



LKS Current Awareness Bulletin Bereavement June-July 2019

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Bereaved mothers' and fathers' prolonged grief and psychological health 1 to 5 years after loss: A nationwide study

Author(s): Pohlkamp, Lilian; Kreicbergs, Ulrika; Sveen, Josefin

Source: *Psycho - Oncology*; Jul 2019; vol. 28 (no. 7); p. 1530

Publication Date: Jul 2019

Publication Type(s): Journal Article

Available at [Psycho - Oncology](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Abstract: Objective To assess differences in prolonged grief, depression, posttraumatic stress, and sleep disturbances in bereaved parents across years since loss (1-5 years) and by gender and to

assess potential interactive effects of time since loss and gender on bereavement outcomes. **Methods** This study examined symptom levels of prolonged grief disorder, depression, posttraumatic stress, and insomnia in bereaved parents. A sample, including 133 mothers and 92 fathers who had lost a child to cancer 1 to 5 years previously, subdivided to five subsamples, one for each year since loss. Analysis of variance (ANOVA) was used to assess differences in symptom levels, related to years since loss, and gender. **Results** Regardless of how many years had passed since the loss, symptom levels of prolonged grief, depression, posttraumatic stress symptoms, and insomnia were elevated in all subsamples. Mothers showed higher symptom levels of prolonged grief, depression, and posttraumatic stress than fathers. However, no significant interaction effects were found between years since loss and gender on any of the symptom levels. **Conclusions** Cancer-bereaved mothers and fathers are vulnerable to prolonged grief and psychological symptoms up to 5 years after the death of their child. Findings highlight that bereaved parents may need long-term support, and the results deserve further attention in research and clinical care. **Database:** BNI

Family bereavement: A case study of controlled organ donation after circulatory death

Author(s): Walker, Wendy; Sque, Magi

Source: Nursing in Critical Care; Jul 2019; vol. 24 (no. 4); p. 229

Publication Date: Jul 2019

Publication Type(s): Journal Article

Available at [Nursing in Critical Care](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Available at [Nursing in Critical Care](#) - from Unpaywall

Abstract: Deceased organ donation represents a major source of organs for human transplantation practice. In the United Kingdom, as well as other parts of the world, donation after circulatory death accounts for a proportion of all deceased organ donors. Organ and tissue donation emotively takes place in the context of dying, death and bereavement, yet little is known about the family experience of donation after circulatory death. This paper presents a case study of the phenomenon of controlled donation after circulatory death in intensive care. We present a critical analysis of care processes through the lens of a British donor family who participated in a national study of organ and tissue donation. Anonymized family quotes are applied to illustrate specific case issues, and with reference to relevant national guidance and international research. The case portrayed intimate details of the moment in time when the family experienced the potential for controlled donation after circulatory death, factors that appeared to influence family consent and the perceived expectations and outcomes arising from the donation decision. Case analysis demonstrated local compliance with best practice guidance and compassionate end-of-life care while supporting organ retrieval. Caring for the grieving family of potential organ donors requires sensitivity and skill. Of importance is a sound professional knowledge and understanding of the clinical care pathway, together with effective teamwork, optimal communication, family and staff support. Further research is required to determine the impact of controlled donation after circulatory death on family grief and bereavement. **Database:** BNI

Bereavement care and research in the intensive care unit: Opportunities and challenges

Author(s): Nancy Kentish-Barnes

Source: Nursing in Critical Care; Jul 2019; vol. 24 (no. 4); p. 189

Publication Date: Jul 2019

Publication Type(s): Editorial

Available at [Nursing in Critical Care](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Database: BNI

Understanding the bereavement experience of grandparents following the death of a grandchild from a life-limiting condition: A meta-ethnography.

Author(s): Tatterton, Michael J.; Walshe, Catherine

Source: Journal of Advanced Nursing (John Wiley & Sons, Inc.); Jul 2019; vol. 75 (no. 7); p. 1406-1417

Publication Date: Jul 2019

Publication Type(s): Academic Journal

Available at [Journal of Advanced Nursing](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Abstract: Aim: To increase understanding of grandparental grief following the death of a grandchild from a life-limiting condition. Design: Meta-ethnography. Data sources: Academic Search Complete CINAHL, Embase, psycINFO, PubMed and Web of Science, supplemented by manual search strategies (in 2015, updated 2018). Review methods: Studies were appraised and synthesized using the principles of meta-ethnography. Findings: Three superordinate themes were identified: 'influence of the relationship with their grandchild', 'influence of the relationship with the grandchild's family' and 'pain'. The simultaneous, multigenerational position of grandparents meant individuals experience emotional pain from witnessing the experience of family members. Conclusion: Many factors that contribute to the bereavement experience of grandparents are outside of their control. The roles, positions, and support needs of grandparents need to be acknowledged to better meet their needs as parents, grandparents, and individuals who have experienced a child death. **Database:** CINAHL

Elements of intensive care bereavement follow-up services: A European survey.

