CSP CADERNOS DE SAÚDE PÚBLICA
REPORTS IN PUBLIC HEALTH

REVISÃO
REVIEW

Family grief during the COVID-19 pandemic: a meta-synthesis of qualitative studies

Luto familiar durante a pandemia da COVID-19: uma metassíntese de estudos qualitativos

Duelo familiar durante la pandemia de COVID-19: una metasíntesis de estudios cualitativos

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doi: 10.1590/0102-311XEN058022

Abstract

The COVID-19 pandemic has led to a public health crisis, with increases in the number of deaths. As a result, the number of bereaved people has increased significantly. In addition, the measures adopted to control the spread of virus have triggered changes in the subjective and collective bereavement experiences. This systematic literature review aims to summarize and reinterpret the results of qualitative studies on the experience of losing family members during the pandemic by a thematic synthesis. The searches were performed in the Web of Science, Scopus, PubMed/MEDLINE, CINAHL, PsycINFO, and LILACS databases. Among 602 articles identified, 14 were included. Evidence was assessed using the Critical Appraisal Skills Programme *tool. Two descriptive themes related to the objective were elaborated in addition to one analytical theme, namely: "Pandemic grief: lonely and unresolved". These themes proved to be interrelated and indicate that experiences of loss in this context were negatively impacted by the imperatives of physical distance, restriction of hospital visits, technology-mediated communication, and prohibition or restriction of funerals. These changes resulted in experiences marked by feelings of loneliness and helplessness, which should be considered when planning intervention strategies that favor communication between family members with the afflicted loved one and with the health care team, enabling welcoming and creating alternatives for farewell rituals. The findings may support further research to test intervention protocols, especially to guide public policies and promote psychological support to bereaved family members after their loss.*

COVID-19; Bereavement; Grief; Family; Terminal Care

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Introduction

COVID-19, a disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), emerged in December 2019 [1,2] and quickly spread worldwide due to its transmission characteristics, which occurs mainly by person-to-person contact and via droplets in the air [3]. After the disease was found and registered in several different countries, the World Health Organization (WHO) declared a pandemic status on March 11, 2020 [1,4,5,6,7].

The growing number of deaths caused by COVID-19 (over 6 million) has created many public health crises, demanding global collective efforts and articulation of governments, research institutions, health systems, and communities. In several countries, protocols for hygiene and the use of masks – in addition to quarantine measures for the population – were developed to control the spread of the virus, avoid the overload of health services, and control the number of deaths [3,8,9,10].

Studies show that the measures adopted to contain the spread of the virus affected the way people were dying worldwide [3,11]. The high number of deaths not only contributed to the perception of constant threat but also resulted in a high number of bereaved people during the pandemic. Grief, in this context, was marked by restrictions on hospital visits, decreased social support, and changes in mourning rituals [1,3]. Such changes in grief, caused by the COVID-19 pandemic crisis, highlighted areas for future studies which also seem to be related to implications for mental health, with increased rates of depression and anxiety, as well as persistent grief. Scientific literature also indicates a psychological crisis, which can persist even after the pandemic [1,12,13].

Coping with crisis demands interventions aimed at preventing critical situations, acting in the emergency and post-emergency recovery [12]. When the COVID-19 pandemic was established, actions could have been planned and adopted to deal with the moment of crisis and to reduce its consequences. In this sense, studies suggest the importance of public policies that consider comprehensive care, from socio-community-based actions to specialized care to accompany bereaved people [12]. Understanding the particularities of the grief experience during the COVID-19 pandemic is essential to develop and apply effective intervention strategies.

Aim

This systematic review and meta-synthesis aimed to summarize and reinterpret the results of qualitative scientific studies on the bereavement experiences of people whose family members died during the COVID-19 pandemic via a thematic synthesis.

Methods

Design

This systematic review and meta-synthesis of qualitative studies were conducted based on the *Preferred Items for Systematic Reviews and Meta-Analysis Statement* (PRISMA) [14]. This review is based on the steps recommended by the literature [15,16,17,18,19,20,21,22]: (1) elaboration of the research question; (2) systematic identification of publications from the databases of interest; (3) selection of articles for analysis; (4) characterization and evaluation of studies; (5) data extraction; and (6) synthesis to integrate the knowledge produced. The data was analyzed qualitatively [16] and the *Enhancing Transparency in Reporting the Synthesis of Qualitative Research* (ENTREQ) guide [23] was used to report the essential elements that compose a synthesis of qualitative evidence. The process was conducted by two separate reviewers and correlation coefficient and Cohen's kappa [24,25] are the most appropriate statistics to verify the consistency of the selection of articles and assess the inter-reviewer reliability.

Protocol and registration

A protocol in the *International Prospective Register of Systematic Reviews* (PROSPERO) has been registered under the number CRD42021299001.

Identification and selection of studies

The literature search strategy was pre-planned in order to seek all available studies on the topic [16,26]. The SPIDER tool (*Sample, Phenomenon of Interest, Design, Evaluation, Research Study*) [27,28] was used to develop the search strategy and the guiding question, which was formulated as follows: "How the scientific literature (D) presents qualitative evidence (R) regarding the experience (E) of bereavement (PI) of people who have lost family members during the COVID-19 pandemic (S)?" (Box 1 and Supplementary Material: http://cadernos.ensp.fiocruz.br/static//arquivo/suppl-0580-22_6532.pdf).

Searches were performed by two independent reviewers (P.P.B.S. and C.S.), in January 2022, in six databases: Web of Science, Scopus, PubMed/MEDLINE, CINAHL (via EBSCO), PsycINFO, and LILACS. The descriptors and keywords were listed from the Health Sciences Descriptors (DeCS), the Medical Subject Headings (MeSH), the APA Thesaurus, the CINAHL Subject Headings, and the SciVal – Topics & Topic Clusters with the Boolean operators (AND, OR), respecting the specifics of each database.

An initial search strategy was developed from the selection and improvement of descriptors in the PubMed database and later adapted to the other selected databases. Articles published in English, Portuguese, or Spanish were selected, due to the fluency of the researchers, that were published during the COVID-19 pandemic period [1,4]. Thus, the search was limited to the period from March 2020 to December 2021.

Eligibility (inclusion and exclusion) criteria

Studies were included if they were: (1) primary qualitative studies; (2) secondary analyses of empirical studies, as long as they gathered reports of family experience; (3) studies carried out with adults aged over 18 years; (4) studies that addressed the death of a family member during the COVID-19 pandemic period and bereavement experiences during the COVID-19 pandemic period; (5) published from 2020 to 2021; and (6) written in English, Portuguese, or Spanish.

The exclusion criteria were: (1) quantitative or mixed-method designs; (2) lack of primary data (policy briefs, opinions, progress reports, systematic reviews); (3) grey literature [29] (i.e., unpublished or non-peer-reviewed reports, including conference proceedings); (4) studies carried out with children and/or adolescents aged under 18 years; and (5) studies that addressed grief prior to the COVID-19 pandemic.

Identification and selection of studies

The resulting papers were imported into a reference manager software [30] (Rayyan for Systematic Reviews; https://www.rayyan.ai/). Duplicates were removed, and an initial screening and selection of titles and abstracts were carried out by two independent reviewers (P.P.B.S. and C.S.), according to the inclusion/exclusion criteria. Texts of the remaining studies were obtained in full for analysis, aiming to include/exclude the paper for the systematic review. To assess the consensus among peers on the eligibility of studies and, thus, verify the consistency and validity of the selection of articles, the Kappa index [24,25,31] was calculated, producing a result of 0.84, indicating almost perfect agreement between reviewers. Discrepancies in the final decision about a specific paper were discussed with a third reviewer (M.A.S.) in order to reach consensus.

