

Jared Smith

PICU PICOT Assignment

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Question:

In families of terminally ill pediatric patients how does individualized bereavement as a standard of care, compared to no bereavement care or follow up with the families, improve coping and reduce risks of psychological effects for the family.

Summary:

Death unfortunately is a part of life and grieving a normal response. Any death can leave a loved one with the inability to cope as they try to adjust to the new normal however, for a parent the loss of a child is considered one of the most difficult losses a person can endure. Parents experience grief from the moment their child is diagnosed through the progression of their condition and finally with their death, and even take on the burden of grief from the child and their siblings. "Although care standards state that providing bereavement care to parents is an important aspect of end-of-life care, such care is not yet routinely implemented in most hospitals"(Kochen et al., 2020) "Even though most deaths of children in the United States occur in hospitals, bereavement care provided by hospitals is highly variable, and little attention has been directed to how hospitals can best support grieving parents."(Morris et al., 2017) Most interventions for bereaved parents are only practice based and are not a standardized part of care at all pediatric hospitals. "To enhance the implementation of bereavement care for parents, an overview of interventions which are replicable and evidence-based are needed" (Kochen et al., 2020) In 2020 research was done both online through journals and directly at pediatric hospitals to determine what types of bereavement care are being provided, what kind of results are seen from these interventions, and attempt to create evidence to standardize care. "Five overarching components of intervention were identified covering the content of all interventions. These were: the acknowledgment of parenthood and the child's life; establishing keepsakes; follow-up contact; education and information, and; remembrance activities." (Kochen et al., 2020) Though there is a lack of empirical data to support the effectiveness of these interventions, the research was able to show that theoretical evidence supports the use of these interventions for all bereaving parents. "Pediatric bereavement programs have the potential to facilitate the healing and adjustment of bereaved parents and families after the death of a child by providing information, guidance, and support."(Morris et al., 2017) "Parents should be presented with a range of interventions, covered by a variety of theoretical components, and aimed at supporting different needs. Bereavement interventions should focus

more on the continuous process of the transition parents experience in readjusting to a new reality.” (Kochen et al., 2020)

Conclusion:

While there are many theoretical interventions out there that may have significant clinical effect for bereavement care, unfortunately there seems to be a lack of data or evidence to create a standardized method of care. Because there is no standard for bereavement care at most hospitals some hospitals may be lacking in the support they offer to the families of the deceased. These studies show that five overarching components especially resonated with parents and helped them to cope with the loss of a child. By following up with the parents it continues to validate their feelings and the child’s life which leads to a decrease in the risks associated with the psychological effects of grief and the loss of a child. More research must be done and further data collected to create a base of evidence which can standardize bereavement care and support families and parents allowing them to grieve in a healthy supported environment and adjust to their new reality.

Work Cited:

Primary source

Kochen, E. M., Jenken, F., Boelen, P. A., Deben, L. M. A., Fahner, J. C., van den Hoogen, A., Teunissen, S. C. C. M., Geleijns, K., & Kars, M. C. (2020). When a child dies: a systematic review of well-defined parent-focused bereavement interventions and their alignment with grief- and loss theories. *BMC Palliative Care*, 19(1).
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Secondary source

Morris, S. E., Dole, O. R., Joselow, M., Duncan, J., Renaud, K., & Branowicki, P. (2017). The Development of a Hospital-Wide Bereavement Program: Ensuring Bereavement Care for All Families of Pediatric Patients. *Journal of Pediatric Health Care*, 31(1), 88–95.
<https://doi.org/10.1016/j.pedhc.2016.04.013>

Tertiary source

Borgman, C. J., Meyer, M. C., & Fitzgerald, M. (2014). Pediatric Bereavement Services: A Survey of Practices at Children's Hospitals. *OMEGA - Journal of Death and Dying*, 69(4), 421-435. <https://doi.org/10.2190/om.69.4.e>