



Nurses Grief as a Reaction to Patient Death in Pediatric Units of BPKIHS

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ABSTRACT

Introduction: Grief is a phenomenon that every human being eventually experiences. As healthcare providers who are in close contact with dying patients, nurses are vulnerable to experience grief. However the emotional aspect of nurses' response to the death of patient has already been explored.

Objective: Objective of the study were to assess the level of grief that nurses experiences upon the death of patient and factors that affects the level of grief.

Material and methods: A descriptive cross sectional study was carried out to assess the nurses' grief as a Reaction to Patient Death in Pediatric Units of BPKIHS. Semi structured questionnaire was designed to obtain nurses personal characteristics, death attitude profile adopted by Wong, Reker and Gesser (1994). Data were analyzed using descriptive statistics.

Result: The result showed that all the nurses showed various level of grief on death of patient of patient they had taken care of. The feeling of grief was more among nurses who were new and recently posted in pediatric wards. Duration of interaction with the patient found to be major appealing factor for grief among nurses. Senior nurses less often miss the patient if the bed was occupied by another patient.

Conclusion: All nurses have some degree of grief after death of their patient however it is more among new nurses.

Keywords- *Grief; Death; Nurses; Children*

INTRODUCTION:

“Grief’s is a phenomenon that every human being will eventually experience” (Brunelli, 2005). As healthcare providers who are in close contact with dying patients, nurses are vulnerable to experience of grief. However, the emotional aspect of nurses' responses to the death of their patients has barely been explored. Most of the studies related to patients' death focus on the patient's relatives and significant others. Other researches explore the nurse's role as one who offers emotional support to the grieving family. This leaves the nurse's own emotional needs unaddressed. Although the nature of their profession demands that they maintain a certain degree of emotional detachment from their patients, nurses may still feel that the death of their patient is their personal loss. For example, it may be close to impossible not to be emotionally attached to patients, especially if the patient was a child whose death was due to a terminal illness such as cancer that has experienced much pain to suffering prior to his/her death. In addition to this, limited studies in this area of nursing experience presents a problem on how nurses manage and cope with their grief, sine little is known about factors that affect it and the degree to which these factor influence their grief level. Due to the demands of their profession, nurses may have to suppress their grief to respond to duty's call. This prevents them from undergoing the normal grieving process, which results to a range of consequences from burnout to potentially harmful addictions (Brosche, 2003). This gives rise to the need to study and investigate not only the factors that affect the intensity of their grief in order to have a more definite target for interventions addressing emotional stress management.

OBJECTIVES

Objectives of the study were:

- a. To assess the level of grief that nurses experience upon the death of their patient.
- b. To assess the factors that affect the level of grief that nurses experience upon the death of their patient.
- c. To correlation between the levels of nurses' grief with selected demographic variables.

METHODOLOGY

Design:

A descriptive cross sectional study was used to assess the nurses' grief as a reaction to patient death in pediatric wards of BPKIHS.

Setting:

The study was conducted in the Pediatric wards (Unit I & II), NICU, PICU and Nursery of B.P. Koirala Institute of Health Sciences. The Ward contains 71 beds with occupancy rate of more than 90%. The Pediatric wards assume to have an average 5-8 nursing staff each shifts.

Population:

The population in the study was nurses working in the pediatric wards.

Sample:

All the Nurses working in Pediatrics wards of BKIHS were enrolled in the study. The sample size of the study was 90 nurses.

Sampling:

All the nurses meeting sampling criteria and willing to participate were provided enrolled in the study.

Statistical analysis:

Descriptive statistics frequency, percentage, mean and standard deviation were used for analysis. Chi square test was used to find out the association with selected demographic variables. All p- values less than 0.05 were considered as statistically significant.

Ethical consideration:

The study was approved by the Ethical Review Committee of institution. Letter of permission was taken from respective administration. Written informed participants were obtained from participants. Privacy and confidentiality was maintained throughout the study period.

Instrument:

The tool consisted of three parts.

Part I: It included questions designed to obtain the nurse's personal characteristics being studied.

Part II: It was a Death Attitude Profile adapted from a scale developed by Wong, Reker and Gesser (1994). It is a 32-item questionnaire, each of which is measured by a five-point Likert scale, used to determine whether one's attitude towards death is approach acceptance, fear of death, death avoidance, neutral acceptance or escape acceptance.

Part III: The third part of the tool is the Core Breavement Items (CBI) Scale, a 17-item questionnaire utilizing a four-point Likert Scale, developed by Burnett, Middleton, Raphael Martinek (1997) to measure levels to grief. Each item was cored and interpreted separately, so that the variables studied correlated with the individual items. Classifications are Low (total score <21), Moderate (total score 22-35), and High (total score >35) levels of grief.