The process of searching and selecting the studies eligible for the elaboration of this thematic synthesis is represented by a flowchart recommended by the PRISMA strategy, which details the way in which the studies were selected and retrieved for composition of the analysis corpus [14].

Critical appraisal of studies included

The quality of the studies was critically evaluated for rigor, credibility, and relevance, using the *Critical Appraisal Skills Programme* (CASP Qualitative Checklist) for qualitative research [32], as recommended in the Centre for Reviews and Dissemination, University of York (CRD; United Kingdom) guidelines [33]. This tool allows for the evaluation of all types of qualitative data and contains only ten

Box 1

SPIDER tool (*Sample, Phenomenon of Interest, Design, Evaluation, Research Study*) used in the construction of the research question and search strategy.

ACRONYM	DEFINITION	ENTRY TERMS
S	Sample	"Pandemics" (MeSH) OR Pandemic OR "Epidemics" (MeSH) OR Epidemic OR "Disease Outbreaks" (MeSH) OR Disease Outbreak OR Outbreak, Disease OR Outbreaks, Disease OR Outbreaks OR "Infectious Disease Outbreaks" (MeSH) OR Disease Outbreak, Infectious OR Disease Outbreaks, Infectious OR Infectious Disease Outbreak OR Outbreak, Infectious Disease OR Outbreaks, Infectious Disease OR "COVID-19" (MeSH) OR COVID-19 Virus Disease OR COVID 19 Virus Disease OR COVID-19 Virus Diseases OR Disease, COVID-19 Virus OR Virus Disease, COVID-19 OR COVID-19 Virus Infection OR COVID 19 Virus Infection OR COVID-19 Virus Infections OR Infection, COVID-19 Virus OR Virus Infection, COVID-19 OR "2019-nCoV Infection" (MeSH) OR 2019 nCoV Infection OR 2019-nCoV Infections OR Infection, 2019-nCoV OR Coronavirus Disease-19 OR Coronavirus Disease 19 OR 2019 Novel Coronavirus Disease OR 2019 Novel Coronavirus Infection OR 2019-nCoV Disease OR 2019 nCoV Disease OR 2019-nCoV Diseases OR Disease, 2019-nCoV OR COVID19 OR Coronavirus Disease 2019 OR Disease 2019, Coronavirus OR SARS Coronavirus 2 Infection OR "SARS-CoV-2 Infection" (MeSH) OR Infection, SARS-CoV-2 OR SARS CoV 2 Infection OR SARS-CoV-2 Infections OR "COVID-19 Pandemic" (MeSH) OR COVID-19 Pandemics OR Pandemic, COVID-19 OR "SARS-CoV-2" (MeSH) OR Coronavirus Disease 2019 Virus OR 2019 Novel Coronavirus OR 2019 Novel Coronaviruses OR Coronavirus, 2019 Novel OR Novel Coronavirus, 2019 OR Wuhan Seafood Market Pneumonia Virus OR SARS-CoV-2 Virus OR SARS CoV 2 Virus OR SARS-CoV-2 Viruses OR Virus, SARS-CoV-2 OR 2019-nCoV OR COVID-19 Virus OR COVID 19 Virus OR COVID-19 Viruses OR Virus, COVID-19 OR Wuhan Coronavirus OR Coronavirus, Wuhan OR SARS Coronavirus 2 OR Coronavirus 2, SARS OR Severe Acute Respiratory Syndrome Coronavirus 2
PI	Phenomenon of interest	"Grief" (MeSH) OR Griefs OR "Mourning" (MeSH) OR Mournings OR "Disenfranchised Grief" (MeSH) OR Grief, Disenfranchised OR Hidden Grief OR "Bereavement" (MeSH) OR Bereavements OR "Parental Death" (MeSH) OR Death, Parental OR Deaths, Parental OR Parental Deaths OR "Paternal Death" (MeSH) OR Death, Paternal OR Deaths, Paternal OR Paternal Deaths OR "Maternal Death" (MeSH) OR Death, Maternal OR Deaths, Maternal OR Maternal Deaths OR "Widowhood" (MeSH) OR Widowers OR Widower OR Widows OR Widow OR Widowed
D	Design	"Grounded Theory" (MeSH) OR Theory, Grounded OR Culture OR "Hermeneutics" (MeSH) OR Hermeneutic OR "Interviews as Topic" (MeSH) OR Interviewers OR Interviewer
E	Evaluation	"Life Change Events" (MeSH) OR Life Change Event OR Event, Life Change OR Events, Life Change OR Life Change Event OR "Life Experiences" (MeSH) OR Experience, Life OR Experiences, Life OR Life Experience OR "Analysis, Event History" (MeSH) OR Analyses, Event History OR Event History Analyses OR Event History Analysis OR "Attitude to Death" (MeSH) OR Death, Attitude to OR Attitudes to Death OR Death, Attitudes to
R	Research type	"Qualitative Research" (MeSH) OR Research, Qualitative OR Qualitative studies OR Qualitative OR "Empirical Research" (MeSH) OR Research, Empirical

MeSH: Medical Subject Headings.

questions, facilitating the evaluation that was applied independently by three reviewers (P.P.B.S., C.S., and E.C.G.R.). Disagreements were resolved by a discussion with a fourth reviewer (M.A.S.) (Box 2).

The papers were scored for each criterion: 1 – if the criterion was met; 0 – if the criterion was not met; 0.5 – if the criterion was partially met. The maximum score for a paper was 10. CASP assessment was conducted to ensure transparency in the potential risk of bias, studies were included in the review regardless of quality score.

Data extraction and analysis

The data were obtained by using customized extraction forms. The following information was recorded for each study included: (1) authorship and year of publication; (2) country; (3) participants' characteristics; (4) setting; (5) objectives; (6) methodological design; (7) data collection/analysis; and (8) quality score (CASP).

A synthesis was carried out in three stages according to Thomas & Harden's guidelines [34]: (1) the free line-by-line coding of the findings of primary studies (reading qualitative studies to create codes related to the objectives of the thematic synthesis); (2) the organization of these "free codes" into related areas to develop "descriptive" themes; and (3) the development of the "analytical" theme. In the first stage, full texts of each selected study were scrutinized and freely coded line-by-line. All the original codes, cited in the studies, were listed. Relevant additional codes, when identified by reviewers, were also included in the analysis. In the second stage of analysis, the free codes were organized under initial descriptive themes, based on their similarities and differences, according to the bereavement experiences of people whose family members died during the COVID-19 pandemic. These themes were interactively defined in discussions between the reviewers. The third stage involved developing the "analytical theme" through new interpretative constructs that synthesized the findings across all the included studies.

Box 2

Quality appraisal of included studies according to the *Critical Appraisal Skills Programme* (CASP).

