



COMMUNICATION OF DIFFICULT NEWS IN A NEONATAL INTENSIVE CARE UNIT COMUNICAÇÃO DE NOTÍCIAS DIFÍCEIS EM UMA UNIDADE DE TRATAMENTO INTENSIVO NEONATAL

COMUNICACIÓN DE NOTICIAS DIFÍCILES EN UNA UNIDAD DE CUIDADOS INTENSIVOS NEONATAL

Edison Luiz Devos Barlem¹, Bianca Heffele de Freitas², Jamila Geri Tomaszewski Barlem³, Aline Marcelino Ramos⁴, Aline Cristina Calçada de Oliveira⁵, Diéssica Roggia Piexak⁶

ABSTRACT

Objective: to know how the communication of difficult news by nursing professionals in a Neonatal Intensive Care Unit is conducted. **Method:** this is an exploratory and descriptive study, with qualitative approach, conducted with 16 nursing professionals of a university hospital from the southernmost region of Brazil, through semi-structured interviews. The data were analyzed from the perspective of discursive textual analysis. The project of this study was approved by the local Research Ethics Committee, under the Protocol nº 24/2012. **Results:** the study has produced two categories: *Teamwork, professionalism and religiosity: communication as an aim; Silence, inability and escape: the aim of communication.* **Conclusion:** nursing professionals, when working collectively, perform the communication of difficult news in a more humanized and competent way. **Descriptors:** Death; Neonatal Intensive Care Units; Communication; Nursing.

RESUMO

Objetivo: conhecer como ocorre a comunicação de notícias difíceis pelos profissionais de enfermagem em uma Unidade de Tratamento Intensivo Neonatal. **Método:** estudo exploratório e descritivo, de abordagem qualitativa, realizada com 16 profissionais de enfermagem de um hospital universitário do extremo sul do Brasil, por meio de entrevistas semiestruturadas. Os dados foram analisados sob a ótica da análise textual discursiva. Este estudo teve aprovado o projeto pelo Comitê de Ética em Pesquisa local, sob o Protocolo nº 24/2012. **Resultados:** emergiram do estudo duas categorias: *Trabalho em equipe, profissionalismo e religiosidade: a comunicação como fim; Silêncio, incapacidade e fuga: o fim da comunicação.* **Conclusão:** os profissionais de enfermagem, quando trabalham coletivamente, efetuam a comunicação de notícias difíceis de maneira mais humanizada e competente. **Descritores:** Morte; Unidades de Terapia Intensiva Neonatal; Comunicação; Enfermagem.

RESUMEN

Objetivo: conocer cómo la comunicación de noticias difíciles por los profesionales de enfermería en una Unidad de Cuidados Intensivos Neonatal es llevada a cabo. **Método:** estudio exploratorio y descriptivo, con enfoque cualitativo, realizado con 16 enfermeros en un hospital universitario ubicado en el extremo sur de Brasil, a través de entrevistas semi-estructuradas. Los datos fueron analizados a partir de la perspectiva de análisis textual discursiva. El proyecto de este estudio fue aprobado por el Comité de Ética en Investigación local, bajo el Protocolo nº 24/2012. **Resultados:** el estudio ha creado dos categorías: *Trabajo en grupo, profesionalidad y religiosidad: la comunicación como un propósito; Silencio, incapacidad y escape: el propósito de la comunicación.* **Conclusión:** profesionales de enfermería, cuando trabajan de modo colectivo, llevan a cabo la comunicación de noticias difíciles de manera más humana y competente. **Descriptores:** Muerte; Unidades de Cuidados Intensivos Neonatal; Comunicación; Enfermería.

