

Impact of the contextual factors regarding the COVID-19 pandemic on bereavement: an integrative review of the literature from a bioethical perspective

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ABSTRACT

The advent of the COVID-19 pandemic has profoundly transformed grief around the world. What are the impacts of context factors regarding the COVID-19 pandemic on dysfunctional symptoms of grief? This is a study with a qualitative approach, integrative review, whose article data collection was carried out in the following databases: Biblioteca Virtual de Saúde (BVS), Portal Brasileiro de Publicações e Dados Científicos em Acesso Aberto (Oasisbr), United States National Library of Medicine (PubMed), Scientific Electronic Library (SciELO) and Web of Science. Thirty-three articles were selected for the analysis. The studies showed different results when the risk factors were detailed individually. However, the pandemic context proved to be a complex element that created vulnerability associated with grieving. Bioethics presents itself as a locus of interdisciplinary discussion for a more profound understanding of the complex specificities and, based on the social and political responsibility of Protection Bioethics to protect vulnerable populations, it is recommended to mental health professionals who intentionally explore the impacts of the pandemic on the grieving process. The suffering of people bereaved during the pandemic must be publicly recognized, offering safe spaces for reception and sharing.

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Introduction

The rise of the coronavirus (Sars-Cov-2), which causes COVID-19, to pandemic status on 11 March 2020, presented humanity with a new scenario (OPAS, 2020).

Globalization has played a crucial role in spreading the pandemic and increasing some of its negative consequences. The ease of transit between the most diverse countries has meant that we have watched helplessly and perplexedly as contamination and deaths have spread around the world. The COVID-19 pandemic has been a great example of global interrelationships and their consequences (Macklin, 2022). This new scenario

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calls for global responsibility, a Global Bioethics sustained by universal values such as dignity and solidarity (Ortiz-Millán, 2022).

COVID-19 was the third leading cause of death worldwide in 2020 and the second in 2021, and it was the leading cause of death in the Americas in both years. It eliminated almost a decade of life expectancy, with a reduction of 1.8 years in global life expectancy and 1.5 years in global healthy life expectancy. The Americas, one of the hardest-hit regions, saw an even more significant reduction of almost three years in global life expectancy and 2.5 years in healthy life expectancy between 2020 and 2021 (OPAS, 2024).

According to official figures from the World Health Organization Emergencies Program monitoring panel, in July 2024, more than 7 million people died from COVID-19 (WHO, 2024). Death on a large scale implies millions of people around the world grieving the death of someone significant in the pandemic context (Akmese et al., 2024).

Ortiz-Millán (2022) stresses that the pandemic is an opportunity to reflect on the ethical challenges of global interdependence and shared vulnerability, highlighting the importance of bioethical principles to guide effective and equitable responses. Thus, from the bioethics perspective, thinking about the contextual factors regarding the COVID-19 pandemic in mourning experienced at a global level can contribute to supporting global interventions and creating broader public policies.

It is important to note that the pandemic has affected not only those directly bereaved by COVID-19. Elective surgeries were canceled, treatments suspended, and during the first wave of the pandemic, family members were unable to accompany their loved ones, say goodbye, or participate in funeral rituals. This social dimension amplifies the impacts on the bereaved during the COVID-19 pandemic, regardless of the death cause of the deceased.

In this sense, the importance of a literature review of the knowledge empirically produced to date on the complex phenomenon of bereavement during the COVID-19 pandemic is presented to understand the impact that contextual variables have had (and continue to have) on the experience of bereavement and on vulnerability to more intense levels of suffering in this bereaved population.

Since bereavement should not only be seen as an intra-psychic phenomenon but one with complex and multidimensional characteristics, and which should be the object of study and research by various sciences, Bioethics is a fundamental tool to increase understanding of this phenomenon globally, providing ethical care and promoting the dignity of people who are vulnerable because of their bereavement.

Materials and methods

This research aims to answer the guiding question: What are the impacts of the contextual factors regarding the COVID-19 pandemic on dysfunctional grief symptoms? To answer this guiding question, the integrative literature review method was used, which is considered the broadest type of review method as it allows the inclusion of diverse methodologies and aims to synthesize knowledge comprehensively (Whittemore & Knafl, 2005). The presentation of the results aimed to meet the recommendations established by the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) (Page et al., 2021). An integrative review does not require prior protocol registration, as it is characterized by flexibility in its methodological approach. However, this study adhered to the recommended principles of rigor, including

defining a clear guiding question, systematic data collection, and synthesis (Souza et al., 2010).