STUDY (YEAR)	1	2	3	4	5	6	7	8	9	10
Guité-Verretet al. [35] (2021)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hamid & Jahangir [36] (2020)	Yes	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Yes	Yes	Yes
Tay et al. [37] (2021)	Yes	Yes	Yes	Yes	Yes	Can't tell	Can't tell	Yes	Yes	Yes
Testoni et al. [38] (2021)	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes
Becqué et al. [39] (2021)	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes
Selman et al. [40] (2021)	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes
Wong et al. [42] (2021)	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes
Chen et al. [43] (2021)	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes
Hanna et al. [44] (2021)	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes
Kentish-Barnes et al. [45] (2021)	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes
Hernández-Fernández & Meneses-Falcón [41] (2021)	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes
Cardoso et al. [46] (2021)	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes
Mohammadi et al. [47] (2021)	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes
Cordero Jr [48] (2021)	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	Yes

Questions: (1) Was there a clear statement of the research objectives?; (2) Is a qualitative methodology appropriate?; (3) Was the research design appropriate to address its objectives?; (4) Was the recruitment strategy appropriate for the research objectives?; (5) Were the data collected in a way that addressed the research issue?; (6) Has the relationship between researcher and participants been adequately considered?; (7) Have ethical issues been taken into consideration?; (8) Was the data analysis sufficiently rigorous?; (9) Is there a clear statement of findings?; (10) How valuable is the research?.

While the development of descriptive themes remains "close" to primary studies, the analytical theme represents a stage of interpretation in which reviewers "go beyond" primary studies and generate new interpretive constructs, explanations, or hypotheses. The use of computer software can facilitate this method of synthesis [34]. All text under the headings "results" was extracted electronically and inserted to QDA Miner Lite (https://provalisresearch.com/), a computer software program used to assist in the organization of codes and themes during the analysis of qualitative data. Two reviewers (P.P.B.S., C.S.) performed all stages of data analysis. The final thematic synthesis was discussed and validated by three researchers experienced in this type of analysis (E.A.O.C., E.C.G.R., M.A.S.).

During the thematic synthesis, the first two reviewers searched for similarities and differences among the codes to begin grouping them into a hierarchical tree-like structure. New codes were created to capture the meaning of the initial code groups. This qualitative synthesis summarized the literature available. Box 3 shows the process, which organizes two descriptive themes and one analytical theme.

Results

After identifying the studies in the selected databases, the duplicates were excluded. Subsequently, two reviewers independently read the titles and abstracts of these studies, following the previously established inclusion and exclusion criteria. At the end of the selection process, one article found via a non-systematic search was added. Thus, the sample consisted of 14 articles. The selection of the studies was summarized in a PRISMA guidelines 14 compliant flow chart (Figure 1).

Quality appraisal of evidence

All studies reported objectives and methodology used. The relationship between researcher and participants was satisfactorily reported in only one study [35]. All the articles explained the process and rigor of data analysis, as well as clearly presenting the results and indicating contributions to the area of study. Considerations regarding research ethics were reported in all articles, however, two studies [36,37] did not report the approval number of the respective Research Ethics Committees.

Features of the included studies

The articles included (n = 14; Table 1) were developed in the following countries: the United States (n = 2), the United Kingdom (n = 2), Brazil (n = 1), Canada (n = 1), France (n = 1), India (n = 1), Iran (n = 1), Italy (n = 1), Malaysia (n = 1), Netherlands (n = 1), Philippines (n = 1), and Spain (n = 1). Only one article [20] was published in 2020, the others were from 2021. The theoretical foundations of the studies were developed from Grounded Theory (n = 1), Phenomenology (n = 3), the Critical Realist Theoretical Approach (n = 1), Theory of Grief (n = 1), Dignity models for end-of-life experiences by Chochinov and Van Gennip (n = 1), and the Salvifci Doloris of John Paul II (n = 1). Other studies, however, presented a generic qualitative research design (n = 6), that is, studies where the theoretical framework used to support the research was not properly explained [22].

The data collection methods used in the studies involved in-depth interviews (n = 6), semi-structured interviews carried out individually (n = 4), audio diaries (n = 1), tweets from Twitter (n = 1), social media posts (n = 1), and documents published in digital media (n = 1). The interviews were conducted in person (n = 1) or through phone calls and video conferencing applications, such as WhatsApp, Skype, and Zoom (n = 6), or they were not specified (n = 3). Regarding data analysis, the studies used thematic analysis (n = 9), iterative thematic approach (n = 1), content analysis (n = 1), interpretative phenomenological analysis (n = 1), content and discourse analysis (n = 1), and in-depth content analysis (n = 1).

Study participants totaled 407 family members, aged 20 to 83 years, bereaved during the COVID-19 pandemic period, comprising 88 sons/daughters, 49 friends, 38 partners, 38 grandchildren, 34 nephew/nieces, 21 parents, 18 siblings, 14 more distant relatives, 9 cousins, 5 daughters/sons-in-law, 2 sisters/brothers-in-law, 2 grandparents, and 1 aunt. Two studies [38,39] did not describe the

Box 3

Stages of the thematic synthesis process.

IDENTIFICATION OF CODES	GROUPING OF CODES	DESCRIPTIVE THEMES	ANALYTICAL THEME
Spread (22)	Threat of contamination	Pre-death experiences: abandonment	Pandemic grief: lonely and unresolved
Fear (6)			
Healthcare (43)	Interaction with health team		
Helpless (16)			
Restriction of visits (33)	Lack of human contact		
Call (16)			
Die alone (56)			
Impotence (17)			
Ceremony (53)	Farewell rituals	Post-death experiences: distances	
Religion (6)			
Alone (12)	Isolation		
Isolation (20)			
Unreality (24)	Shock		
Sad (24)			
Anger (5)			
Guilt (10)			
Help (10)	Possible help		
Support (17)			

degree of kinship, referring to 65 participants only as "family members". Finally, one article [40] did not state the relationship between the deceased and the 23 bereaved people. As previously described, some articles [38,39,40,41] included friends and other unspecified relationships in the sample in addition to family members. These articles were included, and data related to the bereavement of family members were considered in the analysis.

The age of the deceased, provided by six articles [36,39,42,43,44,45], ranged between 19 and 90 years of age. The deaths occurred during the pandemic period, with COVID-19 being the main cause of death, although it is not possible to specify the exact number of people who died. It is known that, from the total of bereaved individuals interviewed, at least 346 people lost family members due to COVID-19 and ten individuals, to other causes (illness = 4, accident = 2, normal death = 2, cardiac arrest = 1, and suicide = 1). The causes of death of the family members of the remaining 51 bereaved were not specified in four articles [35,37,41,42]. Regarding place of death, 87 took place in hospitals, 41 in nursing homes, 18 in intensive care units, 12 at home, nine in the coronavirus ward, four in general ward, two in a hospice, one at the location of accident, one in a psychiatric hospital, one in a sheltered house and one in a government isolation facility. The location of the other deaths was not specified in six articles [37,38,41,42,46,47].

Synthesis of findings

From the 14 articles included in the meta-synthesis, two descriptive themes were elaborated: "Pre-death experiences: abandonment" and "Post-death experiences: distances" and one analytical theme called "Pandemic grief: lonely and unresolved". These themes are interrelated. According to the selected studies, the pandemic significantly affected grief experiences, since it created situations that had previously been unusual, such as: the demand of social isolation in the face of the threat of infection, restrictions on hospital visits, communication mediated by technologies, and alterations or suspensions of farewell rituals. In this context, the process of illness and death, intersecting with the

Table 1

Features of the included studies (n = 14).