¹Nurse, University Teacher and PHD in Nursing, Post-Graduation Program in Nursing, Federal University of Rio Grande/PPGenF/FURG. Rio Grande, (RS), Brazil. E-mail: ebarmem@gmail.com; ²Former Nurse, Federal University of Rio Grande/FURG. Rio Grande (RS), Brazil. E-mail: biankkax@hotmail.com; ³Nurse, PHD Student, Post-Graduation Program in Nursing, Federal University of Rio Grande/PPGenF/FURG. Rio Grande (RS), Brazil. E-mail: jamila_tomaszewski@hotmail.com; ⁴Nurse, Master Student, Post-Graduation Program in Nursing, Federal University of Rio Grande/PPGenF/FURG. Rio Grande (RS), Brazil. E-mail: aline-ramos@hotmail.com; ⁵Nurse, PHD Student, Post-Graduation Program in Nursing, Federal University of Rio Grande/PPGenF/FURG. Rio Grande (RS), Brazil. E-mail: arilline@hotmail.com; ⁶Nurse, Post-Graduation Program in Nursing, Federal University of Rio Grande/PPGenF/FURG. Rio Grande (RS), Brazil. Scholarship Student from CAPES/REUNI. Rio Grande, (RS), Brazil. E-mail: diessicap@yahoo.com.br

INTRODUCTION

Since the beginning of pregnancy, there is the formation of uncountable expectations between the pregnant woman and her family members in relation to the upstanding and healthy development of the baby who is about to be born, fact equally developed by nursing professionals who follow-up the prenatal period. Nevertheless, in some cases, these expectations are often disrupted in an unexpected manner, thereby causing an important emotional impact both on the family of the baby who needs to be admitted and on the health professionals who are involved in the situation.¹

The need for hospitalization of a newborn (NB) in a Neonatal Intensive Care Unit (Neo ICU) usually generates numerous concerns and anxieties in its family, highlighting the imminent risk of death of the baby, multiple technological equipment, accomplishment of invasive procedures or even the need to fully trust the care of health professionals.² When drug therapies and provided care do not achieve the expected success, the hospitalization environment becomes more complex and scary both for the family members and for the multidisciplinary team that strives to recover the NB.³

The living of the process of death and dying is an experience impregnated with cultural, scientific, social and, mainly, subjective meanings that need to be counterbalanced by the nursing professional, who must understand that all possible therapeutic procedures in that unit were often performed, but, inevitably, they were not enough to produce a positive response from the body of the NB.² Moreover, when the death of a child in the family scope happens, the impacts can be severe, thereby disrupting the family group and triggering painful feelings.³ During the time of notification of death of NB to parents, it is possible to identify the difficulty of professionals to keep an emotional control without showing a cold image in relation to the situation, which generates feelings of inability in the nursing professional.⁴

The culture of family members is also an aspect that needs to be appreciated and understood by nursing during the time of communication of difficult news. The acceptance of family in the face of the death of a NB might be directly influenced by its culture, so that nursing professionals also need to be emotionally prepared to cope with these situations in an ethical, competent and solidary way.⁵

In the organization of health services, the physician is the one who must communicate the diagnosis and prognosis to family members of patients.⁶ Nonetheless, communication is a competency of nursing and might be conceptualized as an interpersonal process that must achieve the objective of communicators, assuming basic knowledge of communication, having awareness of verbal and non-verbal in interactions, acting with clarity and objectivity and promoting self-knowledge in search of more authentic life. Communicative competency is essential so to that one can perform appropriate and productive interactions.⁷

By considering the presented situations, one has to question: How is the communication of difficult news by nursing professionals in a Neonatal Intensive Care Unit? Thus, the presented objective is:

- To know how the communication of difficult news by nursing professionals in a Neonatal Intensive Care Unit is conducted.

METHOD

This is an exploratory and descriptive study, with qualitative approach, conducted in a Neonatal Intensive Care Unit of a university hospital from the Brazilian south that provides care exclusively to users of the Brazilian Unified Health System (known as SUS), with four teams, divided respectively into four shifts: morning, afternoon, night 1 and night 2.

The inclusion criteria in the study were: being employee of the Neo ICU of the respective institution for more than six months; having already experienced a situation of death of an NB; having an interest and willingness to participate in the study; being a professional of the nursing team; responding to recorded interview; signing the Free and Informed Consent Form (FICF) in two copies. The exclusion criteria were: not having experienced a situation of death of NB; being working in the unit for less than six months; having no interest and willingness to participate in the research.

