

## ORIGINAL RESEARCH

# Planning and development of empathic educational pedagogical practice in the process of death and dying: A pilot test

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## ABSTRACT

**Objective:** To describe the process of developing an Empathic Educational Pedagogical Practice on the process of death and dying with nursing students.

**Methods:** Cross-sectional study, carried out in a public university with 47 students. For the development of this educational practice, low-cost materials elaborated by the professors themselves were used. A pilot test was developed with students from the fifth phase of the nursing course, where these students had the opportunity to dive into the context of empathy, besides developing communication, welcoming and active listening skills. The students' feelings towards the development of this practice were also identified. For data collection, a semi-structured questionnaire was used, with analysis using simple descriptive statistics and content analysis.

**Results:** The students had the opportunity to experience stages related to the process of death and dying, which involve the news of palliative care; communication of death and coping with the grieving process. As for the feelings before death, the following emerged: fear, emptiness, sadness, end. In the skills, the students scored the development of active listening (100%), identification of the different stages of mourning (85.5%) and the ability to empathize with situations of death and dying (100%). 85% of the students considered it an excellent pedagogical strategy.

**Conclusion and implications for practice:** The pedagogical practice allowed the experience of empathy, identification of feelings and the compression of the scenario of death and dying. In addition, it was interpreted by professors and students as a tool capable of supporting future professionals who will develop health care for people who experience the process of death and dying.

**Key Words:** Nursing education, Educational technology, Higher education, Attitude toward death, Nursing students

## 1. INTRODUCTION

In recent years, institutions of higher education in Nursing have sought new pedagogical strategies and educational technology in order to prepare the future nurse with a generalist, critical, reflective, and especially humanistic profile. In this

perspective, it seeks to develop competencies and skills related to management, communication, education, prevention, and health promotion at all levels of care.<sup>[1]</sup>

Among the skills and abilities stands out the development of attitudes to face the process of death and dying in undergrad-

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uate nursing education, given that the approach of content involving this theme in training, still, has been marked by brief discussions. Therefore, it is a major challenge for both teachers and students to understand the context of death and dying, as well as to identify skills and abilities that can support future professionals to act in this scenario.<sup>[2]</sup>

Amidst the weaknesses of teaching and learning about death and dying, the teachers of the surgical nursing discipline of a public university developed Empathic Educational Pedagogical Practice; this practice proposes to insert the student in the different stages of the process of death and dying, besides bringing him closer to events of finitude. There are conditions and attitudes that professionals must have to opportune changes in the personality of a person to be cared for. And, they need to be studied in depth, to become authentic to the care. The three known fundamental conditions, based on Rogers, are authenticity/congruence, acceptance, and empathic understanding.<sup>[3]</sup> The condition and attitude of empathic understanding is the center of the therapeutic action of care in the perspective of Rogers is when the professional definitely understands the world, the perspective of the person as if he were in the experiential dimension and experiences of the other. In this sense, the proposal to work on empathic understanding in nursing education for academic learning in the care of death and dying is a possibility to enter the student's own field of perception, in an exercise for skill and sensitivity.<sup>[3]</sup>

The process of death and dying is a cross-cutting theme, which is practically perpetuated in all areas of nursing training. And, during training, it should be explored in all student practice scenarios, providing the opportunity to understand that this will be a reality present in the action of the future nurse.<sup>[2,4]</sup> Health students, especially nursing students, manifest feelings of fear, sadness and anguish related to this theme, because they are emotionally immature and unprepared to provide care, resulting in emotional distress, favoring the distance between professional, patient and family in a moment of fragility.<sup>[4-7]</sup> However, while not all students are emotionally immature to deal with death and dying. Still, they lack the tools, support, continuing education to deal with this process. Some also have their own life experiences that help prepare them for this confrontation.

From this perspective, it is important that nursing training courses provide teaching strategies so that students can somehow experience and discuss, individually and collectively, the process of death and dying.<sup>[4-8]</sup> This is a complex issue that requires discussion at all stages of nursing education. For this, the teacher can use pedagogical strategies that enable active participation, in order to share experiences, anxieties,

fears and insecurities.

