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Surviving spousal bereavement

Insights for GPs

Background

Spousal bereavement is documented as a highly stressful event. This article presents findings from research that explored bereavement survivors' perspectives on what support factors were most helpful to them.

Methods

A qualitative telephone survey was conducted with caregiver spouses of Cittamani Hospice Service clients who died during 2005 and 2006.

Results

Partner loss results in significant grief; the initial period is most intense but the grieving continues over a long period. Factors identified as assisting bereaved spouses include: hospice bereavement assistance provided before, during and following the bereavement; having a support network, including both informal support networks and formal support from general practitioners; and keeping active and busy.

Discussion

General practitioners play an important role in bereavement care. Key factors assisting bereavement survivors include appropriate referral to palliative care, maintaining a supportive informal network and keeping busy.

Keywords: bereavement; grief; social support



There is now an established literature indicating increased mortality is associated with individuals who have experienced a significant bereavement.¹ For the purpose of this article, the definition of bereavement by Stroebe et al² will be used, which is, 'having recently lost a significant person through death'.

To date, most studies have explored the link between mortality rates and the death of a spouse. Research indicates that mortality increases in the first year after the death of spouse, with the relative risk of mortality higher for widowed males than for females and for younger widowed persons than for the older widowed.³ As assessed by the Social Readjustment Rating Scale (SRRS), death of a spouse ranks as the life event needing the most intense readjustment, confirming spousal bereavement as a highly stressful event.^{2,4}

This article reports on findings from research that explored spousal bereavement survivors' perspectives on factors that were most helpful in assisting them to deal with the profound loss of a spouse. The findings reported in this article are on the factors that individuals who successfully survived the critical period associated with increased risk of mortality described as a core component of successfully dealing with the challenge of spousal bereavement. This is innovative work in that it is the first study that tracks bereavement survivors through the mortality risk period and retrospectively reports on beneficial bereavement care factors from the survivors' perspectives.

Authors such as Charlton et al⁵ argue that bereavement is a potential medical problem in the strict scientific sense because of the implications for the health of an individual through possible associations with morbidity and mortality. Indeed,

research indicates a direct increase in general practitioner consultations and prescriptions for both physical and psychological illness during the 12 month period postspousal bereavement.⁵ General practitioners play a valuable role in the acknowledgment of bereavement and the identification of vulnerable people who may need extra support.⁶⁻⁸ However, in the face of such an important role, research indicates that bereavement care is not an area where GPs are satisfied with their level of knowledge.⁹ The findings from this research on the factors that facilitate bereavement survivorship may increase this knowledge.

This research

This research was initiated in response to anecdotal evidence from a community based hospice service, Cittamani Hospice Service (CHS), that individuals in their bereavement program had a lower mortality rate as compared to programs elsewhere. A grief counsellor who joined CHS, having worked in many other bereavement services, noticed and remarked on the marked, positive difference in mortality. The authors were invited to explore this anecdotal observation through research. The methodology and findings on the mortality rates will be published separately. This article discusses the qualitative research element based on a telephone survey with caregiver spouses of CHS clients who died during 2005 and 2006 and who were identified as still living. The core characteristic of this group is that they met the dual criteria of having experienced a significant bereavement of a spouse, and of having successfully lived through the mortality risk of the first year postdeath of a spouse. As such they are an appropriate group to provide retrospective insights on factors that facilitate bereavement survivorship after a significant loss.

Full ethical approval was gained for the study from the Central Queensland University Ethics Committee. Participants were informed in writing and verbally of their rights in research and all gave consent to be interviewed. As part of the ethics and institution approval it was agreed that quotes from respondents would not be published with any identifying details.

Methods

There were 301 CHS clients in the 2005–2006 period, of which 215 were there as a result of the death of a spouse; of these 120 were found through letter and telephone to be alive and contactable for possible participation in the research. Of this subgroup, 77 people agreed to participate in an interview, a participation rate of 64%. The findings presented here are from the subgroup of 77 participants who were interviewed. Out of the subset of 77 participants, 24 were male and 53 were female. The average age was 69.5 years with the minimum being 38 years and the maximum 91 years; the standard deviation was 12 years. Most (94%) participants were contactable on their last telephone number recorded at CHS and so had not moved home during their bereavement period.

