Bereavement process of professional caregivers after deaths of their patients: A meta-ethnographic synthesis of qualitative studies and an integrated model

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ABSTRACT

Background: Professional caregivers bereave after patients' deaths. Such bereavement can exert considerable influences on huge numbers of professional caregivers and their clients. No study, however, has synthesized scattered evidence on the core process of such bereavement, and no corresponding model exists.

Aim: To systematically review and synthesize the experience of bereavement after patients' deaths, and in particular, its core process, in professional caregivers' own descriptions in existing literature, and to propose an integrated model on that basis.

Design: A review was conducted following Enhancing Transparency in Reporting the Synthesis of Qualitative Research Statement (ENTREQ).

Data source: CINAHL Plus, PubMed, PsycINFO, Scopus, Embase, and Web of Science were searched in April 2018 with keywords as combinations of "professional caregiver" and "bereavement". References of eligible studies from pre-planned searches were manually screened.

Review methods: Full-text and English-written qualitative studies published in peer-reviewed journals in or after 1980 were included. Their qualities were assessed by two of the authors independently. Meta-ethnography was employed to synthesize findings from previous studies.

Results: Twenty-three studies met the inclusion criteria, the majority conducted in Western and developed regions of the world. Three core concepts were identified in the core professional bereavement process: (1) perceived nature of patients' deaths; (2) bereavement reactions; (3) accumulated changes. Each concept consists of both a personal dimension and a professional dimension. Risk and protective factors and coping methods were unveiled to influence the core process. An integrated, process-oriented and multi-dimensional model was proposed on the basis of these findings.

Conclusions: Patients' deaths are significant events for professional caregivers, and they bring both personal and professional, both temporal and long-lasting impacts. Professional bereavement is distinctive from familial bereavement and deserves serious attention for its own sake. Attention, acknowledgment, and in-time support must be given to professional caregivers when they encounter patients' deaths.

What is already known about the topic?

- Professional caregivers bereave after their patients' deaths, and huge numbers of them are influenced by such grief.
- Professional caregivers grieve for different types of losses after patients' deaths.

What this paper adds

- There are three core concepts in the core process of professional caregivers' bereavement after patients' deaths: perceived nature of patients' deaths; bereavement reactions; and accumulated changes.

- A professional and a personal dimension is present in each part of the process mentioned above, which clearly distinguishes professional bereavement from familial bereavement. Therefore, professional bereavement should not be ignored as a scaled-down version of familial bereavement but deserves serious attention for its uniqueness and complexity.

- An integrated, process-oriented and multi-dimensional model was proposed to describe the experience and guide future explorations.

1. Introduction

Nowadays, the majority of deaths around the world take place in healthcare facilities (Broad et al., 2013; Walker et al., 2016), and healthcare professionals there bereave for their deceased patients (Rickerson et al., 2005; Weir, 2005). Such bereavement is especially common in those sectors where patients are terminally ill or extremely fragile, such as palliative care units (Lobb et al., 2010), oncology wards (Feldstein and Gemma, 1995), emergency rooms (Strote et al., 2011), and nursing homes (Anderson and Ewen, 2011).

Professional caregivers' work-related grief is associated with a series of unfavorable outcomes, such as depression (Vasylyeva, 2011), secondary traumatic stress disorder (Melvin, 2015), compassion fatigue (Yu et al., 2016), burnout (Keidel, 2002), and high turnover rates (Morgan, 2009), eventually. As a result, the quality of care received by dying patients and their families may be interfered by such grief as well. To inform effective interventions to minimize the aforementioned negative impacts, it is imperative to advance understandings of the core process of professional caregivers' bereavement after patients' deaths through their own narratives and to build a model on such basis.

In theories of familial bereavement (Margaret and Henk, 2010; Rubin, 1999), the loss of a significant other and the induced separation distress is at the core of the experience. Assuming that a patient's death only means the loss of someone who is less important than a family member to professional caregivers, early models on professional bereavement view the phenomenon as the same as (Brosche, 2003), but just a "scaled-down" version of (Kaplan, 2000) familial bereavement. Different from them, Papadatou's model (Papadatou, 2001, 2000, 2009) adds a whole work-related dimension into professional bereavement by arguing that a patient's death would also mean the loss of a professional goal for professional caregivers. Moreover, it progressed from previous ones in that it demonstrates the oscillation between avoidance and confrontation during professionals' coping of work-related bereavement and identifies professional caregivers' "life style" and "work-style" as key influencing forces on the grieving process.