Publications were searched in the following databases: Biblioteca Virtual de Saúde (BVS), Portal Brasileiro de Publicações e Dados Científicos em Acesso Aberto (Oasisbr), United States National Library of Medicine (PubMed), Scientific Electronic Library (SciELO) and Web of Science. The descriptors (Grief* OR Bereavement* OR Mourning*) and (Pandemic* OR Covid*) were used in the databases' title, abstract, and keywords fields, with publication dates from 2020 onwards.

Duplicate studies were excluded, and titles and abstracts were assessed for eligibility. Once the first screening had been conducted, the articles were read to determine their inclusion in this review.

The inclusion criteria for the literature review were empirical studies with quantitative methodology, no limitations as to the language or location of the research, with data from people bereaved during the COVID-19 pandemic due to any cause of death, using validated scales to measure symptoms of grief response and which evaluated contextual variables specific to the pandemic, such as funeral attendance, the possibility of saying goodbye and the cause of death and its impact on grief reactions. Literature review articles, letters to the editor, commentaries, editorials, opinion articles, theoretical studies, empirical methodology that did not meet the inclusion criteria, studies with the same data sample, and theses and dissertations were excluded.

Results

Based on the criteria described above, 2,889 articles were retrieved, of which 1,484 were excluded because they were duplicate studies. After checking titles and abstracts, 76 articles remained to be read in full. This procedure resulted in 33 studies that form part of this literature review, as shown in the flowchart (Figure 1).

Of the 33 studies selected for analysis, only one article was written in Portuguese, while all the others were in English. The research is predominantly located in Europe, with 15 studies; nine originated in North America, eight were conducted in Asia, and one was conducted in South America.

In terms of method, 30 studies took a quantitative approach, and three followed a mixed approach. Thirty studies were cross-sectional, and three were longitudinal.

The studies mainly collected data between 2020 and 2021, involving a total sample of 13,023 people, predominantly female. Twenty-four studies covered individuals bereaved by a wide range of causes of death, including COVID-19, while eight studies specifically focused on those bereaved by COVID-19. One study did not differentiate bereavement related to COVID-19 deaths from other types of loss and did not provide specific details regarding such losses.

The results showed categories of the main impact of the pandemic context on dysfunctional grief responses, coping resources, clinical implications, and challenges for Public Health.

Circumstances of death: impact of not being able to visit and say goodbye to the deceased person

Two studies carried out in the United States with people bereaved only by COVID-19 point to the feeling of guilt for not having been able to be present to say goodbye to

