

Working session 6: Miscellaneous

BEREAVEMENT IN PEDIATRICS: THE EXPERIENCE OF THE NURSES OF AN ITALIAN PEDIATRIC HOSPITAL

(1) Pellegatta F, (2) Tringali E, (3) Colella F, (4) Sannino P

1 RN, Pediatric Palliative Care Homecare Service and Pediatric Hospice, VIDAS Association, Milan, Italy

2 RN, Pediatric Department, IRCCS Ca' Granda Foundation, Policlinic Hospital, Milan, Italy

3 RN, Neonatal Department, IRCCS Ca' Granda Foundation, Policlinic Hospital, Milan, Italy

4 RN, Pediatric Nursing degree, University of Milan, Italy

Introduction

- Nurses even in the pediatric field can face with death and with end of life care (EoL)
- The emotional involvement of nurses with patients in the pediatric field has repercussions on the way in which grief is experienced
- Bereavement is a state of intense grief, as after the loss of a loved one (*def.*). This state of mind often represents what nurses feel
- Ineffective grief/bereavement management can lead to the development of short-, medium- and long-term complications

LONG-TERM REPERCUSSIONS OF DEATH ON NURSES

Ansia Jackson B.L. (2017)	Burnout Adwan J.Z. (2014), Jackson B.L. (2017), Wenzel et al. (2011), Vega et al. (2017)	Compassion fatigue Jackson B.L. (2017)	Depression Jackson B.L. (2017)
Lower job satisfaction Adwan J.Z. (2014), Jackson B.L. (2017)	Separation Jackson B.L. (2017)	Psychological distress Kitao et al. (2018)	Post-traumatic stress disorder (PTSD) Jackson B.L. (2017)
Emotional exhaustion Adwan J.Z. (2014)	Physical problems Jackson B.L. (2017)	Work repercussions Wenzel et al. (2011), Vega et al. (2017)	Chronic stress Jackson B.L. (2017)

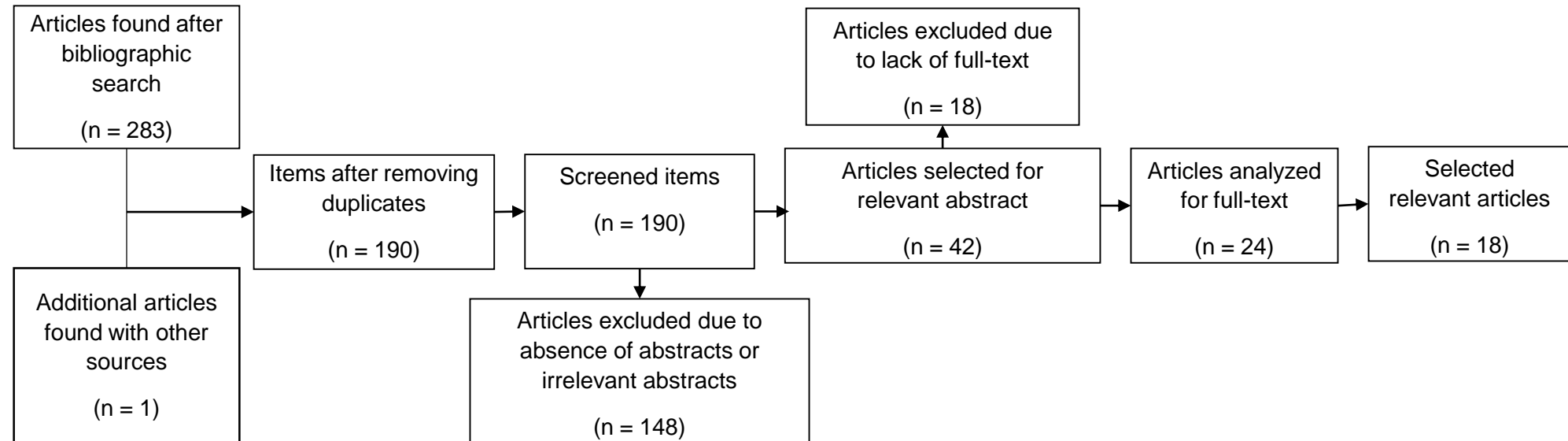
- **PRIMARY AIM**

Determine the psycho-emotional repercussions that the nurse involved in the care of incurable minors may also present in end-of-life (EoL) care

- **SECONDARY AIM**

Describe the experience, management and processing of grief in nurses of the paediatric units of the IRCCS Ca' Granda Foundation - Policlinic Hospital in Milan and any long-term work, emotional and physical repercussions.