The data production took place between the months of September and October 2012. The selection of respondents took place through snowball sampling, in which a subject is selected by the researcher, due to having the characteristics investigated the phenomenon under study, and, after its interview, indicates other subjects that are included in the inclusion criteria, and so on, until reaching the proposed objective.⁸

16 participants, all females, six nurses and ten nursing technicians, were interviewed. In order to collect data, semi-structured interviews with closed questions were recorded, with the purpose of characterizing the subjects, and open questions, by seeking to identify core characteristic of the process of communicating difficult news, how people develop it, how the facilities, difficulties and possible implications of their exercise are.

Data were analyzed by means of discursive textual analysis, which appreciates the subjects in their moments of collective expression and seeks the construction of subjective networks, which are understood, described and interpreted. The analytical development took place in three basic steps: the unitarization of texts; the categorization; and the capture of new emerging, with focus on the construction of a self-organized process.⁹

The ethical aspects were respected, thereby ensuring the protection of human rights, according to the Resolution 466/12 of the National Health Council (CNS, as per its acronym in Portuguese), which regulates researches involving human beings, and receiving favorable opinion by the local Research Ethics Committee (Opinion nº 24/2012). The testimonies of the study subjects were identified with the letter P followed by a sequential number.

RESULTS

From the data analysis, two categories relating to communication of difficult news by nursing professionals in a Neo ICU were constructed: *Teamwork, professionalism and religiosity: communication as an aim; Silence, inability and escape: the aim of communication.*

• Teamwork, professionalism and religiosity: communication as an aim

It was found that professionals seek to work the communication of difficult news in several ways, among them: with teamwork, with meetings, with the use of religiosity, spirituality, empathy and non-verbal communication.

One should notice that nursing professionals, working in the Neo ICU, seek to stand collectively as a team when transmitting difficult news to parents and families of NB, preferably in a multiprofessional way, by seeking, at that time, to join forces to comfort the family and help its members to cope with this moment.

The nursing staff and the physicians always work in teams, in addition to usually

require the support of the psychologist when the mother does not accept (P1)

[...] we are a team and try to keep everyone together, but it's very complicated. (P2)

Attached to teamwork, a series of weekly meetings and discussions involving nurses, physicians, psychologists and parents of NB hospitalized there is also conducted. This moment is provided to parents so they can solve their questions and concerns, which also provide opportunities for professionals to have a more humane approach, with a view to favoring communication of difficult news.

[...] we have performed programs together with mothers; we have meetings every week to provide information and to respond questions in which they have doubts. (P5)

Here, there are weekly meetings to talk with parents, we check if the parents need a follow-up and, if necessary, they are referred to the psychology sector (P9)

Moreover, it was found that communication of difficult news to family members of patients takes place, many times, with the aid of religiosity and spirituality. When nursing professionals seek to talk about God or about a higher belief, especially when the death happens, it was identified a closer relationship with parents who receive the difficult news, which might favor both the understanding and the meaning of this singular moment.

At the time in which the death happens, I try to support the family, I talk about God and seek to comfort (P11)

It was also verified a relationship of empathy established by nursing professionals with family members of patients at the time in which they are receiving difficult news:

In relation to family, I think we always have to put ourselves in its place, as if it was happening to me, as I would like to be informed (P3)

You end up putting yourself in their places, that is to say the fact of having a family member in the ICU and then come to hear a bad news, so I try to give the best of myself. (P9)

Similarly, it was observed that some nursing professionals seek to develop an important sense of professionalism in the moment of transmitting difficult news, by seeking to keep a stance of support and emotional security to family members of patients, without involving an emotion linked to the situation. These professionals have stated that, when keeping professionalism, provide a better care to families.

The physician is the one who usually transmits the news, but I try to have a more humane attitude possible, without

abandoning my condition of professional and without weeping together with the family (P8)

At the same time in which I seek to support the parents, I try to keep a serenity, because if not I start to weep together and lose my professionalism. (P12)

In addition, it was found that the communication of difficult news is intensely conducted through non-verbal communication, i.e., it is expressed through attitudes of welcoming, respect and comfort to parents. Moreover, even when there is no physical or personal contact, one should note that professionals seem to run through a moment of reverent silence for the situation, which usually reinforces the already established atmosphere of religiosity and spirituality:

If it is difficult to us, then you should imagine to parents. My very presence conveys the impression that we were not insensitive to the death of their baby. (P10)

Gazes are always expressed after difficult news [...]. This is a respect for the parents to assimilate; it is now nine years since I see it. (P6)

At these times there are no words, I am more fondness in itself than the words. There's nothing to relieve the pain of a parent who loses a child. (P10)

One can identify that silence might be developed when the ability to verbalize is limited, which indicates that the presence of a professional in a welcoming perspective becomes essential during the process of communicating difficult news. The silence mentioned by nursing professionals, through a form of inability, leads to the presentation of the second category of research, called: *Silence, inability and escape: the aim of communication*.