Although Papadatou's model is the most comprehensive and detailed model on professional bereavement so far, it places little focus on the core process of professional bereavement, and it lacks generalizability as it is derived from observations in limited areas. Regarding the core process of professionals' bereavement after patients' deaths, previous empirical qualitative studies have yielded some insights from around the world, but evidence is scattered, and no synthesis has been conducted to form a whole image. Altogether, the objective of the present study is to systematically review and synthesize the experience of bereavement after patients' deaths, and in particular, its core process, in professional caregivers' own descriptions in existing literature, and to propose an integrated model on that basis.

2. Methods

This review follows the reporting guideline of Enhancing Transparency in Reporting the Synthesis of Qualitative Research Statement (ENTREQ) (Tong et al., 2012).

2.1. Synthesis methodology

The present synthesis is underpinned by meta-ethnography. Originally developed for synthesizing ethnographic studies, the methodology gradually extended its application to a wider range (Britten et al., 2002). Taking a philosophical stance of objective idealism, meta-ethnography emphasizes the translation of findings across studies and aims to from 3rd order constructs which transcend synthesized materials and form new insights (Tong et al., 2012).

2.2. Eligibility criteria

This review focuses on professional caregivers' self-described bereavement experiences after patients' deaths, especially its process; thus, only qualitative studies are included. As the authors wish to generate a model on the basis of high-quality empirical evidence, no gray literature would be included. "Professional caregiver" in the review is defined as one who works and gets paid as a caregiver and who does not know the patient or client before providing caregiving services: Physicians, therapists, psychiatrists, counselors, social workers, nurses, nursing aides and other personal care workers are all included as professional caregivers, whether they work in hospitals, community care facilities, or patients' homes.

Articles were selected if they meet all the following criteria: (1) written in English; (2) published in 1980 or later; (3) full-text article in a peer-reviewed journal; (4) contain primary, empirical qualitative research; (5) include professional caregivers as main participants; and (6) focus on bereavement experience after patients' deaths. Articles which solely discuss the development of education plans and intervention strategies to support professional caregivers were excluded.

2.3. Search strategies

Keywords in pre-planned searches were set as combinations of "bereavement" and "professional caregivers." Expressions of both concepts are listed in Table 1, and each expression in the "bereavement" column has been matched with every word/phrase in the "professional caregiver" column. All possible combinations were searched in CINAHL Plus, PubMed, PsycINFO, Scopus, Embase, and Web of Science accordingly in April 2018. Detailed searching process is shown in Appendix A, Supplementary data. After eligible papers were selected from pre-planned searches, their references were manually screened. Study selection were conducted by one researcher (CQC).

2.4. Quality assessments, information extraction, and synthesis method

Two researchers (CQC and SQT) independently rated the quality of included studies. The Standards for Reporting Qualitative Research (SRQR) criteria (OöBrien et al., 2014) was selected, for it is a recently-developed standard which covers all aspects of qualitative research and can accommodate various paradigms, approaches, and methods. When inconsistencies emerged, the two reviewers discussed until consensus was reached. Original quality scores of studies may range from 0 to 21, with higher scores indicating better quality.

Information extraction were conducted by one researcher (CQC). Since both quotations from participants and authors' explanations and interpretations in synthesized papers can be treated as data in meta-ethnography (Britten et al., 2002), all contents regarding professional caregivers' bereavement experience after patients' deaths in "findings" of included studies were extracted. Also extracted were basic information of studies (location, aim, methodology, data collection method, data analysis method, sample size, participants' specialty, gender, age,

Table 1
Keywords in searching.

	Bereavement	Professional caregivers
Expressions	i) Bereavement ii) Grief iii) Mourning iv) Patient death/death of patient/patient loss/loss of patient v) Client death/death of client/client loss/loss of client	i) Professional caregiver ii) Formal caregiver iii) Physician/doctor/surgeon iv) [Nurse/caregiver/staff] + [hospital/daycare center/senior house/nursing home/hospice/live-in/in-home/home care]