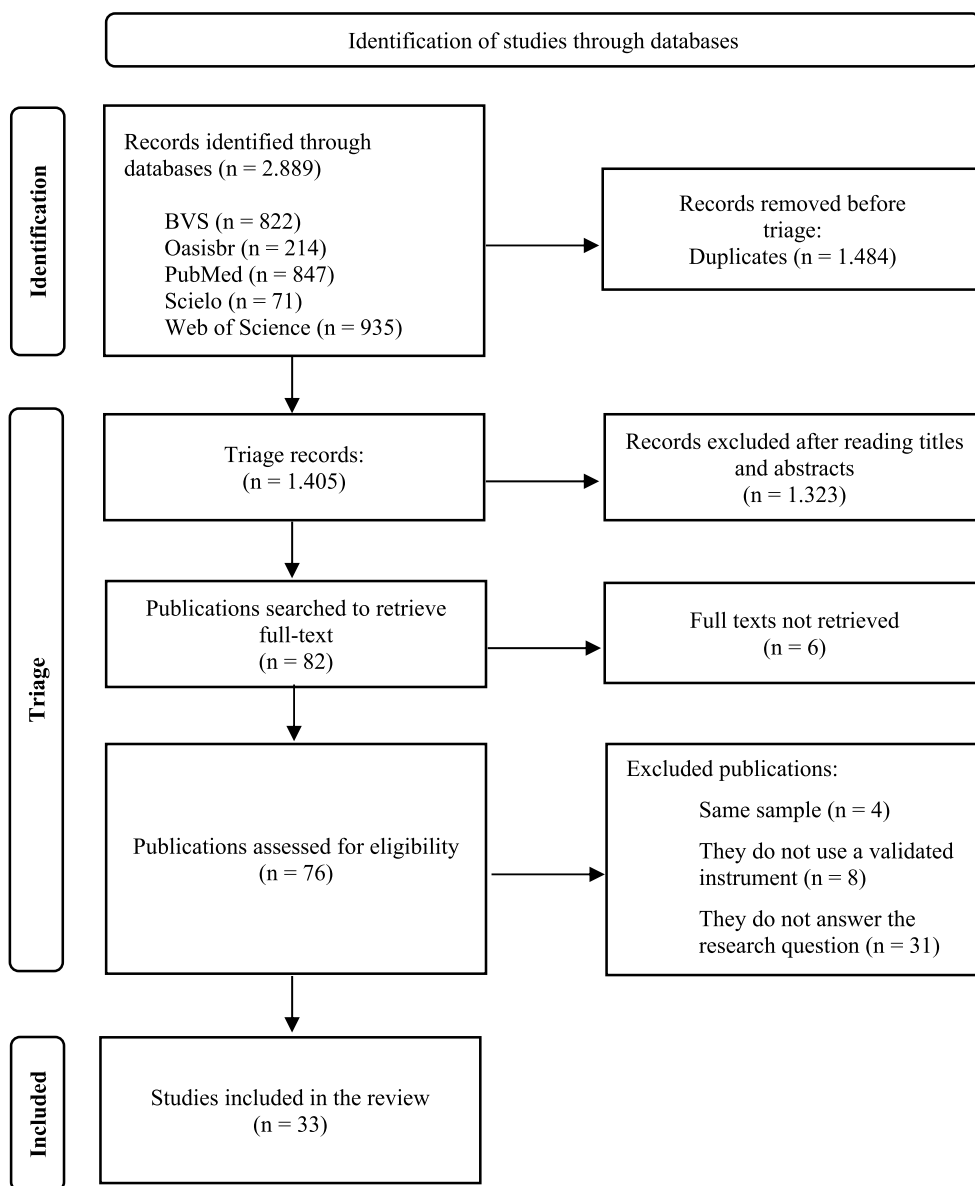


Figure 1. PRISMA flowchart of study selection.

Source: Research data, 2024.

the deceased as a critical element that emerged in the results and found a strong correlation of this factor with acute grief and higher functional impairment, suggesting that the feeling of guilt and rumination are elements that impact on dysfunctional grief responses (Chen, 2024; Neimeyer & Lee, 2022). Chen (2024) adds that the impossibility of being physically present and saying goodbye only virtually, either by video or telephone, elicited higher levels of suffering related to acute bereavement, being associated with feelings of regret, sadness, and guilt. Eisma and Tamminga (2022) showed similar

results for the highest symptoms of acute grief, considering that unexpected death and the impossibility of saying goodbye appear as important variables for understanding the phenomenon.

In contrast, studies carried out in the UK (Selman et al., 2022), Germany (Büssing & Baumann, 2023), and China (Zou et al., 2023) found no significant differences between people who were able to visit and say goodbye before the death and those who were unable to do so. These were not associated with higher levels of grief or need for support (Selman et al., 2022) or psychological well-being (Büssing & Baumann, 2023).

In longitudinal studies, this type of restriction appears to be strongly correlated with acute bereavement (Palm et al., 2023) but with little effect on long-term bereavement symptoms (Harrop et al., 2023).

Regarding the impact of the place of death on grief symptoms, in the British context, a significant association was found between lower dysfunctional grief symptoms and the need for support when the person died during in-home care compared to other places (Selman et al., 2022). In the German context, there was no significant influence on indicators of bereavement and psychological well-being when comparing places of death (hospital, hospice, or home) (Büssing & Baumann, 2023).

Death by COVID-19: implications of the unpredictability of death on grief

The main objective of five studies was to analyze the unique circumstances of COVID-19 deaths when compared to other causes of death, but with methodological differences: four studies compared three large groups: COVID-19 deaths, natural deaths, and non-natural deaths (Breen et al., 2022; Eisma & Tamminga, 2022; Gang et al., 2022; Lenferink & Boelen, 2023). Shahini et al. (2022) compared only two groups: deaths from COVID-19 and deaths from other causes (non-COVID-19).