Thus, it is essential to use educational methodologies and technologies that allow the student to understand this process, besides developing verbal and non-verbal communication skills, understanding feelings, strengthening compassion and empathy, as well as the perception of the different stages of grief and emotions of the patient and family.

Thus, it is understood that different pedagogical practices can propose active participation, which have been used in undergraduate courses to promote discussion about the attitude towards death and dying, such as: filmography, case studies, conversation circles, simulations and problem-based learning, showing that these educational practices can provide opportunities for personal and professional growth in a lighter and more natural way.<sup>[9-12]</sup>

It is noteworthy that such pedagogical practices provide those involved in the learning cycle the participation in the experiential process of the other, from the point of view of empathy; in addition to developing skills to understand, approach, and care for the other, the family, and other professionals. It is in this perspective that the educational approach about terminality is enhanced by the surgical discipline teachers. By presenting an active pedagogical strategy of approach described by Carl Rogers, the helping relationship.<sup>[13]</sup> The helping relationship is focused on three pillars: authenticity, respect, and empathy. These pillars are the basis for care according to the assumptions of subjectivity, humanization, and the interpersonal relationship approached by Carl Rogers.<sup>[13,14]</sup>

In this study, Empathic Educational Pedagogical Practice (EPPP) is focused on the pillar of empathy. The option for the pillar of empathy for this pedagogical practice is directed to the fact that it means the capacity of people to understand complex problems from many perspectives. Empathy directs the human being to the capacity of listening to the other, besides demanding the competence to know one's own feelings and ideas in order to put oneself in the experience and emotional perspective of the other. Empathy provides the opportunity for an encounter of two: eye to eye, face to face, thus allowing the broadening of the perception of the reality of both.<sup>[13-15]</sup>

It is understood that through empathic understanding students will have the opportunity to practice truthful, transparent and accepting attitudes of the limits of assimilation of people of their condition. This is because, feeling the other as he/she really is, without judgments and dynamizing the emotional support, sense of welcoming towards the other in the process of death and dying.<sup>[13-15]</sup>

Empathy is a learned/developed skill, which involves establishing cognitive-affective bonds between two or more people. It allows one to deliberately become sensitized and temporarily understand what the other person is experiencing in order to be able to help them.<sup>[14,15]</sup> Amid the weaknesses of the teaching-learning of death and dying, the teachers of surgical nursing discipline of a public university developed the (EEPP), which proposes to insert the student in the different stages of the process of death and dying, in addition to bringing the student closer to the event of finitude through the narrative of facts, where students have the opportunity to insert themselves in everyday situations experienced in the practice environment.

Given this scenario, this study brings the following guiding questions: What is the contribution of Empathic Educational Pedagogical Practice in the process of death and dying with nursing students of surgical discipline, to approach the reality of the process of death and dying? What are the abilities that students can develop through Empathic Educational Pedagogical Practice in the process of death and dying? As objectives: To describe the process of developing an Empathic Educational Pedagogical Practice in the process of death and dying with nursing students of the surgical discipline and present the experience and skills developed by them during a class using this pedagogical tool.

## 2. METHOD

This is a cross-sectional pilot study, which describes and understands the experience of students in the development of an Empathic Educational Pedagogical Practice in the process of death and dying consolidated through the helping relationship, empathy.<sup>[13]</sup>

The scope of the study is characterized as improving the quality of care to be developed by students in practice to patients and families who go through the process of death and dying in the surgical setting. In this sense, it seeks to improve the teaching and learning of future professionals, adopting the SQUIRE guideline. The SQUIRE guidelines provide a model capable of describing new knowledge, as well as proposing improvements and enhancements in health services. These guidelines direct the formulation of care and educational technology products, which aim to improve quality, safety, and effectiveness. To this end, it is necessary that each step be followed as recommended, especially in the method, where it is necessary to point out what was done, the context, the interventions, the measures chosen to investigate the impact of the interventions, and to confirm that the results achieved are in accordance with the proposed objectives.<sup>[16]</sup>

This research follows Resolution no. 466/2012, approved by

the Research Ethics Committee of the Santa Catarina State University with CAAE registration no. 6936571700000121; Protocol no. 2.471.767. The Free and Informed Consent Term was presented to all students, where the teachers explained the research objectives, and if they wished to participate they signed the term in two copies.