Study (Year/ Country)	Aim	Methods	n	Clinical and demographic characterization	Main results
Guité-Verret et al. [35] (2021/ Canada)	To gain in-depth understanding of family caregivers' lived experiences of caregiving and bereavement in the context of the COVID-19 pandemic in Quebec	**Design:** qualitative research **Instrument:** in-depth, individual open interviews **Theoretical approach:** IPA **Data analysis:** IPA	20	**Bereaved family caregivers** (7 mothers, 6 fathers, 5 spouses, 2 grandparents) **Gender:** 17 women and 3 men **Age:** 21 to 78 years old **Cause of death:** ND **Place of death:** 14 hospital, 6 residence for elderly **Deceased's age:** ND Death occurred **during** the pandemic	Results indicate that bereaved family caregivers lived and understood their experience in terms of metaphoric cut-offs, obstructions, and shockwaves. These three metaphors represented the grief process and the bereaved's quest for social connection, narrative coherence and recognition
Hamid & Jahangir [36] (2020/India)	To examine the changing nature of death, dying, and mourning among muslims of Kashmir due to the COVID-19 pandemic	**Design:** qualitative research approach **Instrument:** Semi-structured telephonic interviews **Theoretical approach**: ND **Data analysis:** data was then analyzed using the techniques of Braun and Clarke (software NVivo 12)	17	**Sunni muslims whose loved ones died** after the outbreak of the COVID-19 in Kashmir (1 granddaughter, 2 brothers, 1 sister, 5 sons, 1 distant relative, 1 niece, 1 cousin brother, 1 father, 1 friend, 1 husband, 1 aunt and 1 sister-in-law) **Gender:** 6 females and 11 males **Age:** 29 to 69 years old **Cause of death:** 7 COVID-19, 2 accident, 2 normal death, 4 illness, 1 cardiac arrest, 1 suicide **Place of death:** 9 hospital, 5 home, 1 outside country, 1 outside state, 1 location of accident **Deceased's age:** 19 to 68 years old Death occurred **during** the pandemic	The findings revealed that mourning the loss was also highly challenging with participants receiving less in-person support thus leading to mourning in isolation. The inability to perform last rites added yet another layer of grief which resulted in prolonged grief among the bereaved and impacted their overall well-being
Tay et al. [37] (2021/United States)	To better understand the impact of the pandemic on bereaved hospice family caregivers' experiences of social connection and isolation in a time of social distancing and general anxiety	**Design:** secondary qualitative analysis **Instrument:** 59 audio diaries **Theoretical approach:** ND **Data analysis:** qualitative content analysis was conducted using NVivo 12 Plus	6	**Caregivers** (3 children, 2 spouses, 1 sibling) **Gender:** 5 females and 1 males **Age:** 32 to 67 years old **Cause of death:** ND **Place of death:** ND **Deceased's age:** ND Death occurred **during** the pandemic	Findings provide insight into how caregivers experienced bereavement. They were able to connect with others despite physical distancing expectations, expressed loneliness and grief while in isolation, and described moving on in the face of uncertainty

(continues)

Table 1 (continued)

Study (Year/ Country)	Aim	Methods	n	Clinical and demographic characterization	Main results
Testoni et al. [38] (2021/Italy)	To investigate whether and how bereaved individuals coped with their mourning during the lockdown and in its aftermath via Facebook	**Design:** qualitative research **Instrument:** semi-structured interview by phone, Skype, or Zoom **Theoretical approach:** grounded theory **Data analysis:** thematic analysis (Atlas.ti software)	40	**Bereaved relatives** **Age:** 23 to 63 years old **Gender:** 32 females and 8 males **Cause of death:** COVID-19 **Place of death:** ND **Deceased's age:** ND Death occurred **during** the pandemic	Grief had a complex profile: on the one hand, it was traumatic and characterized by all the risk factors causing mourners to experience prolonged grief, but on the other, some features were similar to ambiguous loss (that occurs without closure and clear understanding) because of the impossibility to be with their relatives in their final moments
Becqué et al. [39] (2021/ Netherlands)	To give insight into aspects of end-of-life care practices that might have jeopardized or supported the dignity of the patients and their family members during the first wave of the COVID-19 pandemic in the Netherlands	**Design:** qualitative study **Instrument:** in-depth interviews **Theoretical approach:** theory-inspired analytical framework developed and based on the dignity models for end-of-life experiences by Chochinov and Van Gennip **Data analysis:** in-depth content analysis	25	**Bereaved relatives** of patients who died during the COVID-19 pandemic **Gender:** 20 females and 5 males **Age:** 20 to 79 years old **Cause of death:** 16 COVID-19, 4 probably COVID-19, 6 other causes **Place of death:** 11 hospital (6 COVID-19 ward, 4 ICU, 1 general ward), 1 mental hospital, 11 nursing home, 1 hospice, 1 sheltered house, 1 home, 1 unknown **Deceased's age:** 60 to 90 years old (1 missing) Death occurred **during** the pandemic	Experienced dignity of bereaved relatives was associated with the unfamiliarity of the virus and issues associated with preventive measures
Selman et al. [40] (2021/ United Kingdom)	To explore the views and experiences of Twitter social media users who reported that a relative, friend or acquaintance died of COVID-19 without a family member/friend present	**Design:** qualitative research **Instrument:** software system developed by the authors to harvest publicly available tweets from Twitter **Theoretical approach:** critical realist theoretical approach **Data analysis:** data were analyzed using thematic content analysis	196	**Next-of-kin** (39 sons or daughters, 27 nephews or nieces, 8 brothers or sisters, 4 cousins, 33 grandchildren, 2 husbands, 13 more distant relatives, 47 friends, 23 relationships not stated **Gender:** ND **Age:** ND **Cause of death:** COVID-19 **Place of death:** 43 hospitals, 15 care home/nursing home/assisted living, 6 home, 1 hospice, 1 government isolation facility, 130 not stated **Deceased's age:** ND Death occurred **during** the pandemic	Saying goodbye via video-conferencing technology was viewed ambivalently. Clinicians' presence during a death was little consolation. Anger, frustration, and blame were directed at governments' inaction/policies or the public. The sadness of not being able to say goodbye as wished was compounded by lack of social support and disrupted after-death rituals

(continues)

Table 1 (continued)

Study (Year/ Country)	Aim	Methods	n	Clinical and demographic characterization	Main results
Wong et al. [42] (2021/ Malaysia)	To describe the psychological impact and experiences of family members of silent mentors during the COVID-19	**Design:** ND **Instrument:** in-depth interview (4 in-person and 3 via telephone) with open-ended follow-up questions **Theoretical approach:** empirical phenomenological approach **Data analysis:** iterative thematic approach (Braun & Clarke, 2013) (NVivo 10)	7	**First-degree relatives** of silent mentors (5 siblings and 2 children) **Gender:** ND **Age:** ND **Cause of death:** ND **Place of death:** ND **Deceased's age:** 41 to 63 years old Death occurred **during** the pandemic	Several participants relayed the belief that the soul cannot rest until the body receives a proper burial while some worried about the deterioration of the physical condition of the mentors
Chen et al. [43] (2021/United States)	To explore the experiences and support needs of family members of ventilated COVID-19 patients in the ICU	**Design:** exploratory, qualitative design **Instrument:** in-depth individual telephone interviews **Theoretical approach:** ND **Data analysis:** thematic analysis	10	**Family members** of adult COVID-19 patients in the ICU (3 spouses, 3 children, 2 parents, 1 nephew and 1 niece) **Gender:** 8 females and 2 males **Age:** 36 to 77 years old **Cause of death:** COVID-19 **Place of death:** ICU **Deceased's age:** mean age 54.2 years old Death occurred **during** the pandemic	Family members' feelings about the patient's diagnosis and how the virus was contracted exacerbated their stress and anxiety. They struggled to feel informed about care that they could not witness and had difficulty understanding information. Family members reported that video calls were unhelpful. While these experiences made them question the quality of care, they expressed their appreciation of the frontline healthcare providers taking care of their loved ones
Hanna et al. [44] (2021/United Kingdom)	To explore relatives' experiences and needs when a family member was dying during the COVID-19 pandemic	**Design:** interpretative qualitative study **Instrument:** semi-structured interviews **Theoretical approach:** ND **Data analysis:** Braun and Clarke's thematic analysis framework	19	**Relatives whose family member died** during the COVID-19 pandemic in the United Kingdom (4 spouse/partner, 11 adult children, 2 sons/daughters in law, 1 niece and 1 grandchild) **Gender:** 12 females and 7 males **Age:** 20 to 79 years old **Cause of death:** 13 COVID-19, 6 other causes **Place of death:** 10 hospitals (3 general ward, 4 ICU, 3 coronavirus ward), 9 nursing home **Deceased's age:** 50 to 90 years old Death occurred **during** the pandemic	In the absence of direct physical contact, it was important for families to have a clear understanding of their family member's condition and declining health, stay connected with them in the final weeks/days of life and have the opportunity for a final contact before they died. Health and social care professionals were instrumental to providing these aspects of care but faced practical challenges in achieving these