Gang et al. (2022) found significant differences in probable prolonged grief when comparing deaths from COVID-19 with deaths from dementia, following the same trend for other natural causes but with no differences for non-natural deaths. Eisma and Tamminga (2022) corroborate the result and point to the preparation for death and the possibility of saying goodbye in the case of natural deaths as a possible explanation for this effect, which was not the case with COVID-19 deaths and non-natural deaths.

Other authors have also found significant differences in dysfunctional grief responses, but when comparing only two groups: COVID-19 deaths and other causes of death (Majid et al., 2022; Selman et al., 2022), violent and natural deaths (Akmese et al., 2024) and unexpected and expected deaths (Cherblanc et al., 2023).

In contrast, other studies have found no differences in responses to grief when considering the causes of death by COVID-19. Breen et al. (2022) found that almost three-quarters of the sample had significant dysfunctional grief symptoms. However, there was no significant difference between the bereaved when comparing the causes of death (COVID-19, natural and non-natural causes), both in terms of grief and functional impairment.

Lenferink and Boelen (2023), in a more recent study and after a more extended period of mourning, did not find any significant differences between COVID-19 deaths and the two other groups of mourners (natural and non-natural deaths). The authors consider that the differences can be explained by the time when the data was collected (the

most critical moments of the pandemic) and that, over time, they have cooled down so that the differences detected in acute bereavement were not confirmed in prolonged bereavement, contrary to initial expectations.

Other studies also found no statistically significant differences in dysfunctional grief symptoms when comparing COVID-19 deaths and other causes of death (Blanckenburg et al., 2023; Chen, 2024; Salisbury et al., 2022; Shahini et al., 2022; Şimşek Arslan & Buldukoğlu, 2023; Yıldırım, 2023).

The first longitudinal studies converge in the results presented. Harrop et al. (2023) argue that, although the prevalence of prolonged grief in people bereaved during the pandemic is higher than in people bereaved before the pandemic, no significant effect was found on symptoms of prolonged grief disorder by cause of death (COVID-19 vs. non-COVID-19) when all other factors were controlled.

Lapenskie et al. (2024) present the same results considering the bereaved relatives of people who died in an intensive care unit. They point out that in more than a quarter of the sample, there was a longitudinal worsening of grief symptoms, which were not associated with the cause of death but rather with the fact that the deceased had undergone endotracheal intubation.

Palm et al. (2023), based on the Dual Grief Model, found that the cause of death by COVID-19, compared to other causes, resulted in more severe responses in acute grief (grief for less than six months). Longitudinally, contextual variables specific to the pandemic (including death from COVID-19) were not predictive of higher rates of prolonged grief disorder, with only acute grief and self-reported well-being being found as predictors. The authors consider that, since the contextual variables of the pandemic have affected the most severe responses to acute grief and this is a predictor of prolonged grief disorder, it is possible that although the direct effect has not been detected longitudinally, the contextual variables exert a mediating effect on extended grief.

Restrictions on funeral rites: consequences for responses to pandemic mourning

Several studies have sought to understand the impact of participation restrictions in funeral rituals during the COVID-19 pandemic on responses to grief over time. Although many bereaved people report having had difficulty paying tribute to the dead in the way they think is appropriate, the studies present different results.

Two studies have looked at this impact on religious samples of Muslims (Kaya et al., 2024) and Jews (Drucker et al., 2023) since these religious denominations presuppose both rituals concerning the deceased (such as preparing the body) and specific funeral rites and post-funeral customs that involve community participation.

Kaya et al. (2024) found a significant correlation between the perception of restriction in the performance of funeral rites and more severe responses to grief in the Muslim sample, with this perception being a predictor of complicated grief. Contrary to the study's initial expectations, Drucker et al. (2023) found no statistically significant differences in complicated grief between Jewish people who did and did not participate in the rituals and shiva. The authors consider that this could be explained by the fact that social distancing and restrictions were part of the complexity of the pandemic for the whole world, perhaps cooling the impacts of this variable on complicated grief (Drucker et al., 2023).

Dyregrov et al. (2023), in a study carried out in Norway with fathers and mothers who lost their children during the pandemic (the vast majority during pregnancy or at birth), found that seeing the body of the dead child was associated with lower scores of complicated griefs, but with limited correlation between participation in funerals and levels of grief response.