Study site; the study was developed in the undergraduate Nursing course of a public university in southern Brazil.

From the research participated, 58 undergraduate students, who were enrolled in the two semesters (2018/2 and 2019/1) in the discipline Human Living Process II - the surgical condition referring to the 5th phase of the course. Inclusion criteria: students who were duly enrolled in the mentioned discipline. Exclusion criteria: students who had experienced the process of death and dying of a family member less than six months before, since they were going through a recent grieving process. The sample of the study was by convenience, since the authors were interested in developing this pilot study with students from the aforementioned phase. Of the 58 participants enrolled in the course, six students were absent and five did not accept to participate in the activity after the presentation of the proposal, totaling a sample of 47 students.

Date collection occurred after students signed the Free and Informed Consent Term (FICT). Before signing this document, two teachers explained the methodology in detail to the students. Each step of the educational activity was explained, as well as the need for each of them to immerse themselves in the narratives. It was also reinforced that they could withdraw from participation at any stage of the activity.

The information obtained is captured through a semi-structured questionnaire given to students after completion of the EEPP. This questionnaire was prepared by the teachers considering the literature review for the construction of the EEPP, the teachers' experience, in addition to scoring in the questionnaire the skills needed to assist human beings in the process of death and dying. This questionnaire was not validated. It contains identification data (age, gender, race, religion, marital status, and educational background), as well as 12 open and closed questions. The first three questions (closed-ended) identified how it is for the student to experience the process of death and dying (communicating the bad news, being in front of the family in the grieving process, and experiencing the welcoming of these people). Each question had four possible answers (tolerable, not very stressful, very stressful, and difficult). The fourth question was about how often they had contact with this theme during the theoretical and practical activities in the course. In the fifth and sixth (open-ended) questions, the students pointed

out the meaning of death, the feelings when facing the loss of an object, besides describing how they felt when developing the EEPP.

In the last six questions the following skills and competencies were presented to the students: (1) Welcome the family in the grieving process; (2) Develop active listening; (3) Respect the family’s time to assimilate the communication of death; (4) Identify the stages of grief; (5) Identify feelings and emotions; (6) Approach the reality of others in order to understand cognitive changes and temporarily enter the world of the other. Students were to rate these skills and competencies using a Likert scale from 0 to 04 (where 0: no contribution; 01: reasonable contribution; 02: moderate contribution; 03: good contribution; 04: excellent contribution). Finally, there was an open space for students to rate feelings and emotions experienced in this pedagogical practice.

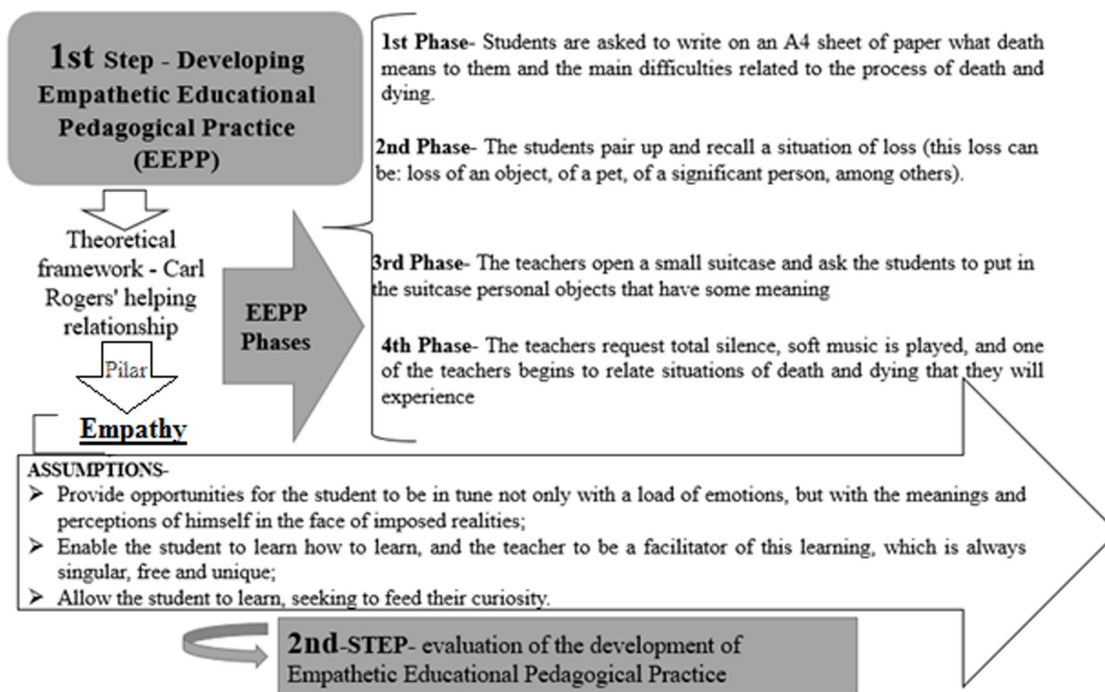
Also, the students’ A4 sheets are used where they point out the meaning of death and the feelings when facing the loss of the object.

