challenges faced in daily care; 2) Challenges that death may generate for the nursing team; 3) Classes, courses, and techniques that help in coping after neonatal death; 4) Coping strategies used by professionals in these cases.

Conducting focus groups for research allows the exploration and reflection on a particular situation, with different viewpoints and reactions. Additionally, this investigation tool also facilitates the idea of a new conception or analysis and problematization of a condition with greater depth. Finally, the focus group can contribute to addressing subjects that are less explored or more avoided, as they tend to generate more critical comments and can even encourage more introverted individuals to participate.[11]

The present study is derived from the undergraduate paper of the first author, under the supervision of the second author. Previously to the conduction of the research, neither author had experience with the study context or the participants.

The research was publicized through posters in public places, such as the corridors of the educational institution and the private hospital in the city. Those interested in participating contacted the first author via email. An appointment was scheduled with the interested professionals. Data collection was conducted through a focus group meeting, which lasted 120 minutes at the educational institution which the authors are affiliated, outside the participants' working hours. The participants' statements were recorded for later transcription.

The research adhered to all ethical principles proposed by Resolution 466/2012 and 510/2016 of the Brazilian National Health Council, with all participants agreeing to the Informed Consent Form (TCLE). The project was previously approved by the Research Ethics Committee of the University Center of Serra Gaúcha (FSG), CAAE 76089423.0.0000.5668. Confidentiality, privacy, and secrecy were ensured for all participants, and their names were replaced with the letter "P," followed by a number for identification. The Transkriptor software tool was used for transcribing the participants' statements, and field notes were taken after the focus group session.

Content Analysis was used for data analysis.[12] Qualitative data analysis focuses on the systematic interpretation and deep understanding of textual or visual data. Analyzing such content involves exploring and interpreting audio, text, video, or image materials to identify patterns, meanings, and underlying relationships. Furthermore, it consists of a systematic and organized process composed of three stages: 1) Pre-analysis: organizing the material that will be used in the research by the researcher; 2) Exploration of the material, categorization, or coding: delving into the topic, clarified by hypotheses and theoretical references, highlighting the constituent elements of the research. In this way, categorical analysis involves phases where there is dismemberment and later grouping or regrouping in textual notes; 3) Treatment of the results, inferences, and interpretation: capturing all the collected content for critical and reflective analysis, which results in the interpretation of the results.[12]

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3. Results

Two nurses and three nursing technicians participated in this study, all of whom were part of the NICU unit team at a private hospital in a countryside city of Southern Brazil. All participants identified as female gender and of white race-ethnicity (Table 1).

Table 1. General data of the participants, Rio Grande do Sul, Brazil, 2024

Participant	Profession	Age (years)	Experience in NICU (years)	Children	Religion
P1	Nurse	42	15	1	Spiritist
P2	Nurse	40	16	1	Catholic
P3	Nursing Technician	22	1	No	Catholic
P4	Nursing Technician	43	5	2	Catholic
P5	Nursing Technician	34	1	2	Catholic

Source: the authors (2024).

Considering that the predominant result of the focus group with the professionals sometimes involved emotional availability and, at other times, a difficulty in emotionally connecting with neonatal death, only one theme of data analysis was organized to address this ambivalence.

3.1 Emotional (un)availability of professionals in the face of neonatal death

Neonatal death is particularly painful because it represents a life cut short prematurely. The emotional impacts in these cases are evident both among those healthcare professionals who can feel and talk about it, as well as those who seemingly do not feel as much or have difficulty communicating. This suffering is exacerbated by the emotional bond they establish with the patients and their families, making the process of dealing with death even more challenging:

When you work with sick people, all you want is for them to get better (...) even if it's a critically ill patient, a patient you know probably won't have a good outcome, I think deep down you still have a bit of hope. (...) the patient stays hospitalized for a while, and after some time, you end up almost considering them as part of the family. (P3)

After working in the field, professionals reported a lack of adequate training to deal with death, especially neonatal death, leaving them without a technical reference for these difficult situations. At the same time, they acknowledge that theoretical or technical classes are not entirely effective, as each professional must understand and discover how to handle these specific situations in the best way, and that personal processes can also influence these attitudes:

I will handle it one way, someone else will handle it another way, and you will handle it differently... So, I think that even if it were addressed [in training], it might not reach everyone, because I believe it's something very personal, you know? I think we end up having to figure out how to deal with it by ourselves in that moment. (P3)

In this way, it becomes essential that the topics of death, loss, and grief are addressed in an educational manner in the daily routine of healthcare professionals:

I've had problems where it took me days, weeks, months to process and get it out of my mind, you know? (P2)

Nothing very in-depth, like a subject just about this, no, there wasn't. (P5)

The acceptance of death in the early stages of life is seen as a premature and tragic interruption of unrealized potential. This causes a greater emotional impact on professionals, given that death in old age is viewed as part of the natural life cycle:

When it's a child, they have their whole life ahead to live. When it's a 90-year-old elderly person (...) they had the available time to live their life, but the child didn't have that opportunity. I think that's what hurts us so much. (P2)

It's hard to face a situation like this. I mean, sometimes if it's an adult, it's a bit easier, I think. When it's a child, it feels different. (P5)

That child passed away, and then we felt the obligation, I can't explain it, but we felt the need to go to the wake and participate in the funeral and everything. (P1)

Furthermore, it is noteworthy that different behaviors and understandings were observed among each professional in cases of neonatal death. At this moment, some professionals have an emotional availability to connect with the pain and loss of the newborn. However, in some ways, this is perceived as something negative by other professionals, as it promotes suffering and disrupts the work routine:

I wanted to get out of there. I felt lost, almost cried, but I looked at the ground. I lowered my head. (P4)

I know I'm on duty, but I need to take a shower. I went under the shower to cry, under the shower because I was soaked with tears. (P2)

In other words, sometimes the professional's sensitivity is considered a weakness, as there is a greater difficulty in coping with it. This behavior can be seen as an emotional unavailability of professionals to allow themselves to feel their loss. Since this feels painful, it is transformed into a mechanical and technical perspective:

Sometimes the girls can't separate the fact itself, the death, from their various personal questions. (...) Others who are newer in the field end up becoming very fragile at the moment and mix everything, and sometimes they freeze and can't continue with the process. (...) I've had technicians who couldn't prepare the body. (P1)

Take a deep breath and think, this feeling isn't mine, this isn't mine, this belongs to the family, it's the family who needs to live through it, you turn your back and... move on. (P2).

Furthermore, the nurses point out that professional maturity can significantly influence this coping process, helping with emotional support for families and managing their own emotional stress:

I attribute it today a bit to professional maturity, as well as personal maturity. (P1)

Maturity of knowledge, of understanding, perhaps of faith, but not religious faith, just faith. (P2)

Additionally, the participants emphasized the need for a more frequent approach to the topic due to its delicate yet essential nature, given the situations faced daily:

I think it's very relevant! Sometimes people don't even like to talk about the word death. (P1)

I think it's important, that we should talk more about this topic (...) the more research we do and the more knowledge we seek, the more information we'll have to reach more people. (P2)

Sometimes we don't know what to do, we feel a bit lost... So often we have to seek some support outside of work, so we don't end up getting sick. (P5)

4. Discussion

The objective of this study was to investigate the impacts that neonatal death can have on nursing professionals working in a NICU, as well as to identify the coping strategies used by these professionals when dealing with cases of neonatal death.

In the perception of the healthcare professionals participating in the study, death and grief are complex and demanding phenomena for both families and healthcare professionals. In the case of a neonate, these situations take on even more intense connotations. In this regard, the literature in the field, which investigates the feelings of professionals in the face of newborn deaths, found that there is a search for new approaches to provide the necessary assistance to families.[13] At the same time, professionals develop new self-protection strategies to be able to repeatedly deal with pain and suffering in their workplace.