1. Literature Review



Only one study was conducted in the Italian context "*Bereavement experiences in neonatal intensive care nurses of the Padua hospital: an exploratory study*"

2. Single-center observational study

Tools

It was decided to use the analysis tool of the previous Italian's study

Sample

Pediatric nurses/nurses working in IRCCS Ca' Granda Foundation - Policlinic Hospital in Milan.

- Pediatric Intensive Care Unit (PICU)
- Neonatal Intensive Care Unit (NICU)
- Pediatrics High intensity of care
- Pediatrics Medium intensity of care
- Pediatric surgery
- Nephrology and Pediatric Dialysis

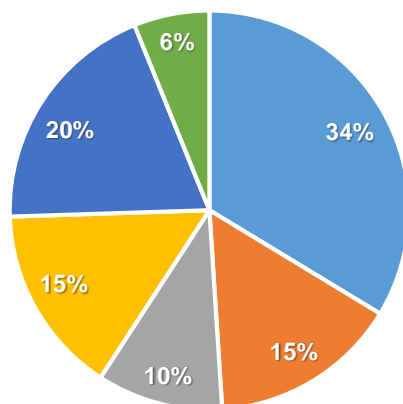
The enrolment of the sample took place on a voluntary basis, subject to informed consent and the processing of personal data.

Sample analysis

98 responses were obtained, equal to 70% of the population concerned (n=140).

73.5% (n=72) said they had experienced bereavement experiences.

UNITS OF THE PARTICIPANTS



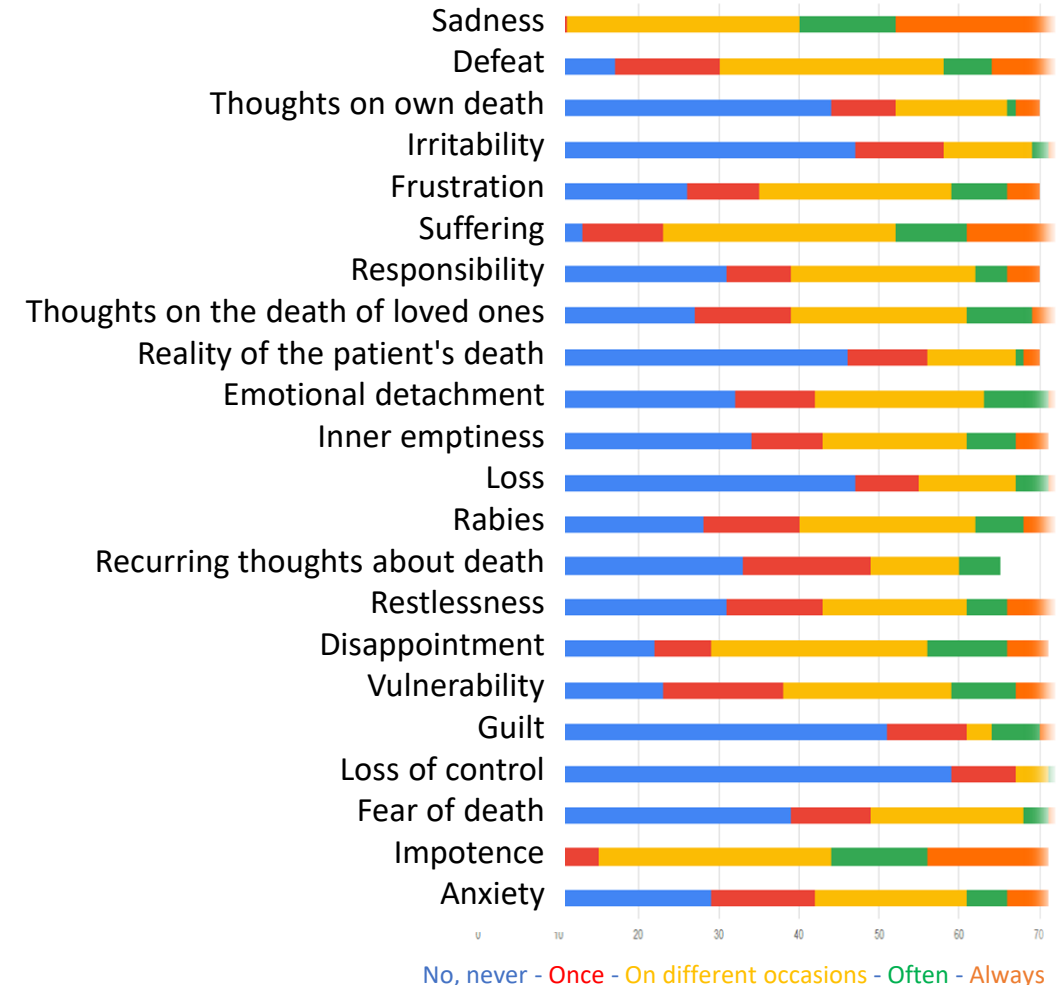
- Pediatric Intensive Care Unit (PICU)
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SAMPLE CHARACTERISTICS	
Sex (n=98), n (%)	
Male	6 (6,2%)
Female	92 (93,8%)
Profession (n=98), n (%)	
Pediatric Nurse	54 (55,1%)
Nurse	44 (44,9%)
Age group (n=98), n (%)	
22-35 years	53 (55,1%)
35-45 years	20 (20,4%)
45-55 years	19 (19,4%)
Over 55 years old	6 (6,1%)
Work experience(n=98), n (%)	
≤ 5 years	31 (31,6%)
6-9 years	15 (15,9%)
≥ 10 years	52 (53,1%)