The data analysis was developed in two stages, one qualitative and the other quantitative. The Excel for Windows®

2003 program was used both for the data from the first six questions and for the Likert scale data. Relative frequencies (percentages), absolute frequencies (n) were calculated, presented as figures and tables. For the elaboration of the word cloud with the feelings the free program wordcloud was used.

For the analysis of qualitative data, obtained through the fifth and sixth question, in addition to the information described by students in the open space, Bardin’s content analysis was used. In this phase the following steps were followed: 1) pre-analysis: pre-analysis of the answers obtained in order to perform the first recognition of the data and formulation of category indicators; 2) exploration of the material: exhaustive reading phase seeking to categorize the data obtained according to the indicators already identified; and 3) treatment of the data obtained and interpretation, forming two categories.

Development of Empathetic Educational Pedagogical Practice- For the reader’s better understanding, this topic will be presented in two steps, represented by the figure below and the description of the steps after Figure 1.



**Figure 1.** Description of the steps in the development of the Empathetic Educational Pedagogical Practice. Data source: authors.

1th- step - Developing Empathetic Educational Pedagogical Practice - For the development of the stages of the EEPP, the teachers of the discipline conducted a survey of the assumptions of the helping relationship, focusing on the assumptions

of empathy. Considering that the proposal was to enable the practice of empathy in the process of death and dying. Following this, the teachers organized each step to be developed within this practice. Each of the scenarios was designed

and organized by two professors, who have experience in active methodologies, training in this area, and practical and theoretical experience with more than 20 years in clinical practice, education, and research in the process of death and dying. Each of the stages was described step by step how it would be carried out. The key point to be experienced by the student was identified, the objectives to be developed in each phase, and then the organization of how each of these phases would be developed by the years.

1st phase: Students are asked to write on an A4 sheet of paper what death means to them and the main difficulties related to the process of death and dying. In this step the goal is that the student understands what death means to him/herself, at the same time that he/she understands the different meanings of death to other colleagues.

2nd phase: Students form pairs and recall a situation of loss (this loss can be: loss of an object, of a pet, of a significant person, among others). In this step, it is expected that the student can dive into the world of feelings that involve loss.

3rd phase: The teachers open a small suitcase and ask the students to put in the suitcase personal objects that have some meaning (several objects are available for choice: photo, key chain, pens, chain, ring, cell phone, among others). The proposal here is that the student experiences a loss, even if of an object, and feels at that moment the impact of this loss and what feelings were aroused. 4th phase: The teachers request total silence, soft music is played and one of the teachers begins to relate the experiences of the process of death and dying, which they will experience.

First experience - one of the teachers describes a scenario of family loss. In this moment the teachers try to bring the students closer to a reality of communicating death. They are expected to develop communication skills, practice empathy, and identify feelings when facing the communication of death.

Second Experience: One of the teachers reports a context of terminal illness. The student is the terminally ill. In this experience it is expected that the student can dive into the world of palliative care, develop active listening, welcoming and empathy skills.