Author(s): Egerod, Ingrid; Kaldan, Gudrun; Albarran, John; Coombs, Maureen; Mitchell, Marion; Latour, Jos M.

Source: Nursing in Critical Care; Jul 2019; vol. 24 (no. 4); p. 201-208

Publication Date: Jul 2019

Publication Type(s): Academic Journal

Available at [Nursing in Critical Care](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Abstract: Background: Despite technological innovations and continuous improvement in evidence-based treatments, mortality in the intensive care unit (ICU) remains high. Consequently, a large group of family members may be in need of, and could benefit from, bereavement follow-up support. Aims and Objectives: To explore the elements, organization, and evaluation of ICU bereavement services in European countries. Specific objectives were to investigate: (a) the model of bereavement follow-up services (elements of support), (b) the workforce model (organization of staff), and (c) the evaluation model (evaluation strategies). Design: This was a cross-sectional survey of conference delegates. Methods: A paper-and-pen questionnaire, including a cover letter assuring the respondents of anonymity and confidentiality, was distributed to 250 delegates during the opening ceremony of the 2017 European federation of Critical Care Nurses associations Congress in Belfast. The questionnaire was developed from a previously validated tool describing bereavement care practices in ICUs, including questions about the content and organization of

bereavement follow-up services. Frequencies were calculated using yes/no questions, and content analysis was applied in additional free-text comments. Results: We received 85 responses from publicly employed nurses, mainly in mixed adult ICUs. Respondents were 48 (56.5%) bedside nurses, and the remaining respondents represented clinical nurse specialists, researchers, managers, or academic nurses. Bereavement follow up had existed for about 1 to 15 years. Important follow-up elements were: viewing the deceased in the unit, 77 (90.6%); providing follow-up information, 67 (79.8%); sending a letter of sympathy, 17 (20%); and calling the family to arrange a meeting, 27 (31%). Conclusions: Bereavement follow up is common but variable in European ICUs. We recommend the development, implementation, and evaluation of evidence-based, but culture-specific, bereavement follow-up guidelines for European ICUs. Relevance to Clinical Practice: More critical care nurses are realizing the need for bereavement follow-up guidelines. This paper provides an overview of common elements that might be considered.

WHAT IS KNOWN ABOUT THIS TOPIC Many families experience the death of a loved one in intensive care unit (ICU). Bereavement services are offered at some ICUs.

WHAT THIS PAPER ADDS Bereavement services are not systematically offered in European ICUs. Culture-specific guidelines are needed for bereavement follow up in ICUs. Common elements of bereavement services have been identified, for example, viewing the deceased in the unit, providing follow-up information, sending a letter of sympathy, and calling the family to arrange a meeting. Consequences of bereavement in ICU have been discussed, for example, prolonged or complicated grief and lack of closure in the bereaved. **Database:** CINAHL

Family members' opinions about bereavement care after cardiac intensive care unit patients' deaths.