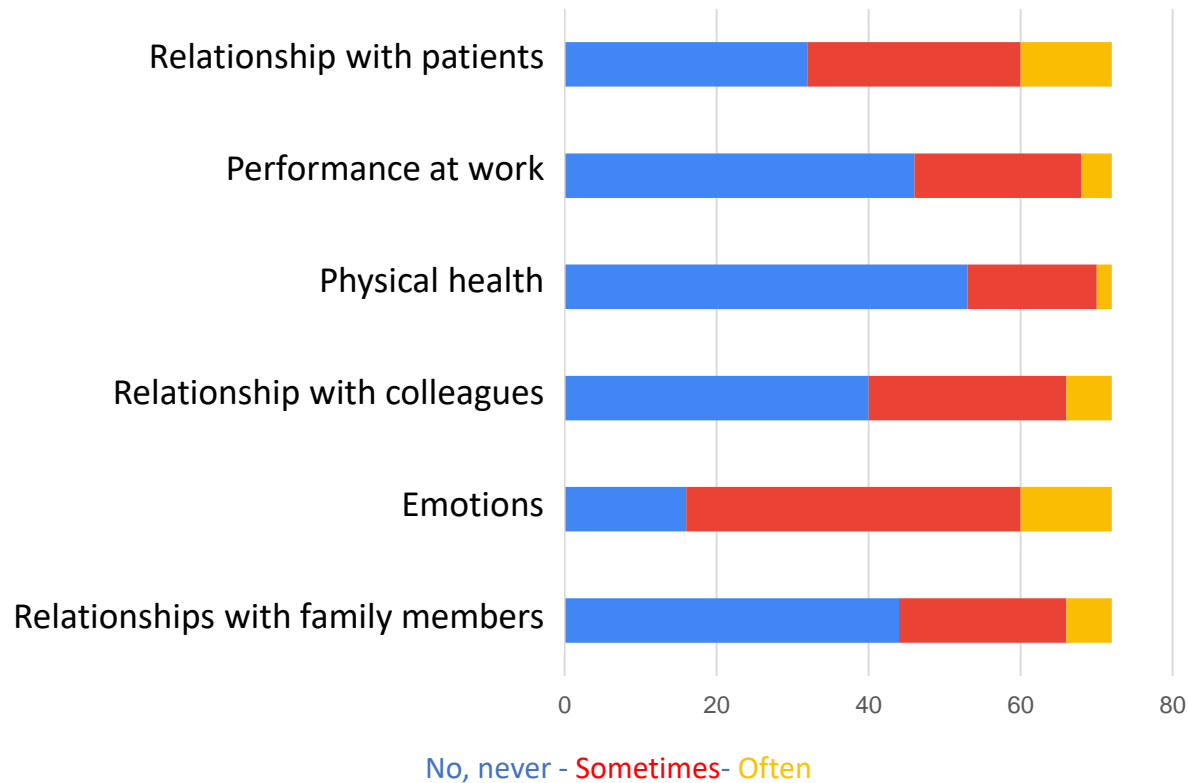
EMOTIONS AND PHYSICAL MANIFESTATIONS OF NURSES AT THE DEATH OF A MINOR – **By QUESTIONNAIRE**