A qualitative descriptive methodology informed the research process. The interviews were conducted by trained interviewers with a background in psychosocial research. The interviews lasted approximately 20 minutes and explored factors associated with each participant's bereavement process from the point of their involvement with CHS until the time of the interview. A set of five structured prompt questions informed the interviews covering a range of topics including details of contact with CHS (whether it included palliative care support, grief counselling or involvement in bereavement support groups), whether and in what ways the CHS contact helped, the participant's physical, emotional and social wellbeing since hospice contact, and details of other support available to them during the time of bereavement. The interviews were transcribed verbatim and coded, using the QSR NVivo computer program, by an experienced qualitative coder in collaboration with the study investigator. There was full agreement on coding. The codes were

thematically analysed and the findings relating to factors that facilitate bereavement survivorship are included in this article.

Results

A significant grief

The loss of a spouse or partner was described as a significant grief that has a powerful emotional impact. It was noted by some participants that the profoundness of the loss and the challenges inherent in the grief process could not be understood by others unless they had themselves experienced a significant bereavement.

The initial period of grief was noted as the most intense and a time when some felt the need to seek counselling or involvement in bereavement groups. However, the participants indicated that although in some ways the intensity reduces over time, the process of bereavement is ongoing over a long period. Indeed, some aspects of the grief experience such as going out alone or socialising with other couples is reported as becoming harder to deal with over time. It was noted that most people, including health professionals, are not aware of the long grieving process and can mistake grief for depression. As many of the participants had been in long term relationships, they were accepting of the fact that dealing with losing such an important relationship is a very lengthy process. The process is seen as nonlinear with 'ups and downs' or 'good days and bad days'.

Bereavement assistance from CHS

All of the participants provided insights on the factors associated with the care provided that assisted with coping with bereavement. There were comments to indicate that some participants had made the independent observation, comparing themselves to others who did not have such hospice based bereavement assistance, that they were left in a much better emotional and existential state to deal with life after the death of their loved one. As one participant explained:

'Yeah, it's been interesting actually because I have a new partner and he lost his wife to breast cancer many, many years ago and didn't have any support in terms of Cittaani or anything like that. And you know, it's interesting how I also know men who've been involved in our group, how they have processed with the support of a group like

this, and moving on with their lives compared to my new partner and a group of friends that he's got who, you know, people that he's come into contact with who never had that support. How they have not processed in the same way the death of their partner in terms of the impact that it had on them.'

Predeath bereavement care

Bereavement assistance was reported to start well before the spouse's death. The CHS staff were described as compassionate, caring people for whom nothing was too much trouble. The participants indicated that experienced, helpful hospice workers contributed to the family being prepared both for the death and the consequent bereavement. The process of grieving was thus initiated and supported before and during the dying trajectory. As one participant explained:

'I think I did my bereavement part when he was in a bad way before you know, got really, really serious and over those weeks I think a lot of my bereavement was done... so yeah, they [CHS staff] were a huge support, can't speak highly enough of them.'

Staff were seen as being there to talk about concerns but never 'pushy' and so the caregivers were able to unpack difficult issues of loss at their own time and pace. As one participant described the process:

'Like you just can't put it into words – when that type of thing happens to you like your whole world falls apart, you've just got nothing and they help you through it. They'll sit down and they'll talk to you and they'll listen. And they suggest things and they don't – they just suggest, they don't pump it into you. And it's up to you then whether you go along those lines or not but you know, that's how it is.'

Participants noted that because of such holistic care the caregiver and family had a longer time to prepare for the loss. Statements were made contrasting the unmet needs and lack of awareness of the bereavement process participants had before hospice care.

There were factors associated with care at the point of death that were also seen to assist in the bereavement process. The opportunity to be with the loved one at the time of death was described as a significant and meaningful experience. Assistance with funeral arrangements

was much appreciated by those who found making such arrangements too confronting. With support the funeral became a positive experience; a celebration of life that provided emotional nurturing for the bereaved.