Author(s): Erikson, Alyssa; Puntillo, Kathleen; McAdam, Jennifer

Source: Nursing in Critical Care; Jul 2019; vol. 24 (no. 4); p. 209-221

Publication Date: Jul 2019

Publication Type(s): Academic Journal

Available at [Nursing in Critical Care](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Abstract: Background: Critical care consensus groups recommend providing bereavement support; however, little is known about what cardiac intensive care patients' families would find useful and beneficial in their grieving process. Aim and objectives: To describe cardiac intensive care unit (ICU) patients' families' opinions on six common components of a bereavement programme. Design: Qualitative, exploratory and descriptive. Methods: Families were recruited from a cardiac ICU 13-15 months after their loved one's death. Families were interviewed using a semi-structured questionnaire. The research team analysed interview transcripts to assess and categorize families' opinions on six bereavement components. Results: Twelve family members were interviewed. Most were female (n = 8, 67%), spouses (n = 10, 83%) and white (n = 10, 83%), with a mean age (SD) of 58.4 years (16.7). Families' overall opinions of the bereavement brochure were positive, stating it was helpful in providing information about the grieving process. Families described the sympathy card as "meaningful" and "touching," although they rated it neutral in providing comfort. Most participants felt that a follow-up telephone call was unnecessary except to answer lingering questions they had. Many participants favoured the unit offering counselling services because they found therapy helpful in their grieving process. Participants had mixed feelings about a memory box; they believed it was an individual preference and should be handled in a sensitive manner. Most would not have attended a memorial service if offered because of traffic,

distance, concerns about stressful feelings on returning to the hospital or because they already honoured their loved ones through a personalized memorial service. Conclusions: Participants varied in their opinions about what bereavement services may be useful; however, this study provides insight about services that cardiac critical care units may consider when adding bereavement support. Relevance to clinical practice: Family perspectives about bereavement needs can help structure services offered by critical care units.

Database: CINAHL

Looking beyond the mean in grief trajectories: A prospective, population-based cohort study.

Author(s): Nielsen, Mette Kjærgaard; Carlsen, Anders Helles; Neergaard, Mette Asbjorn; Bidstrup, Pernille Envold; Guldin, Mai-Britt

Source: Social Science & Medicine; Jul 2019; vol. 232 ; p. 460-469

Publication Date: Jul 2019

Publication Type(s): Academic Journal

Available at [Social Science & Medicine](#) - from Unpaywall

Abstract: Most individuals adjust to the loss of a close person, but some experience adverse grief that challenges everyday life. No previous study has examined the development of grief symptoms in trajectories over time. We aimed to investigate trajectories of grief symptoms in bereaved partners and non-partners of severely ill patients starting before death until three years after death of the patient. We conducted a prospective population-based cohort study including 1138 partners and 597 non-partners of terminally ill patients. Participants completed the Prolonged Grief-13 scale pre-loss, six months post-loss, and three years post-loss. On this basis, we developed semi-parametric group-based trajectory models. Multinomial logistic regression models estimated, odds ratios (ORs) with 95% confidence intervals (CIs) between selected characteristics: age, gender, educational level, the patient's survival time, and types of grief trajectories. We identified five specific grief trajectories for partners and four for non-partners. Low grief was identified in 34% of partners and 45% of non-partners, moderate/decreasing grief in 30% of partners and 31% of non-partners, high/decreasing grief in 20% of partners and 16% of non-partners, and high grief in 7% of partners and 8% of non-partners. In addition, a late grief trajectory was identified in 10% of partners. Low education compared to high education was associated with adverse grief trajectories (OR = 0.19 (95% CI = 0.80, 0.43) for partners following a high grief trajectory). This study is the first to systematically describe specific trajectories of grief based on grief symptoms. The majority had a low or decreasing grief trajectory, whereas minor groups of partners and non-partners had a high grief trajectory, and a group of partners had a late grief trajectory. A consistent vulnerability factor was low education. Bereaved individuals may benefit from information on possible patterns of grief development, including adverse grief trajectories. • Grief reactions differ, and some individuals develop adverse grief trajectories. • We identified five specific grief trajectories in partners and four in non-partners. • The majority of bereaved relatives followed a low or decreasing grief trajectory. • High grief trajectories were identified in 7% of partners and 8% of non-partners. • Low education was associated with trajectories that may require intervention. **Database:** CINAHL

The process of developing self-report measures in intellectual disability: A case study of a complicated grief scale.

Author(s): O'Keeffe, Lynsey; Guerin, Suzanne; McEvoy, John; Lockhart, Karen; Dodd, Philip

Source: British Journal of Learning Disabilities; Jun 2019; vol. 47 (no. 2); p. 134-144