(continues)

Table 1 (continued)

Study (Year/ Country)	Aim	Methods	n	Clinical and demographic characterization	Main results
Kentish-Barnes et al. [45] (2021/ France)	To better understand the experiences of bereaved family members of patients who died in an ICU during the COVID-19 pandemic, from the time of hospital admission until after the patient's death	**Design:** qualitative study **Instrument:** semi-structured, in-depth telephone interviews **Theoretical approach:** ND **Data analysis:** thematic analysis	19	**Bereaved family members** of patients who died from severe COVID-19 (6 daughters, 5 wives, 1 niece, 2 sons, 1 sister, 3 husbands, 1 granddaughter) **Gender:** 14 women and 5 men **Age:** 23 to 75 years old **Cause of death:** COVID-19 **Place of death:** Hospital **Deceased's age:** 50 to 80 years old Death occurred **during** the pandemic	Results indicate the difficulty in building a relationship with the ICU clinicians and dealing with the experience of solitude: family members experienced difficulties in establishing rapport and bonding with the ICU team as well as understanding the medical information. Participants felt the feeling of solitude, powerlessness, abandonment, and unreality. The regarding disruptions in end-of-life rituals generating strong feelings of disbelief that may lead to complicated grief
Hernández-Fernández & Meneses-Falcón [41] (2021/Spain)	To analyze the experience of losing a loved one without traditional, cultural-specific rituals for saying goodbye, explores the different factors affecting the onset of mourning by family members and studies the existence of complicating risk factors associated with grief from this distinct type of loss	**Design:** qualitative research **Instrument:** in-depth, individual interviews **Theoretical approach:** phenomenology **Data analysis:** categorical analysis that considered both content and discourse analysis	7	**First or second-degree relatives of a deceased person** (4 daughters, 1 granddaughter, 1 wife and 1 friend) **Gender:** ND **Age:** ND **Cause of death:** ND **Place of death:** ND **Deceased's age:** ND Death occurred **during** the pandemic	The main results concluded that deaths caused by the pandemic are, due to their characteristics, a complicating factor for bereavement. Furthermore, professionals who had a holistic approach toward the deaths facilitated the process for the family members, being a determining factor in enabling the beginning of the mourning process and reducing anguish for the family members
Cardoso et al. [46] (2021/ Brazil)	To understand the meanings individuals who have lost loved ones in this context assign to the phenomenon of suppressed funeral rituals	**Design:** qualitative research **Instrument:** documents published in digital media containing personal writings and reports of experiences freely and easily available to the public **Theoretical approach:** theory of grief **Data analysis:** Inductive thematic analysis	23	**Bereaved family members** (6 sons, 4 cousins, 3 mothers, 3 daughters in law, 2 nephews, 2 husbands, 1 wife, 1 brother-in-law and 1 grandson) **Gender:** ND **Age:** ND **Cause of death:** COVID-19 **Place of death:** ND **Deceased's age:** ND Death occurred **during** the pandemic	The suppression or abbreviation of funeral rituals is a traumatic experience because family members are prevented from fulfilling their last homage to the loved one who has suddenly passed away, causing feelings of disbelief and indignation

(continues)

Table 1 (continued)

Study (Year/ Country)	Aim	Methods	n	Clinical and demographic characterization	Main results
Mohammadi et al. [47] (2021/ Iran)	To identify the psychological crises which the families of COVID-19 victims are faced with	**Design:** qualitative research **Instrument:** semi-structured individual interviews which were conducted via video call on Whatsapp **Theoretical approach:** ND **Data analysis:** content analysis	16	**Bereaved families** of COVID-19 victims (6 wives, 3 husbands, 5 children, 2 mothers) **Gender:** 9 females and 7 males **Age:** average age 38 years old **Cause of death:** COVID-19 **Place of death:** ND **Deceased's age:** ND Death occurred **during** the pandemic	Emotional shock (including feelings of guilt and rumination, bitter farewell, strange burial and concern about unreligious burial), and fear of the future (including instability in the family, lack of job security and difficult financial conditions, stigmatization and complications in social interactions)
Cordero Jr [48] (2021/ Philippines)	To explore the concept of suffering as experienced by Filipinos during the COVID-19 pandemic	**Design:** descriptive research design **Instrument:** social media posts **Theoretical approach:** themes are then discussed in the light of John Paul II's Salvifci Doloris **Data analysis:** modified form of thematic analysis (Braun and Clarke, 2006)	2	**Bereaved family members** (1 son and 1 daughter) **Gender:** 1 male, 1 female **Age:** 24 and 47 years old **Cause of death:** 2 COVID-19 **Place of death:** hospital **Deceased's age:** ND Death occurred **during** the pandemic	Findings revealed three contextualized themes: *sákit* (pain), *pighati* (grief), and *pag-asa* (hope)

ICU: intensive care unit; IPA: interpretative phenomenological analysis; ND: not described.

pandemic can be understood from two distinct moments, before and after death, which are permeated by suffering arising from situations of abandonment and isolation.