Postdeath bereavement care

Most of the participants made clear and strong statements that CHS's bereavement follow up after the patient's death (which can range from a routine telephone call, counselling or grief group work) was both helpful and appreciated. For some, this follow up was considered more important than support from family and friends. Some indicated that they became quite ill after their loved one's death but managed because of the active postdeath follow up of the social worker, for example:

'Yeah she [CHS social worker] phoned me on a regular basis 'cause I got very sick after. I think I let go of everything and got myself into a predicament and she was very, very helpful. I do think I became ill because of the death. Because I mean when you're nursing somebody that's – you know, you've been with them 44 years...'

However, there was a small group of participants who indicated that the offer of follow up from CHS was not taken up as there was no need as other personal support was available.

Some of the participants reported needing more than the telephone follow up and attended CHS grief counselling sessions. Such counselling was seen as very beneficial, especially during the intense time immediately following the death. Others attended and praised the bereavement support group. However, a small number of participants commented that they wanted to cope with the bereavement by themselves without involvement in counselling or groups.

A network of support

In addition to the support provided by CHS, the participants described a wide range of supportive relationships that they considered contributed directly to helping them deal with the challenge of bereavement.

Informal support

For all participants, some form of informal support is seen as essential in dealing with grief. The most common of the informal relationships

noted were family members, friends, neighbours, the church community, other members of a retirement village, sporting teams, bowls and craft groups, work colleagues, a new partner, and the family pet.

However, especially in the intense period immediately after the death, some individuals reported a loss of desire to socialise. For some, the energy for relationships increased over time while others prefer a more solitary existence. Accompanying the description of the benefit from informal support were discussions of problems encountered in the informal network during the bereavement period. The core concerns in this regard were loss of contact from the spouse's friends, relatives or friends living too far away, dysfunctional family relationships and family and friends being too busy. For some, there was a sense that others did not understand the depth of the loneliness that happens with the loss of a partner. Others reported wanting to cope by themselves without support or not wanting to burden others with their problems.

Formal support

The local GP was noted to be an important formal support by a few of the participants. There were positive comments about GPs who provided continuity of care through their involvement during the dying stage. As one participant explained:

'My husband's doctor is a wonderful man and he would drop in on his way home from work and just sit and talk with us both.'

The GP support was reported as 'making a difference', as can be seen by the following statement:

'I was very lucky I also had my husband's doctor. [He] was absolutely fantastic as well. I think that makes a big difference.'

Apart from GPs, there was scant comment on engaging with professional mental health assistance. It is important to note that although the comments on GPs were very positive, there were only a few participants who made statements about GP support.

Keeping busy and active

Participants provided a wealth of detailed description of the many and varied activities they invested their energy in as a welcome therapeutic aspect of dealing with the intense distress of