As the third and last experience, the students are invited to pass through a corridor, formed by chairs and organized in eight stops that represent the “stations of life”. At this moment a funeral song is played. As the students go along, they pass through “stations”, each of which represents a moment in life, until the moment of death. Throughout the activity, a teacher guides the students and the other offers emotional support, developing active listening for understanding feel-

ings. In this experience we seek to insert the student to understand the different feelings experienced by patients in palliative care and family members who have lost a loved one in the mourning process.

After this experience, the teachers finish with a reflection about the different phases of mourning. Discussing with the students the feelings they experience and relating them to the different phases of mourning. It is expected that the students develop skills to capture feelings coming from the mourning phase, as well as to understand and recognize the different phases of mourning.

2nd step - evaluation of the development of the Empathetic Educational Pedagogical Practice - In this stage, the students evaluate the activity, scoring the main competencies and skills developed and improved in the educational activity, as well as the feelings experienced in each stage. It is worth pointing out that before developing EEPP, students are explained what competencies and skills are, which are described in the discipline’s teaching plan.

### 3. RESULTS

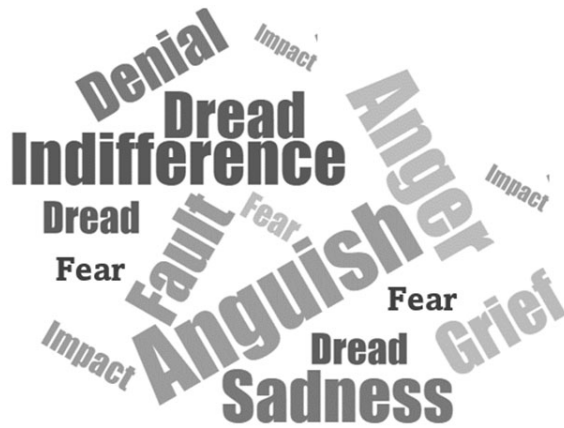
The study included 47 undergraduate nursing students from a public university in southern Brazil, with a mean age of 22.46 years, 85% (n40) female, 89.4% (n42) white, 91.5% (n43) single, only one student already had higher education in another course. Regarding the closed questions that approached the theme, for most students, 51.1% (n24), the process of death and dying is tolerable and for 31.9% (n15) it is difficult; 51.1% (n24) have already had more than four contacts with this theme and 46.8% (n22) have never had contact; 49% (n23) score it as a little stressful and 38.3 (n18) as very stressful.

The results about meaning of death and feeling of loss, are presented in the form of word clouds. Figure 2 shows the different meanings of death identified by the students. The words that came up the most to represent the meaning of death were end, loss, and emptiness.



**Figure 2.** Word cloud of death-meanings. Source: elaborated by the authors, 2020.

Figure 3 reveals that the main feelings identified by students at the moment of loss. The word cloud highlights anguish, denial and anger.



**Figure 3.** Cloud of words-feelings in the face of loss. Source: elaborated by the authors, 2019.

As for the main competencies and learning skills developed by the students through the EEPP, we highlight: the understanding of the different meanings of death 100% (n47); identification of feelings that arise from the loss 85.5% (n40); development of active listening 100% (n47); identification of the different stages of grief 85.5% (n40) and the ability to empathize with situations of death and dying 100% (n47). As for the measurement of the development of competencies and abilities, Table 1 shows that in questions 1, 2, 3 and 4 the participants scored 4 (Excellent contribution) above 85%. For questions 5 and 6, score 4 was scored above 65%.

The data obtained through the notes of the final discussion of the students and considering the notes made by them in the semi-structured instrument, provided the formation of two categories. 1st category entitled: diving into the process of death and dying, which presents the students' opportunity to develop empathy and temporarily transit in the world of loss, pain and sadness in the face of death. Through their notes understand that they experienced fear, despair, but at the same time the richness in being able to approach the reality of the process of death and dying.