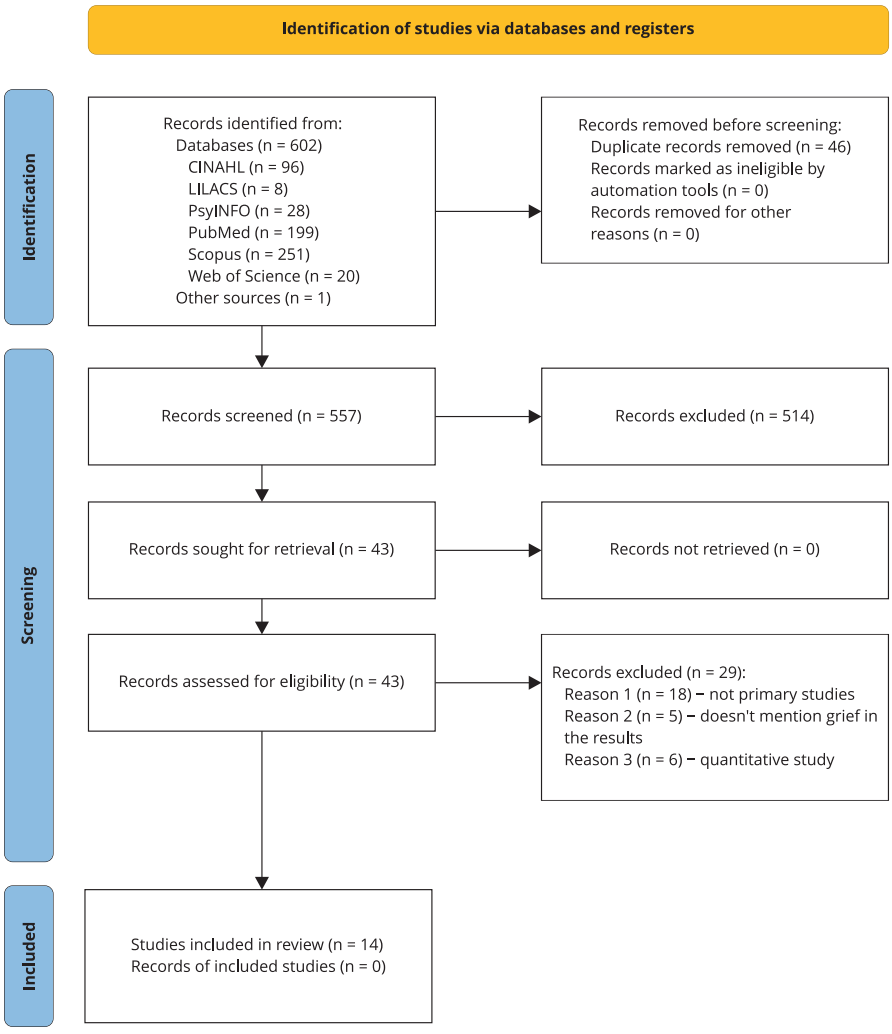
- **Pre-death experiences: abandonment**

The studies described the COVID-19 pandemic as a state of exception in which people (with or without symptoms of the disease) avoided hospitals due to the drastic increase in infected patients. The bereaved family members from the studies reported that, since the beginning of the pandemic, they had concerns about other healthy relatives, relatives already hospitalized due to other health conditions, and also older relatives, especially those residing in nursing homes. There is a constant concern about viral contamination, even in studies in which deaths were not detailed or did not occur due to COVID-19 [35,37,41,42].

Studies in which the deaths occurred due to COVID-19 [36,38,39,40,43,44,45,46,47,48] indicate that, from the moment of diagnosis, the bereaved family members of the infected relative (who later died) expressed concerns about the worsening of the disease, associated with the unpredictability of the future: "*I had a bad feeling after he tested positive. His breathing wasn't good at all. I started to worry that this was the beginning of the end*" (spouse of the deceased, death caused by COVID-19) [44] (p. 846). In these cases, it is possible to notice that the separation between bereaved family members and the infected relative begins with the hospitalization. From the moment of diagnosis, the bereaved family members reported feelings of guilt, with concerns about the inability to protect the infected relative and about the possibility that they themselves were vectors of transmission of the virus to the infected relative who later died. "*I spent a lot of time with my friends and did not follow isolation measures. I keep thinking, reviewing events, ruminating about the death of my father, telling myself that I could have passed the infection to him*" (child of the deceased, death caused by COVID-19) [47] (p. 3).

Figure 1

Flow diagram of study selection according the *Preferred Items for Systematic Reviews and Meta-Analysis Statement* (PRISMA), 2020.



Reports of isolation and helplessness were widely described in the studies, as family members of people diagnosed with COVID-19 faced difficulties in obtaining medical care for themselves and their infected relatives. Among the limitations of care, there is a focus on the lack of personal protective equipment, the lack of professionals in hospitals and the isolation of patients, implying a less constant monitoring of clinical conditions. *"He was lying alone. And they [nursing staff] were allowed to go into his room for two minutes three times a day"* (child of the deceased, unspecified cause of death) [39] (p. 775). Moreover, the impossibility of visiting infected relatives that were at hospitals or nursing homes emphasized the situation of detachment and a feeling of powerlessness, arising from the challenge that there was little they could do to assist in the care. *"It's a cocktail of sensations, there's everything, sadness, anger, frustration, anxiety. You don't know what to do. You're bound hand and foot"* (son of the deceased, death caused by COVID-19) [45] (p. 6).

The perception of health care at this critical moment relied, mainly, on the establishment of clear and direct communication with the health team, which occurred mostly by telephone calls. Since

hospital visits were limited during the pandemic period, health professionals were the main – and often only – means of contact with hospitalized relatives who later died (due to COVID-19 or other causes). Contact with hospitalized relatives and relatives in nursing homes occurred mainly via technologies (phone calls, video calls, or message exchanges). "*They [nursing staff] sent us a photo. The fact that they made this effort despite all the hectic and busy time is very special*" (child of the deceased, unspecified cause of death) [39] (p. 777).

The inability to contact health professionals regularly and the inconsistency of information about the hospitalized relative constituted a great source of anguish, since they contribute to the exclusion of the bereaved family members regarding medical decisions. "*They didn't call back* (...) *You can't just leave people like that in ignorance,* (...) *waiting for a phone call* (...) *It's inhuman to do that*" (son of the deceased, death caused by COVID-19) [45] (p. 5). "*How am I going to make decisions if I'm getting different stories?*" (unspecified relationship, death caused by COVID-19) [43] (p. 872).

While acknowledging the difficulties faced by health professionals, bereaved family members highlighted their fundamental importance: "*their commitment is breathtaking*" (unspecified relationship and cause of death) [40] (p. 1272). Demonstrations of empathy and acceptance by the health teams were fundamental for the family members during the hospitalization of their relatives. Important points to be highlighted were: availability during telephone conversations, explanations about the health situation and about everyday routines during hospitalization, use of understandable (less technical) terms, follow-up of protocols with transparency and responsibility, sharing photos and videos, intermediation of video calls and audio exchanges, and commitment to keeping the hospitalized family member company and communicating messages, especially at critical moments and during the final moments. "*When we asked the nurse to stroke his arm or his forehead, to tell him we were there, I think she did do it* (...). *Even a doctor told us, the night when he died, 'Don't worry, I'm going to stay with him, I'm going to tell him that you're here'*" (sister of the deceased, death caused by COVID-19) [45] (p. 6).

Such care by the health teams contributed to the bereaved family members feeling less helpless. However, the impossibility of accompanying their sick relative during hospitalization, the high dependence on the health team to maintain contact with the hospitalized relative before death, and the impossibility of being present at the time of death are the main factors adding to the feeling of abandonment when experiencing loss. Bereaved family members in the studies reported feeling abandoned by the health teams when they came across difficulties in care and communication. In addition, they reported intense suffering arising from the impossibility of sharing the last moments with the deceased relative; not being able to offer comfort, say and hear last words, fulfill last wishes, offer dignity, or even perform religious practices such as prayers, vigils, or preparation of the body.

The reports from bereaved family members describe, once again, a feeling of guilt in the face of physical distance and the consequent conclusion that they abandoned their deceased relatives at the time of death. The concern with the relative dying alone is a constant in the studies. "*My father died all alone, [...] he was even abandoned for three months, isolated from his family, [...] it's horrible!* (...) *He knew what was happening [...] but that does not replace the emotional emptiness he must have felt*" (daughter of the deceased, unspecified cause of death) [35] (p. 5).