Publication Date: Jun 2019

Publication Type(s): Academic Journal

Available at [British Journal of Learning Disabilities](#) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Abstract: Accessible Summary: Developing ways of asking adults with intellectual disability about difficult topics such as death is important to our understanding. This study explores how adults with intellectual disabilities can be supported to report difficult experiences using the example of understanding death and bereavement. The paper describes the way in which we worked with adults with intellectual disabilities to understand how they preferred to talk about death and bereavement. This process showed us that it is possible to support adults with intellectual disabilities to talk about these difficult experiences. There are important lessons for researchers who want to talk with adults with intellectual disabilities about difficult topics and experiences. Background: This paper considers the challenges regarding the development and use of self-report tools for sensitive, personal topics, in this case experiences of death and bereavement for individuals with intellectual disabilities (ID). These challenges are represented through the experience of the development of a self-report measure of complicated grief for use with individuals with intellectual disabilities. Materials and method: Focusing on the topic of bereavement, and using a case study format, this paper describes the development of a self-report measure for complicated grief. Results: Following three phases of questionnaire development, the Complicated Grief Questionnaire for People with Intellectual Disabilities (CGQ-ID) was adapted for use as a self-report measure with individuals with intellectual disabilities. The development process, informed by recommendations in the research literature, provides evidence that self-report is possible with individuals with intellectual disabilities even when the topic is as sensitive as bereavement and when abstract concepts such as emotions are involved. Conclusions: The adaptation process described here might provide a useful template for the development of other scales on sensitive topics.

Database: CINAHL

Further validation of the Traumatic Grief Inventory-Self Report (TGI-SR): A measure of persistent complex bereavement disorder and prolonged grief disorder.

Author(s): Boelen, Paul A.; Djelantik, A. A. A. Manik J.; de Keijser, Jos; Lenferink, Lonneke I. M.; Smid, Geert E.

Source: Death Studies; Jun 2019; vol. 43 (no. 6); p. 351-364

Publication Date: Jun 2019

Publication Type(s): Academic Journal

Available at [Death Studies](#) - from Unpaywall

Abstract: The Traumatic Grief Inventory Self-Report version (TGI-SR) is an 18-item self-report measure. It was designed to assess symptoms of Persistent Complex Bereavement Disorder (PCBD) included in Diagnostic and Statistical Manual of Mental Disorders (DSM)-5 and Prolonged Grief Disorder (PGD) proposed by an international group of experts in grief. The research in this article used data from a bereaved patient sample and people who lost loved ones in the Ukrainian airplane crash in July 2014. Findings indicated that the TGI-SR is a reliable and valid tool to assess disturbed grief in research and to identify people needing a more comprehensive assessment of their grief in clinical settings. **Database:** CINAHL

The Transformative Process of the Bereaved Therapist.

Author(s): Horwell, Amy

Source: Journal of Psychotherapy Integration; Jun 2019; vol. 29 (no. 2); p. 151-163

Publication Date: Jun 2019

Publication Type(s): Academic Journal

Available at [Journal of Psychotherapy Integration](#) - from ProQuest PsycARTICLES - NHS

Abstract: This article explores the experience of the bereaved therapist in an attempt to understand what it is like to be a psychotherapist following personal loss and how the transformation of "becoming" the bereaved therapist unfolds. It is a reflective first-person account of the author's experience of personal loss set within the context of other bereaved therapists' stories and against the backdrop of relevant literature. The author uses her story along with the shared reflections of others to discuss the complex interplay in the dynamic processes involved in the intrapsychic and intersubjective world of the bereaved therapist, pulling out the intricacies of healing and growth for the bereaved therapist within the social relational exchange of therapist and client. Influenced by intersubjectivity theory, interpersonal neurobiology, and contemporary bereavement studies, the author considers the bereaved therapist's capacity for connection in the therapeutic relationship, the way in which loss inevitably enters the unconscious intersubjective domain of the bereaved therapist, and the construction of a postloss identity as a psychotherapist. She reflects on how her thinking has developed and changed in her journey of "becoming" the bereaved therapist, and concludes the article with a portrayal of the transformative outcome of personal loss on her "self-as-therapist". **Database:** CINAHL

Challenges and Growth Through Bereavement During Graduate Training.

Author(s): McDonald, James E.; Grau, Peter P.