Wow, it was really impacting to enter this world of death, which we always run away from talking about and studying. It was very interesting to experience the other side. There were moments when I felt very desperate, I wanted to leave right away. But it was very rich to try to imagine what these people go through. (E24)

At first I was very reluctant to participate, but then I found it very interesting, because it makes us think a little bit about what patients and families experience in the health care environment. (E18)

It was very interesting to think from the patient's point of view what it would be like to experience palliative care, to be facing the end of life with so many possibilities and so many dreams to continue living. (E08)

In the beginning it was very scary. I was afraid to continue. But then I saw how important this activity was for my formation, because I was able to temporarily enter this scenario of death, which for us is still very scary. (E32)

The 2nd category entitled: importance of empathy in the process of death and dying, reveals, through the annotation of students, the need for the future professional to develop active listening skills, welcoming, in addition to approaching the reality of the other before the process of death and dying. They point out that the experience through the EEPP, provided an opportunity for interest in the theme, a new look at welcoming people in the mourning process, as well as the development of active listening. The students' notes made this understanding clear.

It was very interesting to participate in this practice; certainly, I leave this class a different person. Thinking differently about how to develop empathy with these people and how to welcome and respect their pain when facing the process of death and dying. (E22)

What I learned most was the importance of active listening, how the professional can help a lot, even in silence. (E04)

It was very interesting, especially for being able to understand the stages of the process of death and dying and the importance of empathy. Learning to listen, to be quiet, and to hear the sound of our hearts, certainly, was something incredible that empathy made possible. (E18)

It was a unique experience, to dive into the different scenarios that were narrated, gave us the opportunity to understand a little bit of what people experience when facing the scenario of death. (E36)

In the beginning it is scary. But after you let yourself be absorbed by the moment and dive fearlessly into the narrations, you learn a lot, especially to listen and look at the other. (E28)

#### 4. DISCUSSION

The process of death and dying is part of human living. Even so, it is not uncommon to identify different attitudes towards death among health professionals and in nursing education. From this perspective, it is understood to be essential that this theme be disseminated and discussed in higher education in undergraduate courses in the health area, given that these professionals are directly involved in caring for people at the end of life.

**Table 1.** Development of competencies and skills through the educational strategy to develop empathy in the process of death and dying, measured by Likert Scale: 0 to 04 (n47)

<b>Question 1: Welcoming the family in the bereavement process</b>		
<b>Score</b>	<b>n</b>	<b>%</b>
0 – There was no contribution	00	00
1 – Reasonable contribution	00	00
2 – Moderate contribution	01	2.1
3 – Good contribution	06	12.8
4 – Excellent contribution	40	85.1
Total	47	100.0
<b>Question 2: Develop active listening</b>		
<b>Score</b>	<b>n</b>	<b>%</b>
0 – There was no contribution	00	00
1 – Reasonable contribution	00	00
2 – Moderate contribution	01	2.1
3 – Good contribution	06	12.8
4 – Excellent contribution	40	85.1
Total	47	100.0
<b>Question 3: Respect the family's time to assimilate the communication of death</b>		
<b>Score</b>	<b>n</b>	<b>%</b>
0 – There was no contribution	00	00
1 – Reasonable contribution	00	00
2 – Moderate contribution	00	00
3 – Good contribution	02	45.0
4 – Excellent contribution	45	95.0
Total	47	100.0
<b>Question 4: Identify Stages of Grief</b>		
<b>Score</b>	<b>n</b>	<b>%</b>
0 – No contribution	00	00
1 – Reasonable contribution	00	00
2 – Moderate contribution	02	4.3
3 – Good contribution	04	8.5
4 – Excellent contribution	41	87.2
Total	47	100.0
<b>Question 5: Identify feelings and emotions of the family</b>		
<b>Score</b>	<b>n</b>	<b>%</b>
0 – There was no contribution	00	00
1 – Reasonable contribution	00	00
2 – Moderate contribution	00	00
3 – Good contribution	16	34.1
4 – Excellent contribution	31	65.9
Total	47	100.0
<b>Question 6: Approaching the reality of others in order to understand cognitive changes and temporarily enter the world of the other</b>		
<b>Score</b>	<b>n</b>	<b>%</b>
0 – There was no contribution	00	00
1 – Reasonable contribution	00	00
2 – Moderate contribution	00	00
3 – Good contribution	18	38.3
4 – Excellent contribution	29	61.7
Total	47	100.0

Source: elaborated by the authors, 2020.