Considering bereaved people in general, more significant reported restrictions on participation in funeral rituals were also associated with more dysfunctional grief responses in the Portuguese (Manquinho et al., 2024), German (Blanckenburg et al., 2023), British (Selman et al., 2022) and Italian (Bovero et al., 2022; Vincenzo et al., 2024) contexts.

Harrop et al. (2023), in a longitudinal study in the UK, showed that restrictions on funeral rites had a minimal effect on dysfunctional grief responses when other variables were controlled for in the model.

Mitima-Verloop et al. (2022), in a study involving several European countries with the specific aim of verifying the impact of funeral rites on bereavement symptoms by comparing the pre-pandemic and pandemic periods, evaluated in depth various aspects of the experience with funerals, such as “performing of collective and individual rituals, and the helpfulness of collective, individual and helpful alternative rituals” (p.4). Although people bereaved during the pandemic reported a negative experience with funeral rites, no significant differences were found with bereaved people before the pandemic nor a relationship between participation in funeral rites and grief symptoms.

Other studies did not find statistically significant relationships between limiting funeral attendance and more dysfunctional grief responses (Chen, 2024; Cunha et al., 2023; Şimşek Arslan & Buldukoğlu, 2023; Zou et al., 2023).

Cherblanc et al. (2024) present two comparisons for the same study carried out in Canada: using traditional statistical analysis, no significant differences were found in the prevalence of prolonged grief disorder or the average grief response score when comparing the number of funeral rituals that were restricted by the COVID-19 pandemic. On the other hand, when analyzing the predictive model using machine learning, the protective role of funeral rites in grief complications seemed to be confirmed.

Isolation and limitations in social support: the role of family, friends and healthcare staff in the bereavement process

The perception of having received social support was shown to be a protective factor in dysfunctional responses to bereavement (Bovero et al., 2022; Zou et al., 2023). When comparing three potential risk factors (loneliness, the possibility of saying goodbye, and funeral rituals), only loneliness was associated with symptoms of acute bereavement (Zou et al., 2023).

Selman et al. (2022), in a cross-sectional study in the British context, showed that the experience of social isolation and loneliness resulted in more intense grief responses and a greater need for emotional support. On the other hand, better perceptions of support from the healthcare team were associated with lower levels of dysfunctional grief responses and emotional needs.

Harrop et al. (2023) stated that longitudinally and for the same context, the results remained the same: social isolation and the perception of having been well supported by health professionals were essential experiences in understanding predictive and

protective regarding prolonged bereavement. They add that, like the results found baseline, loneliness and social isolation take root as strong predictors of prolonged bereavement symptoms. On the other hand, the perception of having been supported by the healthcare team immediately after the death played an essential protective role in vulnerability to bereavement and prolonged grief symptoms. Büssing and Baumann (2023) also highlight the importance of the healthcare team's perception of having provided support to the deceased, which showed a negative and moderate correlation with complicated grief scores.

Two studies compared bereaved people before and during the pandemic. Eisma and Tamminga (2020), when comparing dysfunctional grief responses between those bereaved by natural and non-natural causes (without specifying COVID-19 deaths) in the two periods, found no differences regarding perceptions of the social support received. Akmese et al. (2024) found higher levels of complicated grief among those who lost a person during the pandemic than beforehand, but no significant difference in the perception of social support between the groups. In this sense, they point to the use of technology to maintain contact as a possible explanation, as well as sharing the same physical space with family and significant people during the lockdown.

The pandemic context: a complex set of risk factors to consider

Studies present the pandemic context as a complex set of interactions that appear to impact various emotional reactions to the experience of grief in this unique context. Beyond analyzing individual variables, their complex interactions suggest higher complicated/prolonged grief levels.

Neimeyer and Lee (2022) developed and psychometrically validated the Pandemic Grief Risk Factors (PGRF) scale. This 10-item instrument aims to measure the circumstantial and singular risks of the grief experience during the pandemic and its relationship with more severe reactions to grief and functional impairment. The purpose was to empirically examine the association of these factors with the results of grief symptoms, offering an assessment of the contextual complications in adapting to loss during the COVID-19 pandemic.