Source: Journal of Psychotherapy Integration; Jun 2019; vol. 29 (no. 2); p. 164-174

Publication Date: Jun 2019

Publication Type(s): Academic Journal

Available at [Journal of Psychotherapy Integration](#) - from ProQuest PsycARTICLES - NHS

Abstract: In this paper, two psychotherapy trainees who lost a parental figure to cancer during graduate training discuss this shared experience. We explore the literature on bereavement and how loss has been tied to psychotherapist growth while interweaving the ways in which the literature coincides with our experience. Within this exploration, we center our experience around the wounded healer literature. We also highlight areas of growth and challenge and narrow in on what others may take away from our lived experience. Specifically, we discuss cultural values in the context of bereavement, bridging the personal and professional self with colleagues and supervisors, feelings of relief and guilt, psychotherapist escapism, appropriate self-disclosure, and unexpected takeaways. To conclude, we tie together the ways in which our experience of loss impacted our growth as psychotherapists. **Database:** CINAHL

The Associations of Complicated Grief, Depression, Posttraumatic Growth, and Hope Among Bereaved Youth.

Author(s): Salloum, Alison; Bjoerke, Anne; Johnco, Carly

Source: Omega: Journal of Death & Dying; Jun 2019; vol. 79 (no. 2); p. 157-173

Publication Date: Jun 2019

Publication Type(s): Academic Journal

Available at [Omega: Journal of Death & Dying](#) - from EBSCO (MEDLINE Complete)

Available at [Omega: Journal of Death & Dying](#) - from EBSCO (Biomedical Reference Collection - Comprehensive)

Abstract: Research on the association between complicated grief (CG), hope, and posttraumatic growth (PTG) among bereaved youth is limited. Measures of CG, depression, hope, and PTG were completed by 85 youth (aged 7–18 years). Results indicated a strong positive relationship between CG and depressive symptoms, an inverse relationship between hope and depressive symptoms, and a moderate positive relationship between hope and PTG. There was no significant association between CG and hope or between CG and PTG. Higher levels of CG and lower levels of hope independently predicted greater depressive symptoms, but PTG did not. Results have implications for assessing positive outcomes in bereaved youth. **Database:** CINAHL

Hospice Bereavement Service Delivery to Family Members and Friends With Bereavement-Related Mental Health Symptoms.

Author(s): Ghesquiere, Angela; Bagaajav, Ariunsanaa; Metzendorf, Marguerite; Bookbinder, Marilyn; Gardner, Daniel S.

Source: American Journal of Hospice & Palliative Medicine; May 2019; vol. 36 (no. 5); p. 370-378

Publication Date: May 2019

Publication Type(s): Academic Journal

Available at [American Journal of Hospice & Palliative Medicine](#) - from Unpaywall

Abstract: Objectives: A sizable minority of those who lose a loved one in hospice will experience symptoms of bereavement-related mental health disorders. Though hospices offer services to bereaved informal caregivers (family members or friends) of patients, little is known about services offered or interest in them. Therefore, we sought to assess services offered by hospice staff and interest expressed by bereaved informal caregivers with symptoms of depression, anxiety, or complicated grief (CG). Methods: De-identified electronic bereavement care charts of 3561 informal caregivers who lost someone in a large urban metropolitan hospice from October 1, 2015, to June 30, 2016, were reviewed. Results: Of bereaved informal caregivers in the sample, 9.4% (n = 333) were positive for symptoms of depression, anxiety, or CG. The symptom-positive family members/friends were more likely than other family members/friends to be offered mailings, one-to-one counseling, telephone calls, and reference material. However, interest in most services by symptom-positive caregivers was low, with only 6% interested in one-to-one counseling and 7% interested in outside referral. Discussion: The findings suggest that hospices offer a range of services to family members or friends with symptoms of anxiety, depression, and CG, but that there can be a gap between what is offered and in the interest levels of the bereaved. Engagement with symptomatic family members and friends could be enhanced in future work.

Database: CINAHL

No pain, no gain: cross-lagged analyses of posttraumatic growth and anxiety, depression, posttraumatic stress and prolonged grief symptoms after loss.

Author(s): Eisma, Maarten C.; Lenferink, Lonneke I. M.; Stroebe, Margaret S.; Boelen, Paul A.; Schut, Henk A. W.