Despite great advances in health care, the care of people in the bereavement phase does not depend on technologies and innovations, but on human sensibility, improvement, ability and compassion to understand and interpret the feelings expressed by them when facing the news of the death.<sup>[18–20]</sup>

Although it is a cross-cutting theme, it presents little depth, especially due to insecurity and unpreparedness of teachers. This is because the teacher is a human being, with many other experiences of suffering, weaknesses and insecurities imposed by society, influenced by beliefs, culture, religion, perception of life, among other aspects.<sup>[3,21]</sup> Adding to this reality, it faces the student's experience as a social being and belonging to a world of different beliefs about this subject.<sup>[22–24]</sup>

This information is highlighted in this study, which shows that the meanings of death involve emptiness, loss and end. The feelings before the loss of the object were: anger, anguish and pain. Such meanings and feelings presented in this study are in line with other studies already developed, when they reveal fear, sadness and anguish of students and professionals facing this issue. Such feelings need to be identified and understood as part of death, terminality and mourning, otherwise it can awaken emotional and physical pain in these future professionals to act in this process.<sup>[4–7]</sup>

The emotions, meanings, and feelings identified by the study participants manifest pain, suffering, sadness, and fear. It is noteworthy that these emotions are normal sensations in this scenario, and it is important that they identify and understand them as something natural. Despite the meanings and feelings of pain identified in the students' experiences, it is worth pointing out that, even so, the pedagogical practice provided an opportunity to improve competencies and skills in order to capture the particular and unique attitudes of each human being; showing the importance of the discussions in the sense of acquiring more confidence and becoming safer to be with people at the moment of finitude.<sup>[25–27]</sup>

The data from the study corroborate the reality of teaching in the literature of the area, since part of the students never had contact with this theme in practical activities. Because of this, it is understood that the teacher needs educational strategies capable of arousing the student's interest, providing naturality in the discussions of this theme since graduation. Death and end-of-life care should be a theme studied and disseminated in the undergraduate course to support future professionals, since they will be in direct contact in practice.<sup>[22, 27, 28]</sup>

This reiterates that even with more frequent educational inductions it does not mean that they will be prepared to be

with the family and the patient in the process of death and dying in the daily care.<sup>[24–29]</sup> Understanding the individuality and uniqueness of each human being and family in this process, respecting attitudes and identifying the stages of acceptance of death lead to the completeness of care and different pedagogical strategies can support the development of active listening, empathy, respect and authenticity, essential for the nursing care of patients and families in the process of death and dying.<sup>[29–31]</sup>

Thus, it is understood that the pedagogical practice used in the study was relevant to support the teacher in conducting the students' learning regarding human terminality, considering that the participants point as excellent to enhance skills and abilities able to identify particulars of the process of death and dying. Certainly, such experience of the students when they plunged into the world of the story that was narrated, allowed them to capture in an intense way the reality of the other in this process.

Studies reinforce the importance of this experience by future health professionals when facing people shaken and impacted by the process of human terminality. They also reinforce that this moment must be focused on effective communication, enabling active listening, capable of giving the professional the opportunity to develop empathy, respect and authenticity in welcoming these people.<sup>[21, 23]</sup> These competencies and skills help the family to elaborate the grief, make the moment more humanized and welcoming for the family and safer for the team.<sup>[10, 17, 23, 28, 31]</sup>

Supporting and welcoming bereaved people has been a great challenge and still an arduous task for health professionals, future professionals and undergraduate teachers.<sup>[3, 21]</sup> That said, the students' statements pointed out in the observations, where they mention the difficulties in starting the pedagogical practice. This reinforces the need and the importance of discussing this theme as soon as possible in the curricular disciplines of undergraduate courses. It is not uncommon to find this theme overshadowed in the course syllabus, besides the teachers' fragility guided by the limitation of knowledge about the theme, personal feelings and values, and the absence of specific disciplines for this discussion.<sup>[21]</sup>

Given this scenario, this study shows that educational strategies based on empathy bring the opportunity for the student to temporarily dive into the narrated story, reveals the opportunity to develop some important skills in the process of death and dying, especially in identifying the feelings involved in this process, approaching the reality of the other, identifying the stages of mourning and, especially, developing active listening.