EMOTIONS AND PHYSICAL MANIFESTATIONS OF NURSES AT THE DEATH OF A MINOR – By LITERATURE						
Appetite alteration Jackson B.L. (2017), Plante et al. (2011), Tirelli et al. (2011)	Anxiety Jackson B.L. (2017), McGrath J.M. (2011), Plante et al. (2011), Tirelli et al. (2011)	Hypercritical attitude Tirelli et al. (2011)	Disappointment Tirelli et al. (2011)	Depression Jackson B.L. (2017), Tirelli et al. (2011)	Difficulty concentrating Tirelli et al. (2011)	Despair Jackson B.L. (2017)
Physical ailments Adwan J.Z. (2014), Tirelli et al. (2011)	Post-traumatic stress disorder(PTSD) Jackson B.L. (2017)	Muscle soreness Tirelli et al. (2011)	Pain Barnes et al. (2020), McGrath J.M. (2011)	Migraine Adwan J.Z. (2014), Tirelli et al. (2011)	Mistakes at work Plante et al. (2011)	Emotional exhaustion Adwan J.Z. (2014), Barnes et al. (2020)
Inadequacy Jackson B.L. (2017)	Inability to accept death Jackson B.L. (2017), Tirelli et al. (2011)	Indifference Jackson B.L. (2017)	Professional inexperience Jackson B.L. (2017)	Emotional instability McGrath J.M. (2011), Tirelli et al. (2011)	Hyper-arousal Barnes et al. (2020)	Hyper-vigilance Barnes et al. (2020)
Isolation Barnes et al. (2020), Plante et al. (2011), Tirelli et al. (2011)	Lack of personal fulfillment Tirelli et al. (2011)	Lower professional self-esteem Tirelli et al. (2011)	Nausea Tirelli et al. (2011)	Fear Barnes et al. (2020), McGrath J.M. (2011)	Projective thoughts about the death of loved ones Tirelli et al. (2011)	Recurring thoughts about the deceased child Barnes et al. (2020), Tirelli et al. (2011)
Loss of faith Barnes et al. (2020)	Personal loss McGrath J.M. (2011)	Cry Barnes et al. (2020), Tirelli et al. (2011)	Rabies Tirelli et al. (2011)	Remorse McGrath J.M. (2011)	Guilt Adwan J.Z. (2014), Jackson B.L. (2017), Plante et al. (2011), Tirelli et al. (2011)	Sense of personal failure Jackson B.L. (2017)
Sense of helplessness Tirelli et al. (2011)	Sense of injustice Tirelli et al. (2011)	Sense of unease Tirelli et al. (2011)	Sense of unreality Tirelli et al. (2011)	Sense of loss of control Tirelli et al. (2011)	Sense of responsibility Barnes et al. (2020), Tirelli et al. (2011)	Irritability Barnes et al. (2020)
Sleep disorders Barnes et al. (2020), Jackson B.L. (2017), McGrath J.M. (2011)	Sense of inner emptiness Tirelli et al. (2011)	Suffering Barnes et al. (2020), Tirelli et al. (2011)	Relief Plante et al. (2011), Tirelli et al. (2011)	Fatigue Adwan J.Z. (2014), Barnes et al. (2020), Jackson B.L. (2017), McGrath J.M. (2011)	Stress Jackson B.L. (2017), Plante et al. (2011)	Sadness Barnes et al. (2020), McGrath J.M. (2011), Plante et al. (2011), Tirelli et al. (2011)

Emozioni e sensazioni provate dagli infermieri



CHANGES THAT OCCURRED AFTER PATIENT'S DEATH



- 16.6% (n=12) found changes in both the way they related to patients and their emotions.
- The consequences on a personal, social and professional level were then investigated.
- 72% (n=22) of respondents say they have had sleep alterations on several occasions.
- 32% (n=23) have taken a hypercritical attitude on several occasions.