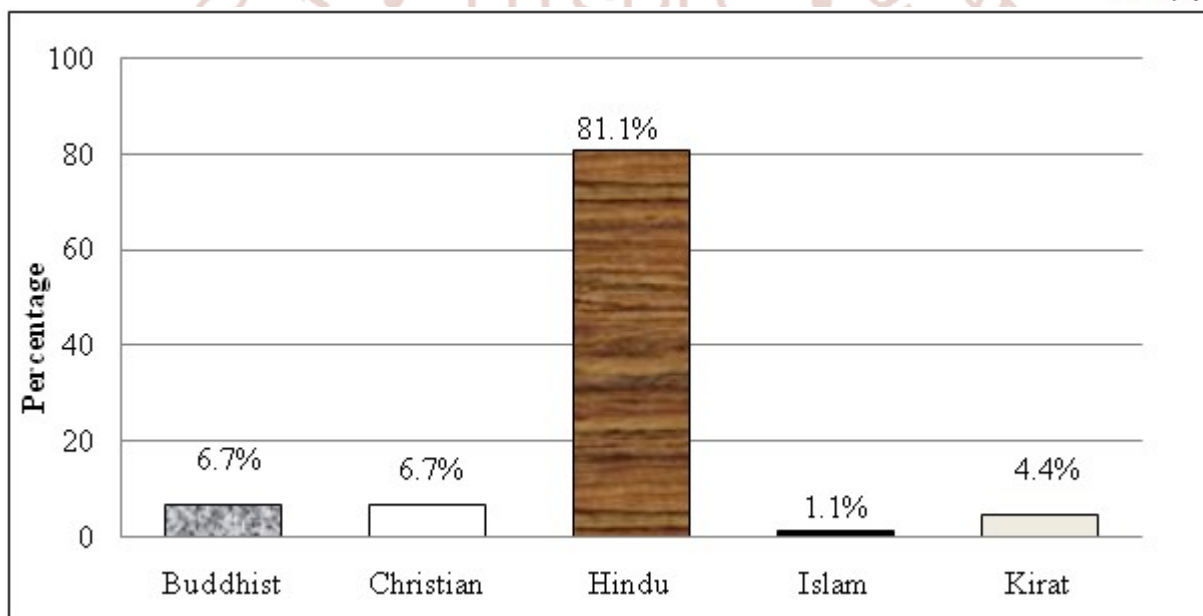
RESULTS

Among 90 participants majority were from age group 20-34 years i.e. 77.8%. Similarly 52 i.e. 57.7 % were Staff Nurses and 53 i.e. 58.9% were married.

Table 1: Demographic Characteristics

n=90`

Variable	Category	Frequency	Percentage (%)
Age in years	<20	08	08.9
	20 – 34	70	77.8
	≥35	12	13.3
Post	ANM	28	31.1
	Staff Nurse	52	57.7
	Senior Staff Nurse	10	11.1
Marital Status	Unmarried	37	41.1
	Married	53	58.9

**Figure 6: Religion of the Nurse**

Finding showed the religion of the respondents where majority 73 nurses that is 81.1% of the respondents were Hindu following Buddhism, Christianity, Kirat and Islam religion were 6.7%, 6.7%, 4.4% and 1.1% respectively. There were no statistically significant relationship between grief and religion.

Table 2: Experience in Nursing

n=90

Variable	Category	Frequency	Percentage (%)	P Value
Nursing Experience	<5years	67	74.4	0.991
	5-10 years	15	16.7	
	>10 years	08	8.9	
Nursing Experience in Pediatric Wards	<1year	72	80.0	0.999
	1-5 years	12	13.3	
	>5 years	06	6.7	
Duration of caring the Patient	<5 days	11	12.2	0.999
	5-10 days	23	25.6	
	>5 days	56	62.2	

Majority of nurses 67 i.e. 74.7% had less than 5 years of experience in aggregate in nursing while 72 i.e. 80% nurses had less than one year of experience of working in Pediatric Wards.

Table 3: Level of Grief among Nurses

n=90

Variable	Category	Frequency	Percentage (%)	Mean (SD)	P Value
Grief among Nurses	Low	38	42.2	26.38 (±11.13)	0.978
	Moderate	44	48.9		
	High	08	08.9		

Almost all the nurses showed low to moderate degree of grieving. Among these maximum 44 nurses that is 48.9% showed moderate grief with mean and standard deviation of 30 and ± 19.28 . At the same time it is not statistically significant.

Apparently duration of interaction with the patient found to be major appealing factor for grief among nurses. Senior nurses less often miss the patient if the bed was occupied by another patient.

CONCLUSION

A study among 90 nurses working in pediatric units of BPKIHS, were assessed for grief they perceived after the death of the children they were caring showed that all nurses undergo grieving.

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