Dealing with death transcends professional qualifications and goes beyond technical-scientific conditions and factors. In other words, it is necessary to reach new human and spiritual dimensions to know how to interact and communicate appropriately with patients and their families during the dying process, in order to avoid emotional disorders and negative feelings throughout the entire process.[14] On the other hand, the lack of educational preparation is impacting the professionals responsible for caregiving when the physical and emotional needs of these patients begin to fail. For most health students, the topic of death is rarely addressed in the classroom. Consequently, after starting to work in the field, many professionals do not know how to proceed in these situations.[15]

Discussing the topic of death may cause some discomfort at first, but later it can contribute to the process of acceptance and understanding, both personally and for someone experiencing a terminal moment. The diversity of emotional responses makes it difficult to have a universal approach that meets all needs. Therefore, the ability to cope with grief is perceived as a personal journey, in which each person must discover their own coping strategies.[15]

In this context, the acceptance of death is greater when it involves an adult or elderly person, different from the case of younger individuals or neonatal death.[16] Furthermore, there is an expectation and hope associated with the birth of a baby, which is abruptly interrupted. As a result, a sense of helplessness is highlighted in the professional, where the desire to heal the patient, the difficulty in dealing with family distress, and the acceptance of death according to the bond created are all underlying. The early death is felt due to being a period of expectations, especially since the baby is an innocent and fragile being. In line with this, the professional may feel emptiness and helplessness when facing the death of infants.[17] Additionally, with advances in medicine and the many technological resources available today, there is a sense that death could be more avoidable, causing professionals to criticize themselves and become even more worn out when faced with a death outcome.[18]

Differences were also observed in how professionals perceive and handle cases of neonatal death. This behavioral difference may be associated with experience, emotional resilience, and self-care strategies developed over time, while others end up suffering due to a lack of support, less experience, or personal emotional vulnerabilities. The way each person reacts to loss depends on the lessons learned in childhood, personality, social network, and intellectual abilities, which in some cases may result in more than just an impactful experience.[8] Findings from the same study indicate that professionals who act naturally in the face of a newborn's death also suffer but use this approach as a form of self-defense. Therefore, death may have become a mechanical, lonely, and inhuman process, where often the sick die in an unfamiliar environment, surrounded by strangers, devices, and sounds that are not familiar.[18]

Regardless of these issues, the work context requires nursing professionals to be prepared at any moment to provide adequate care to patients with advanced and progressive illnesses, knowing how to identify the real needs and learning how to manage the dying process.[15] In this regard, researchers conducting a qualitative study on the experiences and perceptions of fetal and neonatal mortality found results suggesting that the nursing team should revise their concepts about existence and seek more knowledge related to death. Otherwise, they may continue to view death as a therapeutic failure, resulting in feelings of powerlessness, frustration, and sadness.[19] These findings and observations reinforce the importance of studies of this nature, where possible impacts and

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coping strategies for situations of death and grief are investigated, especially when it comes to neonates, which seems to affect professionals differently than deaths occurring at other stages of the life cycle.

5. Final considerations

The objective of this study was to qualitatively investigate the possible emotional impacts that neonatal death has on nursing professionals working in NICUs, as well as to explore the coping strategies used by these professionals in handling cases of neonatal death.

Death is painful and generally difficult for family members to fully understand, despite being part of the life cycle. In some situations, the emotional bond created between the professional and the patient will impact the reaction following the death. Additionally, we observed that some professionals work in an automated manner, while others have greater emotional availability to deal with such issues. In this context, the amount of work experience and emotional maturity influenced this ambiguous reaction. In terms of predominant emotional impacts, sadness, frustration, and a sense of powerlessness were highlighted. As for coping strategies, these involved a preference for remaining silent, crying, seeking psychological assistance, or simply continuing with the work routine in an almost unaffected way, indicating a certain emotional unavailability to deal with the loss of a neonate.

A limitation of this study is the number of participants, suggesting that the lack of interest from professionals in participating may indicate a difficulty in addressing emotionally challenging topics. For future research, we recommend to explore this topic through individual interviews and other methodological techniques, such as the application of quantitative scales on grief among professionals and family members. Furthermore, investigating the perception of pediatricians would broaden the understanding of neonatal death, especially since they are also important professionals in NICUs, as they also work directly with babies and their families.

Authors' contributions

The authors declare having made substantial contributions to the work in terms of the conception or design of the research; acquisition, analysis, or interpretation of data for the work; and drafting or critically reviewing content of relevant intellectual importance. All authors approved the final version to be published and agreed to take public responsibility for all aspects of the study.

Conflicts of interest

No financial, legal, or political conflicts involving third parties (government, companies, and private foundations, etc.) were declared for any aspect of the submitted work (including but not limited to grants and funding, advisory board participation, study design, manuscript preparation, statistical analysis, etc.).

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