Source: Anxiety, Stress & Coping; May 2019; vol. 32 (no. 3); p. 231-243

Publication Date: May 2019

Publication Type(s): Academic Journal

PubMedID: 30793949

Available at [Anxiety, Stress & Coping](#) - from Unpaywall

Abstract: Background and Objectives: Major negative life-events including bereavement can precipitate perceived positive life-changes, termed posttraumatic growth (PTG). While traditionally considered an adaptive phenomenon, it has been suggested that PTG represents a maladaptive coping response similar to cognitive avoidance. To clarify the function of PTG, it is crucial to establish concurrent and longitudinal associations of PTG with post-event mental health problems. Yet, longitudinal studies on this topic are scarce. The present study fills this gap in knowledge. Design: A two-wave longitudinal survey was conducted. Methods: Four-hundred and twelve bereaved adults (87.6% women) filled out scales assessing PTG and symptoms of depression, anxiety, prolonged grief, and posttraumatic stress at baseline and 6 months later. Results: The baseline concurrent relationships between all symptom levels and PTG were curvilinear (inverted U-shape). Cross-lagged analyses demonstrated that symptom levels did not predict levels of PTG 6 months later, or vice versa. Conclusions: Findings suggest PTG after loss has no substantive negative or positive effects on mental health. Development of specific treatments to increase PTG after bereavement therefore appears premature. **Database:** CINAHL

Evaluation of an education session using standardized patients and role play during perinatal bereavement.

Author(s): Sorce, Giovanna; Chamberlain, Jill

Source: Journal of Neonatal Nursing; Jun 2019; vol. 25 (no. 3); p. 145-151

Publication Date: Jun 2019

Publication Type(s): Academic Journal

Abstract: Nurses have voiced their lack of comfort during perinatal loss and communicating with families during this period. A mid-western organization provided bereavement education to its perinatal nurses, which included a didactic session, followed by two perinatal loss scenarios with standardized patients, and debriefing. Participant's knowledge ($p = 0.000$) and comfort ($p = 0.000$) levels significantly improved after the education session. Observations during the standardized patient scenarios, demonstrated that the majority of nurses used appropriate communication techniques with the bereaved mother that was reviewed throughout the education session. An education session that includes standardized patients acting out a perinatal loss may be an effective approach in promoting perinatal nurses comfort level in providing effective bereavement care and communication. **Database:** CINAHL [Request this article from the library](#)

Grief reactions and coping strategies of trainee doctors working in paediatric intensive care.

Author(s): French-O'Carroll, Robert; Feeley, Tara; Crowe, Suzanne; Doherty, Eva M.

Source: BJA: The British Journal of Anaesthesia; Jul 2019; vol. 123 (no. 1); p. 74-80

Publication Date: Jul 2019

Publication Type(s): Academic Journal

PubMedID: 30916024

Abstract: Background: The death of a child can have significant emotional effects on doctors responsible for their care. Trainee doctors working in the paediatric intensive care unit (PICU) may be particularly vulnerable. The aim of this study was to examine the emotional impact of, and grief reactions to, a child's death in PICU trainee doctors, along with coping strategies they used. Methods: In a prospective, cross-sectional, observational study, qualitative and quantitative data were recorded on anonymised, written questionnaires. Grief severity was assessed using the Texas Revised Inventory of Grief. Emotional impact was assessed using the shortened Impact of Event Scale. The BriefCOPE tool was used to assess coping strategies. Qualitative data was

analysed using conventional content analysis. Data are presented as median (inter-quartile range) or number (%). Results: All invited trainee doctors (23 anaesthetists; 5 paediatricians) completed the questionnaire (age, 30 [29-34] yr; 13/28 [46%] female). Two (7%) doctors experienced severe grief (Texas Revised Inventory of Grief score <39), with five (18%) doctors severely affected by the deaths as measured by the Impact of Event Scale. Qualitative analysis revealed prominent themes of sadness, helplessness, guilt, shock, and concern for the bereaved family. There was limited use of coping strategies. Speaking with another trainee doctor was the principal coping strategy. Requests for debriefing sessions, greater psychological support and follow-up with the patient's family were frequently suggested. Conclusions: Paediatric deaths evoke significant grief and emotional reactions in a subset of PICU trainee doctors. Trainee PICU doctors highlighted a lack of professional support and tailored debriefs. **Database:** CINAHL [Request this article from the library](#)

Prospective Risk Factors for Intense Grief in Family Members of Veterans Who Died of Terminal Illness.

Author(s): Burke, Laurie A.; Neimeyer, Robert A.; Bottomley, Jamison S.; Smigelsky, Melissa A.