In the scenario of death and dying, several methodological strategies and educational tools (film, case studies, conversations, group dialogue and simulation) are being used in undergraduate courses to discuss this theme, making this discussion lighter and more natural.<sup>[10, 12]</sup> In this study, the strategy of recounting daily situations and facts that involve communication of the critical situation, palliative care and end of life, provided the opportunity to experience different roles, reflections about the competencies and skills necessary for the act of caring, in addition to enabling critical reflection on experiences, contributing to the humanization of this care. In the scenario of active methodologies, it is necessary to add pedagogical strategies that can instigate students to actively search for learning and bring theory closer to real care situations.<sup>[31-33]</sup>

Another important factor in understanding this process presented by the study involves reflection on the perception of the need for help and delicacy in the care actions of future health professionals towards human beings shaken and impacted by death through empathy. This is because sensitivity itself consolidates the perception of the other's suffering and pain through the ability of empathy and active listening from the inner silence, where we are able to capture and absorb what the other expresses to us even when they say nothing. Cal Rogers points out the importance of active listening as an integral part in the development of empathy.<sup>[13-15]</sup>

From this perspective, the study reveals that the EEPP supports students in the sense that they had the opportunity to experience the practice of empathy, in addition to developing skills capable of welcoming patients and family members who go through the process of death and dying in the practice where the student is inserted. Certainly, the EEPP brings important contributions to teachers and future nurses, which involve the identification of feelings in the face of loss, the development of active listening, the importance of silence and of temporarily immersing oneself in the world of the other in the process of death and dying seeking to understand the experience of the other in the face of loss. The metaphorical experience, through EEPP, of these situations involving bad news, palliative care, death and dying enables the recreation of attitudes and favors autonomy and humanized and scientific decision-making and directions in professional practice.

Limitations - the theme stands out as a limiting factor for the development of this study. Death and dying are historically conflicting themes for discussion and for realistic experience in teaching-learning; the culture, values that are established in the education of each student, reflecting in resistance to empathic understanding and also implying in the difficulty of some teachers of the subject to address the issue of death

and the choice not to participate in the pilot test. The time for theoretical deepening of the EEPP, which would be more grounded in the attitudes of students in facing the situation and communication of death. Other points to be pointed out as limitations are directed to the place where the activity was carried out, a small space with a lot of noise and the use of a questionnaire that has not yet been validated.

## 5. CONCLUSION

After this pilot test, adjustments were made and EEPP, the main adjustments were in relation to the physical space, availability of other teachers, and the need for more time for the development of the activity. Since then, it has already been used in two more semesters with a larger audience to validate this pedagogical proposal. The proposal is that after finalizing the validation in four semesters, this pedagogical practice can be inserted in the discipline and become part of the teaching plan.

As a result of this study, it can be said that the competencies and skills proposed in the pedagogical strategy developed with the theme of the process of death and dying to undergraduate nursing students were successfully developed by identifying different meanings of death and feelings expressed by each of them in the experience of the roles.

This pedagogical strategy provided the opportunity to approach the practice effectively, given that students point to this strategy as excellent for developing empathy, active listening, helping relationship and welcoming people in this process. It is noteworthy that it provided the students with a unique experience with the approach of unique moments of the theme of death, revealing that this theme can be discussed in a natural way in the disciplinary daily routine of undergraduate nursing courses. Given the need for the future nurse to know and recognize his possibilities and limits facing the process of death and dying, the educational strategy developed provided the opportunity for instrumentalization and academic training in a positive way, with acceptance and motivation by the students.

It is noteworthy that this study presents possibilities for teaching and research. It brings a pedagogical practice that favors the triad of teaching, research and extension in health care, expanding the active educational strategies that make the subject of learning the very subject of teaching. It increases the process of meaningful learning in professional training in nursing and health. In that, the feelings and attitudes of students before the process of death and dying are self-understood, facilitating work the limitations of these future professionals to act in the practice of human care. Another gap of knowledge pointed out in this study is the need for

the development and validation of new learning tools for teachers to deal with this issue in the daily routine in the education and training of future nurses.

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## CONFLICTS OF INTEREST DISCLOSURE

The authors declare that there is no conflict of interest.

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