♦ **Silence, inability and escape: the aim of communication**

In this category, it was found that nursing professionals seek to work with the communication of difficult news to parents and family members of patients in several ways, among them: with silence, inability and escape, by returning only after the news given by other professional.

It was found that silence usually takes place as a situation of not knowing what should be verbalized or how to express itself in face of the parents, thereby preventing communication. Accordingly, nursing professionals demonstrate relief in transmitting a responsibility to communicate difficult news for the medical team.

It's very sad because I do not know what to do; I do not know what to say. At that times

I stand in silence: I give thanks to God, because the physician is the one who goes there and gives the news (P16)

There is a respect for the family, there is a silence. We do not know how to deal with these situations. (P1)

Moreover, it was possible to identify the inability expressed by a large portion of nursing professionals when, due to not knowing what to do or talk, sought absent themselves, escape from the situation, thereby leaving to the physician the task of transmitting the difficult news.

I think, if I could, I would never be at the time of the bad news; I actually would want to escape from it. (P9)

That's the worst part, the doctor is the one who gives the news and I usually I stay away, try to escape (P2)

Some professionals reported that only approached the family members of patients in a time later the news given by the physician, which highlights the difficulty and, even, the lack of preparation on the part of nursing professionals with regard to the task of transmitting difficult news.

I always leave for the physician to say, then I try to give a support, but I don't want to say! (P14)

DISCUSSION

The main strategies that resulted in the execution or not of communication of difficult news, in this research, might be classified into two major groups: the first formed by joint teamwork and by the attempts of stay closer to family members of patients and the other one formed by isolation and avoidance strategies. In all cases, communication of difficult news is a constant reality in the daily lives of nursing professionals, thereby comprising one of the most complex fields in the context of interpersonal relationships.¹⁰

For nursing professionals, death is a practically unavoidable situation in any context, whether it is related to NB, adult or elderly. Such situations result in the need for conviviality and ability of communication with the bereaved families, thereby indicating the need for professional training in the field of communication of difficult news, with a view to developing effective strategies to welcome families experiencing situations of death.⁵

In this study, it was found that nursing professionals seek to strengthen the communication of difficult news through teamwork, by combining their endeavours with the ones of professionals from other fields, such as medicine and psychology. A study aimed at seizing the social

representations of health professionals about communication of difficult news emphasizes that teamwork can help in the communication process. In addition, each field of work in health has a particular view about communication, which ends up favoring the management of these situations.¹⁰

One should consider that, in the context of health, working in an isolated way is a potential risk because of the complexity of the contexts experienced in health services.⁹ A study about teamwork in this field restates this idea, when it highlights that professionals seeking to combine their endeavours as a team can develop more humanized relationships among those involved, thereby reaching a model of communication supported by competency and ethics, which favors the communication of difficult news.¹¹

In order to assist in the communication process and foster the establishment of bonds between families and professionals, the subjects of this study took the initiative to hold weekly meetings with families of patients, with the purpose of reducing anxiety by means of a collective and institutionalized form of communication. Such practice was highlighted in another study that added that the conduction of meetings aims, especially, at reducing the anxiety of parents, offering support, approaching the involved subjects, enabling the manifestation of feelings and fears and preparing families for the possibility of bad prognostics.^{11,13}

The productive and effective communication should be one of the priority competencies of the nursing work in the context of Neo ICU, situation that might be enhanced through the conduction of meetings.¹² The conduction of meetings is emphasized because it enables the existence of a moment of open dialogue between health team and families, by allowing sharing information and, even, responsibilities, thereby reducing the unpleasant sensations that can be provoked by lack of communication.¹³ It is worth highlighting that satisfaction of parents with communication might be improved through the establishment of a weekly contact throughout the experience of family with the hospitalization of an NB in the environment of Neo ICU.¹⁴

In addition to the teamwork and the systematic and institutionalized use of meetings, the professionals of this study have highlighted the importance of religiosity and spirituality as positive ways to establish the communication of difficult news, by making use of beliefs as support to minimize the pain triggered by the loss within the family

framework, as well as preparing family members of patients to better understand and cope with this singular moment.