The psychometric validation study of the PGRF revealed that all the circumstantial risks of the pandemic measured by the scale's items were strongly correlated with grief symptoms and showed a strong positive correlation with both functional impairment and dysfunctional grief symptoms (Neimeyer & Lee, 2022).

Caycho-Rodríguez et al. (2022) corroborate this finding in the Peruvian context. Breen et al. (2023) substantiate this result by finding a positive, strong, and significant correlation between the risk factors measured by the PGRF and dysfunctional bereavement symptoms, post-traumatic stress disorder (PTSD), functional impairment, and higher overall suffering levels.

Akmese et al. (2024), in a comparative study, state that people who lost someone important during the global COVID-19 pandemic reported higher levels of complicated grief than those who suffered grief in another contextual period, pointing to the context variable and its intersections as a predictor of higher levels of dysfunctional grief.

Coping strategies, clinical implications, and the importance of public policy

Alternative rituals, in times of health restrictions, have been shown to mitigate systems of dysfunctional bereavement (Dyregrov et al., 2023; Manquinho et al., 2024; Mitima-Verloop et al., 2022; Neimeyer & Lee, 2022). This role is made tangible by the possibility of paying tribute via social networks (Manquinho et al., 2024; Vincenzo et al., 2024), lighting candles, or wearing items paying homage to the deceased (Manquinho et al., 2024).

Neimeyer and Lee (2022) point out that religious figures, celebrants, and the general population's familiarity with online celebrations may have contributed to alternative rites being seen as a possible way of honoring the deceased, helping to recognize the change in the social identity in terms of the bereaved, and reaffirming a sense of community.

Mitima-Verloop et al. (2022), even without finding a direct relationship with grief symptoms, suggest that the study's results indicate that people began to respond resiliently to death during the pandemic, using alternative funeral rites, for example. They also highlight the importance of looking at funeral rites and their importance beyond levels of grief symptoms.

Akmese et al. (2024) highlight the potential importance of using voice and video calls to maintain contact and the perception of being supported, even if physical presence is impossible. In this sense, shared humanity appears as a potential coping resource. The sense of community and promoting empathy and support may have reduced guilt (Gang et al., 2022) since the pandemic restrictions affected the whole world (Akmese et al., 2024; Gang et al., 2022).

Even so, grief levels during the pandemic require specific efforts and care since the COVID-19 pandemic has changed people's perception of death and the experience of mourning (Tang & Xiang, 2021). This experience can hinder the process of assigning meaning, increasing feelings of loneliness, anguish, and guilt (Kaya et al., 2024) and is associated with higher risks of suicidal ideas and depression (Drucker et al., 2023). The use of alcohol and psychoactive substances as a way of coping with grief (Neimeyer & Lee, 2022), and these feelings can remain over time, hindering the process of accepting death (Harrop et al., 2023).

From a clinical point of view, it is suggested that mental health professionals should intentionally explore the impacts of the global COVID-19 pandemic, regardless of the cause of death (Akmese et al., 2024) and offer specific psychotherapy in bereavement processes for people with symptoms of prolonged grief disorder (Büssing & Baumann, 2023).

From a social perspective, it is important to publicly recognize the suffering of those bereaved during the pandemic and create and offer safe spaces to welcome people and share their experiences (Palm et al., 2023).

Selman et al. (2022) reinforce the need for local and national policies as strategies in Public Health and promote initiatives such as compassionate communities to strengthen, support, and learn from the community so that informal and community support can also be offered to the bereaved.

Discussion

At first glance, study findings seem to provide inconclusive results on the impact of contextual variables regarding the pandemic on higher levels of grief. When the variables

analyzed are evaluated individually, the results are indeed inconclusive. Some factors could explain the different results presented by the studies: the place where the research was carried out, specific characteristics of the sample that made up the study, and, in particular, factors directly linked to the country's context, such as the degree to which the pandemic has affected the population studied, eased access to healthcare and the COVID-19 vaccine, social and political issues that may have acted as protective or risk factors, depending on the region studied.

Even the restriction on funeral rite participation (and its possible impact on more acute and dysfunctional grief responses), a central theme of discussion in several studies at the beginning of the pandemic, did not show conclusive results on its impact on higher levels of grief, corroborated in the pre-pandemic review by Burrell and Selman (2022).