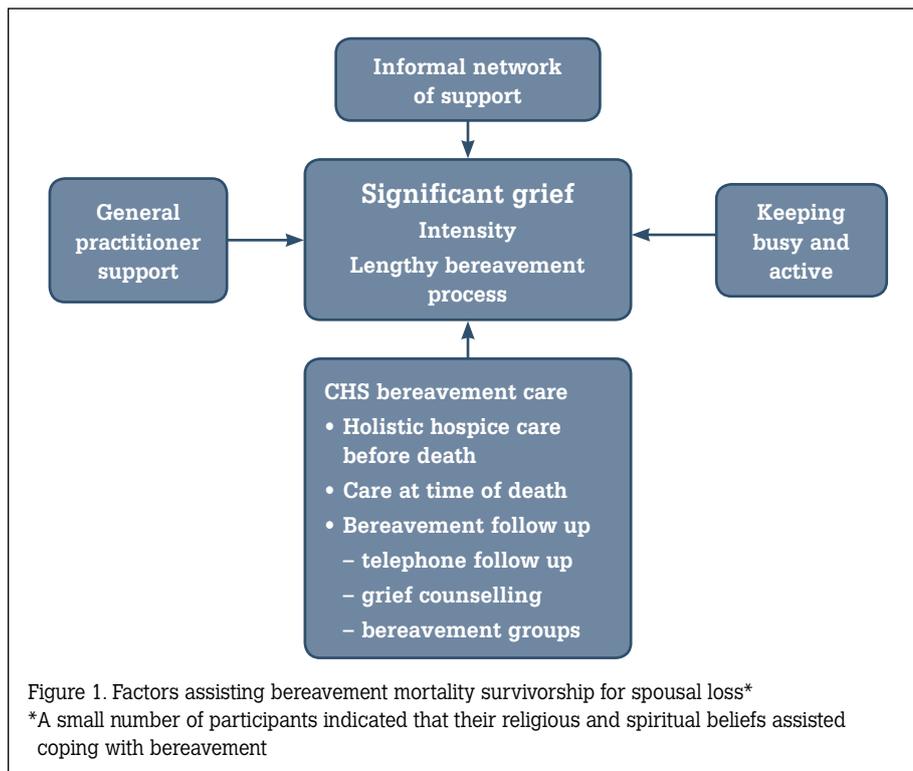
grief. At the core of these descriptions is the notion that keeping active reduces the feelings of distress and begins to build new satisfactions in life. Examples of such activities include taking a holiday, participating in volunteer work or bowls and craft clubs, and helping family members with farm work.

Discussion

The death of a spouse is described by the participants in this research as an intense experience that requires a lengthy process of recovery. *Figure 1* outlines a summary of the core factors that the participants in the study indicated assisted them to cope with the challenge of the significant grief of spousal bereavement. The factors were strong themes posited by participants independent of their age, physical condition, economic situation or factors associated with the marriage relationship. In view of the important role of GPs in bereavement support^{7,8} the factors are presented as a short, user friendly insights to inform GPs' understanding of bereavement care before and after spousal death. The work acknowledges that the grieving process is highly individual^{10–12} and does not substitute for the need for active listening to the individual patient's needs and concerns.¹²

Social support is defined as the positive aspects of a relationship, either formal or informal, and can be emotional, material or instrumental.¹³ The need for, satisfaction with and problems associated with accessing social support for the bereaved in this study resonates with research elsewhere.^{10,13} Social support is recorded as a key aspect of recovery from bereavement and an important element in reduced mortality risk.¹⁴ As the research by Benkel et al indicates,¹⁰ the grieving person needs support from their informal network of family and friends, and it is this network that provides most support during bereavement. However, as the work of Steiner indicates,¹³ many adult bereaved persons lack sufficient social support. The findings from this study indicate that GPs need to be mindful of the importance of social support and view lack of supportive networks as a vulnerability risk during the mortality risk period of 12 months postspousal bereavement.

The strategy of keeping busy and active is posited by the participants as a key coping



strategy, although this factor is not explored in the literature. There is now extensive literature in relation to the third factor, the important healthcare contribution of the holistic palliative care and hospice philosophy and practice.^{15–18}

The results of the present study affirm the importance of follow up bereavement care provided by a community based hospice service to those coping with the major life trauma of spousal bereavement. Research indicates that, as with the bereavement care provided by CHS, the need for social support from professional staff was most needed close to the death and for some time after.^{10,19} A strong recommendation from the findings is for GPs to be aware of the need to proactively ensure that the benefits of such pre- and post-death bereavement care are available to patients and families under their care through appropriate and timely referral to hospice/palliative care. Such referrals are clinical decisions that can have long term positive physical and emotional consequences for those coping with a significant bereavement.

The findings indicate that for a few of the spouses the support of the GP is greatly valued, however, this number was low in view of the literature that affirms the important role of GPs in bereavement support.^{7,8} Thus, a further

recommendation from the study is that more GPs should be encouraged to engage in this significant aspect of patient care.

Conclusion

These findings, set in the context of the important role of GPs in bereavement care, point to three core factors that bereavement survivors indicate assist with coping: appropriate referral to palliative care, supportive informal networks and keeping busy. These insights provide user friendly insights to inform GPs working with individuals challenged by the significant bereavement of the death of a spouse.

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