Religion and spirituality can serve as connection tools to assist in confronting the receipt of saddening news related to health status, which have proved to be conducive of family behaviors by providing a status of adaptation and adjustment to illness and death.^{5,15}

Empathy was an element highlighted in this study, by being identified by the interviewed professionals as the constant need to put itself in the place of others. It is established by nursing professionals at the time in which parents and relatives of NB receive difficult news. Such situation is in line with other studies that emphasize the need for human relationships as a potential of work, whether they involve patients, families or members of multiprofessional teams.¹⁶ The affective-expressive dimension is part of the therapeutic action of care and must be expressed by relationships of trust, friendly care actions, kind attitudes, by showing comprehension, talking, touching, speaking, listening, gazing, giving support, among others.¹⁴⁻¹⁷

Such expressions can usually transcend the sound level limit of verbal communication. As highlighted by the interviewed professionals, in situations in which the communication between the nursing professionals and the family members of patients takes place through non-verbal methods, the act of touching, gazing and, even, the deep and respectful silence might be mentioned as important agents of communication.

A study about non-verbal communication with patients highlighted that this dimension of communication qualifies the relationship between nursing professionals and families of patients, since this type of communication is the one that shows more respect, compassion, empathy, solidarity and welcoming.¹⁴ Moreover, it claimed that only a small portion of thoughts are transmitted by words and that the remainder takes place through non-verbal communication, thereby highlighting that staying in silence by the side of a person might even replace verbal communication.¹⁴

In contrast with forms of silence that express comfort, presence and trust in nursing professionals, this research has identified the silence in its dimension of inability to express difficult news. Such situation is very similar to what is presented in a study with nursing professionals, which highlights that these still have difficulties to establish an effective communication process, by seeing themselves

as ill prepared,¹⁶ limited and full of fears in the face of the possibility of communicating difficult news.¹⁰

Faced with this situation, one can identify that nurses usually seek to avoid verbal contact, thereby moving away from families and patients due to not knowing how to deal with the feelings that the situation of imminent death brings to them,¹⁸ which gradually creates situations of removal. Thus, many nursing professionals develop harmful defense mechanisms, such as: fragmentation of the relationship with family, denial of the importance of the individual and, mainly, detachment.^{2,6}

In light of all the presented difficulties, communication of difficult news seems to be considered a task solely performed by the medical team. In an attempt to fill this gap, some nursing professionals state that they want to stay closer to the family after the physician has provided difficult news, with the intention of calming them and comforting them.

Given these difficulties, working collectively might result in greater effectiveness and quality of communications and interpersonal relationships, thereby contributing to an ethical and humanized professional practice.¹²

FINAL REMARKS

In this research, the nursing professionals made use of two main ways of coping with situations of communication of difficult news, one based on collectivity, professionalism and religiosity; another based on silence, inability and escape. Faced with situations of difficult verbal expression, the professionals stated moving away from the family members of patients, thereby provoking significant gaps in communication, which leads to the need to review and discuss this issue in hospital institutions, professional training environments and, in particular, in Neo ICUs, by enabling the creation of spaces for discussion on the communication of difficult news and preparing nursing professionals so that they can better deal with their reactions and feelings.

It should be emphasized that, despite the literature has a large number of studies about communication of difficult news, there are still gaps about this issue, in particular, raising the need for new studies that address strategies to be used in different contexts of nursing, which could provide important contributions to the health professionals in their multiple facets of care.

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Corresponding Address

Aline Marcelino Ramos
Rua Carlos Bulamarque- 586
CEP 96225-000 – São José do Norte (RS),
Brazil