On the other hand, when the pandemic context and its multiple variables are understood in an integrated way and their complex interrelationships, then the studies are unanimous in noting both a higher level of suffering in the bereaved population during the pandemic in terms of the prevalence of complicated grief/prolonged grief, and its relationship to the exceptional context of this pandemic. Results indicate that more than COVID-19 as a cause of death (or any other variable assessed on an individual basis), experiencing death during the COVID-19 pandemic was a universal stressor and precipitated tremendous suffering about grief (Breen et al., 2022; Selman et al., 2022).

Based on this question, the Bioethics of Protection can provide elements to reflect on the complex results found since it starts from a bioethical imperative to work for the relief of suffering (Kottow, 2008a).

Many people bereaved during the COVID-19 pandemic are in pain, and “suffering is not itself an organic experience, although it can be an undesired companion of pain. Suffering is not primary, like pain, but presents itself with reflections, searches for meaning, attempts at explanation” (Kottow, 2008a, p. 59). Moreover, mourning experiences during the pandemic have often made it difficult to attribute meaning and significance to what has been experienced. They can contribute to greater levels of suffering (Breen et al., 2022).

Through the lens of Bioethics of Protection, it can be understood that the population bereaved during the COVID-19 pandemic is vulnerable. Vulnerability is a complex concept, not always consensual. For this discussion, we will use Kottow's (2008b, p. 341) definition of vulnerability, which includes three dimensions:

Human vulnerability is manifested on three levels: first, the fragility of staying alive, referred to as vital vulnerability; second, subsistence vulnerability, related to the difficulties in securing the biological elements necessary to sustain and develop oneself; third, existential vulnerability, which includes social vulnerability, encompassing the challenges that threaten the pursuit of the life project each individual strives for.

According to the results of this study, bereavement during the pandemic can represent an existential vulnerability. People who experience high levels of suffering due to bereavement are vulnerated, wounded people. According to Schramm (2008, p.20), vulnerated people are those “(...) directly affected, being in the existential condition of not being able to exercise their potential (capabilities) to have a dignified and quality life”.

Thus, the Bioethics of Protection, by calling for the principle of responsibility (Possamai & Siqueira-Batista, 2022), implies that society and competent institutions are committed to providing the necessary resources to care for this bereaved population, whether they are vulnerable due to the pandemic context or due to their bereavement. Health professionals, especially mental health professionals, must be prepared to welcome and provide ethical and compassionate care.

Final considerations

Understanding the impact of dysfunctional symptoms on pandemic bereavement is still in its infancy. Given the topicality of the issue and the short time that has passed since the event, there is a need for more time for new studies to be produced, with greater temporal distance, as well as longitudinal follow-up studies, which can contribute to understanding the impact of this unprecedented experience. Although the world is aware of other pandemic experiences, COVID-19 has the uniqueness of a globalized, computerized, connected time with high-precision technologies, resources, and high-quality health knowledge (especially in vaccine production). Therefore, there is no way to compare this with other historical pandemics.

Although the results of the studies presented are inconclusive on the impact of the specific variables of the pandemic on the higher levels of suffering resulting from dysfunctional grief symptoms, they are unanimous regarding the effect that the pandemic context, in its complexity and interrelationship, has had on the phenomenon.

In this sense, the contributions of Bioethics, as an interdisciplinary field of knowledge, are of vital importance. The pandemic (and its mourning) has reached unprecedented heights, mainly due to the globalization process. The Bioethics of Protection, in its understanding that the population bereaved due to the COVID-19 pandemic is vulnerable in its contextual grief, and that for some, this grief can reach severe levels of incapacitating suffering (making them vulnerated), reinforces the role of Bioethics and its social responsibility towards this suffering population.

This study has both limitations and strengths that should be acknowledged. One limitation is inherent to the integrative review methodology itself. While it allows for the inclusion of diverse methodologies and provides a comprehensive synthesis of available knowledge, it does not involve a formal critical appraisal of the methodological quality of the included studies. This could limit the depth of the analysis concerning the reliability of individual study findings. However, the strength of this study lies in its broad scope. By synthesizing the current state of quantitative scientific literature on grief in the context of the COVID-19 pandemic, it provides valuable insights into the impacts of this global health crisis on bereavement. The study offers an up-to-date overview of quantitative evidence, which can inform future research, policy-making, and interventions targeting grief-related vulnerabilities in pandemic contexts.

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