



## Review

# The experiences and needs of healthcare professionals facing perinatal death: A scoping review



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## ABSTRACT

**Background:** Globally, perinatal death is on a decline. However, its impact on the healthcare profession is huge. The existing literature focuses on examining perinatal death from parents' perspectives and patient death from the perspectives of nurses and a few doctors in critical care, oncology, and neonatology in the West. Due to the unique setting of maternity units where death is not routinely anticipated, as well as distinctive socio-cultural views surrounding death, there is a need to comprehensively review literature examining the impact of perinatal death on the perspectives of healthcare professionals working in maternity units.

**Objectives:** To examine available literature on the needs and experiences of healthcare professionals working in maternity units who have experienced perinatal death.

**Design:** A scoping review of published and unpublished data.

**Data sources:** A systematic literature search from 1st January 1996 to 5th August 2016 was made in the following databases: PubMed, CINAHL, Embase, PsycINFO, ScienceDirect, and Web of Science. Cochrane Library, Joanna Briggs Institute Library of Systematic Reviews, York Centre for Reviews and Dissemination, Open Grey, ProQuest Dissertation and Theses, and Mednar were reviewed for grey literature. A hand search of the reference lists of the included papers was performed.

**Review methods:** Based on the pre-set inclusion criteria, 1519 articles were screened for their titles and abstracts. Eighty-five full-text papers were reviewed, resulting in 30 papers included for this review. The data were extracted and cross-checked between the reviewers. Any discrepancy between the authors' views would be discussed with a third reviewer until consensus was reached. Thematic analysis was used to categorise the results into themes.

**Results:** Two major themes emerged from the review: the experiences and needs of healthcare professionals. Six subthemes emerged from the experiences of healthcare professionals: 1) psychological impact, 2) physical impact, 3) positive feelings, 4) coping strategies, 5) personal factors influencing the experience, and 6) cultural factors influencing the experience. Three subthemes including 1) social support, 2) training and education, and 3) other needs explained the needs of healthcare professionals. Studies focusing on the experiences and needs of physicians were scarce.

**Conclusions:** Perinatal death has a profound impact on the psychological and physical wellbeing of healthcare professionals. They have unmet needs that need to be addressed. Though they use internal and external resources to combat their stress, institutional support acknowledging their stress and their needs is essential. Culturally-sensitive education and training are needed to provide support to these professionals.

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## What is already known about the topic?

- Perinatal death is a global phenomenon with a huge psychological impact.
- The majority of the available literature on perinatal death is focused on the needs and experiences of parents.
- There is a paucity of literature examining the needs and experiences of physicians experiencing perinatal death.

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### What this paper adds

- While providing support to parents experiencing perinatal death, there is a universality of grief among healthcare professionals, including nurses, midwives, and physicians, from maternity units of different geographical backgrounds.
- Healthcare professionals use a variety of coping strategies and there are many different factors, including culture, that influence their experiences with perinatal death.
- There are many unmet needs of healthcare professionals for them to support bereaved parents better.
- Culture plays a significant role in the grieving and coping process of both parents and healthcare professionals. There is a need to be aware of cultural differences when approaching such emotional topics.

## 1. Introduction

Perinatal death or loss is referred to the death of a foetus who has more than 28 weeks of gestation or the death of an infant who is less than a month old (World Health Organisation, n.d.). Perinatal death includes miscarriage, stillbirth, and neonatal death (Wallbank and Robertson, 2008). In 2015, 2.7 million babies were stillborn globally (Lawn et al., 2016). Though the overall infant mortality rate is on a decline (The World Bank, 2016), the impact of perinatal death is profound. With the declining birth rate worldwide (Central Intelligence Agency, 2015), the number of babies born per family is declining and each perinatal death has a major impact on family dynamics. A tragic perinatal death not only influences the parents but also the psychosocial wellbeing of healthcare professionals (Puia et al., 2013).