- **Post-death experiences: distances**

The death was followed by further moments of loneliness, as the bereaved family members suffered the loss of a relative without being able to be with other people due to social isolation measures. "*Losing someone is itself very complicated, but to mourn alone is the most unfortunate and scariest thing I have ever experienced in my life*" (granddaughter of the deceased, death caused by COVID-19) [36] (p. 705). Studies where deaths occurred due to COVID-19 or other causes indicate that the previously discussed feeling of abandonment remains after the death of their relative; bereaved family members reported feeling abandoned as a result of the lack of contact with close and significant people. "*We experienced a total isolation. No one from outside was allowed toenter our premises by police* (...). *Dying alone is a complicated thing, but it is more complicated when you are left to grieve alone*" (brother of the deceased, death caused by COVID-19) [36] (p. 706).

According to the studies, solitary bereavement experiences were also related to changes in farewell ceremonies, which did not happen or were radically altered due to the deaths being caused by

the coronavirus as well as other causes. Health and safety guidelines not only kept bereaved family members away from their dying relatives but also kept them away from the deceased's body. "*I was not able to carry my mother's coffin to the graveyard. The closed box also prevented me from seeing her face for the last time*" (son of the deceased, death caused by COVID-19) [36] (p. 703).

Specifically with the deaths caused by the new coronavirus [36,38,39,40,43,44,5,46,47,48], there were many negative impacts associated with the treatment of the bodies, the use of plastic bags and the sealed coffin generated perceptions associated with dehumanization and disrespect for the deceased relative: "*He was treated like a piece of dead meat, he was taken naked, without clothes, they washed him down with disinfectant and he was put in a black bag. It was heart-breaking*" (daughter of the deceased, death caused by COVID-19) [38] (p. 5). Furthermore, the impossibility of performing religious rituals and paying respects was also a source of suffering. "*It is a moral obligation to give the ritual bath to the deceased person, wrap the body in a shroud, and offer the funeral prayers. But unfortunately we were not able to do such things for our grandmother*" (granddaughter of the deceased, death caused by COVID-19) [36] (p. 703).

Despite the existence of alternatives such as the online transmission of ceremonies in which many people could watch and mourn the body virtually, studies highlight that the impossibility of being in contact with the deceased were experienced by the bereaved family members as a "stolen moment", since "*for a civilized society, such as ours, these rituals are important. In a classic death, you can accompany the deceased... But, here, we're missing some fundamental steps in the system!*" (husband of the deceased, death caused by COVID-19) [45] (p. 7).

In this context, the studies highlight the difficulty of assimilating the reality of the loss, since the contact with the death of the relative was experienced with detachment during the pandemic. "*There is a feeling of, of non-ending that haunts me*" (daughter of the deceased, unspecified cause of death) [35] (p. 7). Studies point to a death whose reality is difficult to understand and accept. "*Until recently, I still believed she was still in the nursing home. My grandmother had underlying conditions but she was fine and... not having seen it with my own eyes when she died I find it hard to think that she is not there*" (granddaughter of the deceased, death caused by COVID-19) [38] (p. 5).

Moreover, according to the studies an unresolved death contributed to the sense of unreality of the loss, making it "*hard to grieve. Sometimes, I tell myself she will come back, it's not possible, we didn't bury her*" (daughter of the deceased, death caused by COVID-19) [45] (p. 7). Amid the limitations of in-person meetings and traditional farewell ceremonies, studies point to attempts to make sense of the loss. In addition to the importance of the support from the health team during hospitalization and online transmissions of funeral ceremonies after death, studies report the search for further closeness to the loss, such as the creation of alternative methods of saying goodbye. "*I was given the day and the time of the cremation. That, in itself, was ultra important: it gave us a moment to share collectively. We said, 'At 4 o'clock, we must all stop what we're doing to think about him, it's a way of being together'*" (daughter of the deceased, death caused by COVID-19) [45] (p. 7).

In this context, expressions of condolences offered online, on instant communication apps and social networks, were important to bring grieving people together, reaffirm support and share feelings: "*I feel your pain... Hang in there and I am here for you*" (unspecified relationship and cause of death) [40] (p. 1273). According to some studies, online sharing made it possible for mourners with similar experiences to recognize the scenario of loss and approach their own grief. "*That* [Facebook] *group really made me feel like I belonged to a group of people who had been through the same drama as me and would understand me. We were all united because they had suffered mourning in the same way*" (unspecified relationship, death caused by COVID-19) [38] (p. 6). Finally, proximity to significant people (from a family, religious, or social context) was suggested by the bereaved family member as an essential support factor for coping with the distances present in grief during a pandemic.

- **Pandemic grief: lonely and unresolved**

The findings of the studies selected for this systematic review shows drastic changes in grief experiences caused by the pandemic. In this context, the physical distance between the individual and the deceased relative, before and after the death, made it difficult for the bereaved to assimilate the progress of the illness, death, and their mourning process. The bereaved family members, affected by numerous restrictions (of in-person meetings, follow-up, or hospital visits, of farewell rituals), report

their experience as being unreal. Alongside this, the pandemic adds obstacles to the grieving process, since, according to the bereaved family members, the absence of social support, the impossibility of rituals, the distance from the deceased, and the disrespect given in the treatment of the body contribute to this inconclusiveness. When loved ones died during the pandemic, grief was difficult due to restrictions. Thus, "suspended grief" during the pandemic can become a prolonged process, lacking closure and insoluble sorrow, difficult to experience in itself and marked by the perception of loneliness and difficulties in understanding and accepting the loss.

Discussion

This study aims to present a systematic review and meta-synthesis of qualitative studies on the experience of losing relatives during the COVID-19 pandemic. From the descriptive and analytical themes created, it is understood that the experiences of loss in the COVID-19 pandemic context were drastically marked by the demands of social distancing, restriction of hospital visits, and prohibition or restriction of funeral rites.

The scientific literature suggests that the grief experienced during the COVID-19 pandemic develops particular aspects stemming from this context of crisis. Social isolation – mostly adopted as a measure to contain the virus – negatively affects the grieving process since it impairs the exchange of social support and the monitoring of the deceased during the illness and after death [49,50,51,52,53,54]. Such impact, widely reported by the bereaved family members who participated in the reviewed studies, is in line with the indication that these experiences with loss, intensely affected in the context of a pandemic, affect the mental health of the population and lead to emotional, cognitive, and behavioral changes, possibly culminating in more intense and lasting grieving experiences [12,49,50,55,56]. The literature recognizes, above all, the restrictions and drastic changes that occurred in traditional funeral rituals (with a limit on the number of participants and reduced duration), which, according to the bereaved family members studied, generated suffering and hindered social support, which generated the impossibility of saying goodbye in two different moments, namely: in life, while the deceased relative was hospitalized, and in death, during the funeral rituals [12,49,50,56].

Due to the possibility of transmission of the virus, especially with confirmed deaths from COVID-19, guidelines regarding the handling of the bodies recommended for professionals to forgo some procedures, such as autopsies or washing, and to use impermeable plastic bags to contain fluids [57,58]. The literature indicates that such care has a negative impact on the grieving process [50,56,59,60]; the bereaved family members studied in this systematic review described sensations of dehumanization and disrespect for the deceased relative due to the impossibility of paying final respects.