Source: *Illness, Crisis & Loss*; Jul 2019; vol. 27 (no. 3); p. 147-171

Publication Date: Jul 2019

Publication Type(s): Academic Journal

Abstract: Many bereavement researchers focus on predicting and preventing complicated grief, a psychologically crippling, sometimes life-threatening response to loss that persists for lengthy periods, often with serious health consequences. Reviews of studies have identified specific risk factors (e.g., low social support, insecure attachment style) that predict high levels of complicated grief symptomatology. However, studies rarely investigate multiple risk factors in combination, and still more rarely trace factors observable during the end-of-life period and their predictive power for identifying intense grief in family members following the death. We therefore investigated several pre-loss risk factors for post-loss bereavement distress in 35 family members of Veterans who died of a terminal illness after receiving palliative care. Results revealed that being female, Caucasian, losing a spouse, and experiencing high anticipatory grief prior to the death, all predicted high levels of grief 6 to 10 weeks following the death. Moreover, psychosocial factors such as being highly dependent upon the Veteran, displaying high neuroticism, reporting low levels of social support, and being unable to make sense of the prognosis or death predicted more intense post-loss grief reactions.

Database: CINAHL [Request this article from the library](#)

Identifying Optimal Factor Scores on the Bereaved Family Survey: Implications for Practice and Policy

Author(s): Smith, Dawn, MS; Thorpe, Joshua M, PhD, MPH; Ersek, Mary, PhD, RN; Kutney-Lee, Ann, PhD, RN

Source: *Journal of Pain and Symptom Management*; Jul 2019; vol. 58 ; p. 108

Publication Date: Jul 2019

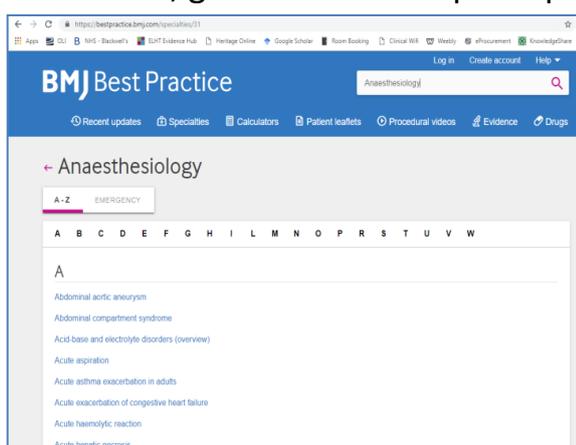
Publication Type(s): Journal Article

Abstract: Context. The Bereaved Family Survey (BFS) is used to evaluate the quality of end-of-life (EOL) care in Veterans Affairs inpatient settings. The BFS consists of a global Performance Measure (BFS-PM) and three factors that relate to specific aspects of EOL care. Objective. The purpose of this study was to identify empirically based target scores on each BFS factor that are most strongly related to a rating of "excellent" on the BFS-PM. Methods. We conducted a cross-sectional

analysis of BFS and Veteran clinical data from January 2012 to January 2016. Logistic regression models were constructed for each potential cut point on the three BFS factors and accounted for facility case-mix and nonresponse bias. Model fit was assessed primarily using the Liu Index, Bayesian Information Criterion (BIC), and classification accuracy values. Results. Our analytic sample included 40,180 Veterans whose next-of-kin completed a BFS. The mean BFS response rate across study years was 58%. A score of 14 or higher on the Respectful Care and Communication factor (range 0–15) had the lowest BIC (121355) and highest percent correctly classified (81.2%). The Emotional and Spiritual Support factor (range 0–9) had an optimal score of 8 or higher (BIC = 133685; % correctly classified = 77.1%). An optimal cut point on the Benefits factor was not identified. Conclusion. The identification of data-driven targets makes BFS factor scores more useful to clinicians and administrators focused on improving quality of EOL care in their facilities. Our results lend support for prioritizing quality improvement efforts related to respectful care and communication. **Database:** BNI [Request this article from the library](#)

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*Did you know... that we have staff who can help support you in finding the evidence for **General Interest and Personal Development, Writing for Publication and Presentation, Research or Assignment, Education and Training, Evidence Based Practice for Patient Care, Service Management, Up-to-date Protocols and Guidelines.** If you require a literature search, then please do ask us. We can save you the time. Please share with your colleagues.*

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Please visit our website for more information

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**In 2018/19 our Library was accredited as 92% compliant in our
Library Quality Assurance Framework**



We hope this bulletin is useful. We are keen to promote our services at your team meetings/huddles. If you feel that this would be useful, then please contact me.

Kind regards

Abbas

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