Literature published on perinatal loss are primarily from the West, in particular, the United States, the United Kingdom, and Sweden, and focused on parental experiences on perinatal death (Gold, 2007; Downe et al., 2012; Lundqvist et al., 2002; Ujda and Bendiksen, 2000), psychological aspects of perinatal loss (Badenhorst and Hughes, 2007; Samuelsson et al., 2001), and recommended practices to support parents (Capitulo, 2005; Cartwright and Rea, 2005; Hutti, 2005; Liisa et al., 2010; Robertson et al., 2011). Research involving healthcare professionals and bereavement care is scarce and mainly focus on nurses working in medical-surgical (Hopkinson et al., 2005), oncology (Westberg and Guindon, 2004), and critical care units (Rashotte, 2005), or doctors working in adult (Baverstock and Finlay, 2006) and paediatric units (Mandell et al., 1987; Wool, 2013a, 2013b). Unlike healthcare professionals from oncology and critical care units, midwives, doctors, and nurses working in maternity units do not anticipate death routinely (Jonas-Simpson et al., 2010). As death in such a specialised unit is something that occurs suddenly and during unforeseen circumstances, grief reactions among healthcare professionals are more severe and complicated (Onstott, 1998). Healthcare professionals working in maternity units find the care of bereaved parents stressful and challenging and they feel unprepared to support these parents (Fenwick et al., 2007; Gardner, 1999; Pastor Montero et al., 2011). At present, there is no available review that has consolidated findings on the stress faced by the staff in caring for bereaved parents. Specifically, the cultural aspect of their experiences and needs remains unexplored.

With a recent focus on perinatal death via the 'Lancet 2011' and the 'Ending Preventable Stillbirth' series (Goldenberg et al., 2011; Fraen et al., 2016), as well as the World Health Organisation's statement on eliminating disrespect and abuse during facility based childbirth (World Health Organization, 2014), emphasis has been provided on supporting parents during perinatal death. A considerable amount of research concerning palliative and bereavement care from both parents' (Cortezzo et al., 2015) and

healthcare professionals' (Engler et al., 2004; Inghelbrecht et al., 2009; Kain, 2013; Peng et al., 2013; Wool, 2013a, 2013b; Yam et al., 2001) perspectives has been conducted in neonatal intensive care units in the last decade. Though, theoretically, there is an overlap between perinatal and neonatal death, in which the period of death is within one month of baby's birth in the former, most of the available research on neonatal death are either focused on children's deaths within a year in neonatal intensive care units (Yam et al., 2001) or have no indication on the timing of death (Engler et al., 2004; Inghelbrecht et al., 2009; Kain, 2013; Peng et al., 2013), hence making comparisons difficult.

Among the healthcare professionals working in maternity units, 35% (162/464) of the nurses have reported moderate secondary stress (Beck and Gable, 2012) and 33% (139/421) of the midwives have experienced clinical posttraumatic stress disorder, which is further associated with burnout (Sheen et al., 2015). About 75% (1125/1500) of the doctors who cared for parents with perinatal death experienced large emotional trauma and approximately 10% (150/1500) of them considered giving up obstetric practice (Gold et al., 2008). Seeing the importance of healthcare professionals' experiences and needs of caring for bereaved parents, recent reviews (Ellis et al., 2016; Wallbank and Robertson, 2008) are focused on the perspectives of healthcare professionals working in maternity units. However, the evidence remained inconclusive as the reviews focused on either one type of research design, such as qualitative methods, involving only midwives and nurses and excluding doctors (Wallbank and Robertson, 2008), or mixed method design involving both doctors and nurses or midwives but only in Western High-income country hospital settings (Ellis et al., 2016). As culture influences expressions and attitudes towards grief (Gibson, 1998; Leininger, 1997), it is important to examine the experiences and needs of healthcare professionals from diverse cultures. This will in turn enable healthcare practices in considering the cultural and contextual needs of bereaved parents, specifically when there is a vast disparity in the perinatal mortality rate of developed and developing countries. In the United Kingdom and the United States, the perinatal mortality rate varies from 2.4 per 1000 live births to 3.6 per 1000 live births in 2014 (The World Bank, n.d.). However, in developing countries like Angola and Pakistan, the perinatal mortality rate varies from 48.7 to 45.5 per 1000 live births (The World Bank, n.d.). With this huge difference in perinatal mortality rates among different countries, the need for examining the perspectives of healthcare professionals from diverse cultural and geographical regions is of utmost importance.

There is a paucity of available evidence examining healthcare professionals', including midwives, nurses, and doctors (working in maternity units), experiences and needs of caring for parents dealing with perinatal death from a multicultural perspective. To our knowledge, this is the first review to examine healthcare professionals' perspectives in dealing with perinatal death from a multicultural perspective. As a scoping review allows us to map a broad spectrum of research and provides a rigorous methodology (Arksey and O'Malley, 2005), the aim of this study was to explore the experiences and needs of healthcare professionals (nurse, midwives, and doctors) working in maternity units (obstetrics and gynaecological wards) when dealing with perinatal death globally. To fill the gap in the current literature, no definitive geographical boundaries or methodological restrictions were imposed to present the available literature.

## 2. Methods

Arksey and O'Malley's (2005) five stages of scoping review framework was used. The aim was to summarise and disseminate the findings to practitioners and consumers of maternity units on

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