As alternatives to the traditional rituals which were carried out in person until the onset of the pandemic, the literature points to the use of social networks as a space where bereaved people can share experiences of loss, prayers, and pay tribute. In addition, funerals can be streamed online, allowing a virtual experience and enabling people to say farewell to their loved ones. The studies also refer to the creation of memorials in which photos and information about the innumerable deceased people can be shared [50,56,59,61,62,63]. Thus, the bereaved family members in the selected studies recognized that there were online alternatives to the restrictions to in-person meetings and the performance of traditional rituals, which contributed to dignifying the deaths and accepting the loss. The use of technologies favored online communication with relatives during hospitalization, dignifying the dying process [12,64,65,66] and allowing a closer relationship with health care teams, which may positively contribute to the grieving process [49]. Despite recognizing the importance of humanizing the support toward the bereaved family members and those who died due to COVID-19 [12,66,67], none of the selected articles explored the announcement of death, contrasting with the indications that this is a key moment for the family of the deceased [68,69,70].

Finally, psychological follow-up, which was recognized by the literature as relevant in supporting the bereaved [13,50,71,72], was rarely addressed in the studies selected for this systematic review. Therefore, the challenge presented for health services and managers is identified: to provide the population with spaces to support the bereaved considering this new pandemic scenario [72]. The articulation of

actions among health services is necessary; they can contribute both to the care of individual grief and to the development of new ways of dealing with mass losses. In this sense, not only are follow-ups necessary during a moment of crisis but so are post-crisis strategies focused on the grieving processes that begin during the crisis, which may still present long-term repercussions. In this way, harm to the population's mental health can be prevented [12].

It is therefore important to have a national plan for mental health protection in a pandemic contexts that guides the care practices and contributes to the prevention of mental illness. The COVID-19 pandemic imposed onto several individuals the reality of family loss, allowing the particularities of the moment to be understood. Thus instigating the challenge of providing support to the bereaved [56,72].

Among contributions of this study to clinical practice, we highlight the importance of increasing communication between family members and patients, especially at the time of hospitalization; keeping constant communication between the team and the family members, especially at the time when patients' clinical condition worsens; thinking of alternative forms of farewell rituals, before and after patients' death, and referring their family members to a post-loss psychological evaluation, which may or may not be accompanied by a psychotherapeutic follow-up or grief counseling – a type of psychotherapy used to support people to cope with loss following major life events. One of this study limitations was the lack of key information on the bereaved families that was not available in the articles, such as the type of relationship between the participants and the deceased.

Future studies can be developed to further expand the understanding of the psychosocial impacts of the pandemic, including literature review research that includes, for example, mixed-methods studies or empirical, qualitative, or quantitative research aimed at expanding the data on the grief scenario of family members during the COVID-19 pandemic. The data can help to guide public policies and test intervention protocols to promote psychological support for bereaved family members after the loss.

Conclusion

The results suggested that social isolation, the impossibility of saying goodbye to loved ones, and the absence of farewell rituals were complicating factors in the experience of the bereavement elaboration. In contrast, the possibility of virtual communication, performing online ceremonies, receiving social support even at a distance, and communicating with the health care team were regarded as facilitating factors in the experience of loss. These findings should guide the planning of interventions, both pre- and post-mortem.

Contributors

P. P. B. Sola contributed to the study planning, data analysis, writing and review, and approved the final version to be published. C. Souza contributed to the study planning, data analysis, writing and review, and approved the final version to be published. E. C. G. Rodrigues contributed to the study planning, data analysis, critical review, and approved the final version to be published. M. A. Santos contributed to the study planning and review, and approved the final version to be published. É. A. Oliveira-Cardoso contributed to the study planning and review, and approved the final version to be published.

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Acknowledgments

The authors thank the support from the Brazilian Coordination for the Improvement of Higher Education Personnel (CAPES) and Brazilian National Research Council (CNPq; research productivity fellowship PQ-1A).

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Resumo

A pandemia da COVID-19 causou uma crise de saúde pública com o aumento no número de mortes. Como resultado, o número de pessoas em luto aumentou significativamente. Além disso, as medidas adotadas com o objetivo de controlar a propagação do vírus desencadearam mudanças nas experiências subjetivas e coletivas de luto. Esta revisão sistemática da literatura teve como objetivo resumir e reinterpretar os resultados de estudos qualitativos sobre a experiência de luto devido à perda familiar durante a pandemia, por meio de uma síntese temática. As buscas foram feitas nas bases de dados Web of Science, Scopus, PubMed/MEDLINE, CINAHL, PsycINFO e LILACS. Dos 602 artigos identificados, 14 foram incluídos. As evidências foram avaliadas utilizando-se a ferramenta Critical Appraisal Skills Programme. *Foram elaborados dois temas descritivos relacionados ao objetivo e um tema analítico, nomeado: "Luto pandêmico: solitário e inacabado". Esses temas mostraram-se inter-relacionados e indicam que, nesse contexto, as exigências de distância física, a restrição de visitas hospitalares, a comunicação mediada por tecnologia e a proibição ou restrição de rituais fúnebres impactaram negativamente as experiências de perda. Essas mudanças resultaram em experiências marcadas por sentimentos de solidão e desamparo, que devem ser consideradas no planejamento de estratégias de intervenção que favoreçam a comunicação entre os familiares e o ente querido acometido e com a equipe de saúde, possibilitando o acolhimento e a criação de alternativas para os rituais de despedida. Os resultados podem subsidiar novas pesquisas para testar protocolos de intervenção, especialmente para orientar políticas públicas e promover apoio psicológico ao familiar enlutado após a perda.*

COVID-19; Luto; Pesar; Família; Assistência Terminal

Resumen

La pandemia de COVID-19 ha provocado una crisis de salud pública, con un aumento del número de muertes. Como consecuencia, el número de personas en duelo ha aumentado considerablemente. Además, las medidas adoptadas para controlar la propagación del virus han provocado cambios en las experiencias de duelo subjetivas y colectivas. Esta revisión sistemática de la literatura pretende resumir y reinterpretar los resultados de los estudios cualitativos sobre la experiencia de duelo por pérdida familiar durante la pandemia a través de una síntesis temática. Las búsquedas se realizaron en las bases de datos Web of Science, Scopus, PubMed/MEDLINE, CINAHL, PsycINFO y LILACS. De los 602 artículos identificados, se incluyeron 14. La evidencia se evaluó mediante la herramienta Critical Appraisal Skills Programme. *Se elaboraron dos temas descriptivos relacionados con el objetivo y un tema analítico, a saber: "Duelo pandémico: solitario e inacabado". Estos temas resultaron estar interrelacionados e indican que las experiencias de pérdida en este contexto se vieron negativamente afectadas por los imperativos de la distancia física, la restricción de las visitas al hospital, la comunicación mediada por la tecnología y la prohibición o restricción de los rituales funerarios. Estos cambios se tradujeron en experiencias marcadas por sentimientos de soledad y desamparo, que deben tenerse en cuenta a la hora de planificar estrategias de intervención que favorezcan la comunicación de los familiares con el familiar afectado y con el equipo sanitario, posibilitando la acogida y creando alternativas para los rituales de despedida. Los resultados pueden respaldar nuevas investigaciones para probar protocolos de intervención, especialmente para orientar las políticas públicas y promover el apoyo psicológico al familiar en duelo tras la pérdida.*

COVID-19; Aflicción; Pesar; Familia; Cuidado Terminal

Submitted on 28/Mar/2022
Final version resubmitted on 07/Dec/2022
Approved on 12/Dec/2022