FACTORS THAT INFLUENCE THE EXPERIENCE OF PATIENT'S DEATH				
RELIEVING FACTORS	IRRELEVANT FACTORS	AGGRAVATING FACTORS		
Providing the best care Wenzel et al. (2011)	Parenting Plante et al. (2011)	Repetitive tasks Vega et al. (2017)	Parenting Tirelli et al. (2011)	Communication difficulties Barnes et al. (2020), Vega et al. (2017)
Having done what you can per patient Conte (2014)	Length of hospitalization Plante et al. (2011)	Length of hospitalization Adwan (2014), Tirelli et al. (2011)	Age of the patient Tirelli et al. (2011)	Inevitability of death Barnes et al. (2020)
Cohesion with the working group Conte (2014), Wenzel et al. (2011)	Training Plante et al. (2011)	Working after the death of the patient Conte (2014), Wenzel et al. (2011)	Lack of autonomy Vega et al. (2017)	Lack of staff Vega et al. (2017)
Be comfortable supporting family Plante et al. (2011)		Lack of institutional support Barnes et al. (2020)	Lack of social recognition of the HCPs sofference Barnes et al. (2020)	Young operators (20/25 years) Plante et al. (2011)
Working after the death of the patient Wenzel et al. (2011)		Worsening or sudden death McGrath (2011), Tirelli et al. (2011), Wenzel et al. (2011)	Personal losses Barnes et al. (2020)	Poor weekly rest Vega et al. (2017)
Time and experience Barnes et al. (2020)		Male operators Plante et al. (2011)	Rapporto con minore-famiglia Barnes et al. (2020), Conte (2014), Tirelli et al. (2011), Wenzel et al. (2011)	

Data analysis (4)

COPING STRATEGIES			
Alienation Conte T.M. (2014)	Blaming oneself Plante et al. (2011)	Making sense of death McGrath J.M. (2011)	Debriefing Jackson B.L. (2017), Kain V.J. (2013), McGrath J.M. (2011), Wenzel et al. (2011)
Emotional distance Conte T.M. (2014)	Distraction Plante et al. (2011)	Avoid talking about work with family Wenzel et al. (2011)	Manage less complex patients McGrath J.M. (2011)
Keeping in touch with the child's family Plante et al. (2011)	Participate in support groups McGrath J.M. (2011)	Attending funerals McGrath J.M. (2011), Vega et al. (2017)	Have time for yourself McGrath J.M. (2011), Plante et al. (2011)
Seeking spiritual guidance Plante et al. (2011), Wenzel et al. (2011)	Seek emotional support Plante et al. (2011)	Recognize/externalize one's feelings McGrath J.M. (2011), Plante et al. (2011)	Reflecting on the relationship with the family-patient McGrath J.M. (2011)
Peer Support Adwan J.Z. (2014), Conte T.M. (2014), Jackson B.L. (2017), Kain V.J. (2013), Plante et al. (2011), Wenzel et al. (2011)	Support Loved Ones Adwan J.Z. (2014), Plante et al. (2011)	Humour Plante et al. (2011)	Use of substances Plante et al. (2011)

- In this institution there is no institutional support for the staff who have to manage the death of a patient
- 31% (n=22) of respondents manage grief by **separating work from personal life**.
- 28% (n=20) indicated **self-reflection** on experiences lived in the workplace as helping to manage the consequences of losing patients.

Conclusions

1. Death of a pediatric patient is not so uncommon: 73.4% of the responding population has experienced of patient's death in the professional field.
2. Bereavement experiences affect nursing staff not only on their professional lives but also on their personal and social aspects.
3. When a newborn/child/adolescent dies, the nurse experiences different emotions and physical manifestations, which vary from person to person;
4. Operators implement behavioral strategies that need attention.
5. The present research may be further investigated through future qualitative approaches.



Grazie!

