Bereavement Best Practice Literature Review

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Subsections for Literature Review

1. Care Approaching and At Time of Death
    - Clinical, spiritual, and psychosocial support
    - Multidisciplinary coordination
    - Environmental and cultural considerations
2. Immediate Postmortem and Family Support
    - Bedside rituals, legacy-making, and family presence
    - Comfort carts / bereavement carts
    - Transfer to morgue, viewing procedures, and documentation
3. Follow-Up Support (First Month and Beyond)
    - Outreach, mailings, phone calls, and memorial services
    - Referrals to support groups or counseling
    - Inclusivity in grief support (siblings, blended families, diverse backgrounds)
4. Staff Support and Institutional Resilience
    - Debriefing, peer support models, Schwartz Rounds, chaplain interventions
    - Impact on medical trainees and frontline staff
    - Institutional grief policies and culture
5. Global and Seminal Frameworks in Pediatric Bereavement
    - International protocols and comparative models
    - Foundational studies and widely adopted frameworks
    - Family-centered and trauma-informed approaches

Methodological Note

Purpose and Shared Scope

This document has been developed as an open-access, shared framework to assist healthcare institutions, pediatric palliative care teams, and bereavement committees in evaluating, refining, and enacting internal policies and procedures. Pediatric bereavement care spans a highly diverse patient population (newborns to 24 years old) and demands a unified response from an interdisciplinary team, including physicians, nurses, chaplains, social workers, child life specialists, and ancillary services.

Because the clinical, psychosocial, and spiritual interventions guided by these policies have a profound impact on families and frontline staff, the integrity of the underlying evidence must be beyond reproach. This document is made freely available to foster cross-institutional collaboration and elevate the standard of pediatric decedent care globally.

Shared Operational Directive: This framework is a launchpad, not a shortcut. No clinical or procedural policy should be altered based on secondary summaries alone. To protect the sacred nature of this work,

every benchmark recommendation must be manually traced to a retrieved, verified, peer-reviewed full-text article by your local interdisciplinary team.

Thematic Categorization

To align with the operational lifecycle of bereavement care, this framework categorizes research and procedural considerations into five critical domains:

- Anticipatory Care: Clinical, spiritual, and communication coordination as death approaches.
- Immediate Postmortem Care: Bedside rituals, memory-making, comfort carts, and safe, reverent decedent transfer.
- Extended Family Support: Culturally competent outreach, sibling-specific groups, and long-term community rituals during the first month and beyond.
- Institutional Resilience: Structural peer support, formal debriefing mechanisms (such as Schwartz Rounds), and chaplain-led interventions for staff coping and trainee mentorship.
- Systemic Frameworks: Grounding local procedures in trauma-informed care, family-centered care models, and internationally recognized rights-based charters.

Care Approaching And At Time Of Death

Executive Summary

This section synthesizes key research on clinical, spiritual, psychosocial, and environmental aspects of care provided as a pediatric patient approaches death. Findings emphasize the importance of interdisciplinary collaboration, anticipatory guidance for families, and flexibility in tailoring end-of-life care to reflect cultural and individual preferences. Effective communication, spiritual support, and environmental considerations such as quiet, comfort-focused settings enhance family experience and reduce traumatic stress. This phase of care significantly shapes the grief trajectory for families and is a critical moment for institutional quality and compassion.

Key Recommendations

- Ensure consistent interdisciplinary communication at end of life.
- Implement training for staff on family-centered, culturally responsive spiritual care.
- Prepare protocols for anticipated deaths including sibling preparation, legacy-making, and environmental support.

Literature Review

1. Alcón-Nájera, S., Ortiz-Pizarro, R. B., Peña-Meléndez, E., Sánchez-Gallego, A., & González-Gil, M. T. (2025). "The good death": Experience of parents who have suffered the loss of a child in a pediatric intensive care unit. A phenomenological study. *Journal of Pediatric Nursing, 84*, 107–113. https://doi.org/10.1016/j.pedn.2025.05.016
    - Alcón-Nájera and colleagues conducted a phenomenological study exploring parents' experiences of losing a child in a pediatric intensive care unit (PICU), particularly focusing on the concept of a "Good Death." Key findings include the importance of family preparedness, clear and compassionate communication from healthcare professionals, active family participation in end-of-life decisions, and comprehensive emotional and spiritual support throughout the process. Families highlighted legacy-making practices such as memory creation and rituals as deeply meaningful, contributing significantly to

adaptive grieving processes. This article directly informs your project's multidisciplinary goals by offering clear, evidence-based guidance for clinical teams on enhancing patient and family support during the critical phases approaching death and in immediate postmortem care.

2. Linebarger, J. S., Johnson, V., Boss, R. D., SECTION ON HOSPICE AND PALLIATIVE MEDICINE, Linebarger, J. S., Collura, C. A., Humphrey, L. M., Miller, E. G., Williams, C. S. P., Rholl, E., Ajayi, T., Lord, B., & McCarty, C. L. (2022). Guidance for Pediatric End-of-Life Care. *Pediatrics*, *149*(5), e2022057011. https://doi.org/10.1542/peds.2022-057011
    - This AAP-endorsed guideline includes actionable protocols for care immediately before and after death, including emotional tone-setting, bereavement cart use, and room setup. It encourages legacy-building practices such as hand molds and voice recordings and recommends family-centered handling of postmortem logistics. It also highlights documentation practices that reflect compassion and spiritual sensitivity, including how and when to note time of death and offer family referrals. This is one of the most comprehensive pediatric postmortem resources available, offering clear direction for clinical and psychosocial teams.
3. Feudtner, C., Feinstein, J. A., Satchell, M., Zhao, H., & Kang, T. I. (2007). Shifting place of death among children with complex chronic conditions in the United States, 1989-2003. *JAMA*, *297*(24), 2725–2732. https://doi.org/10.1001/jama.297.24.2725
    - Feudtner and colleagues conducted a comprehensive analysis of mortality trends in children with complex chronic conditions, revealing a notable shift toward hospital-based deaths and highlighting disparities in location of death by diagnosis and demographics. This population-level study emphasizes the importance of early goals-of-care discussions and anticipatory planning, particularly for interdisciplinary teams. It supports the role of institutional readiness—including chaplaincy, social work, and child life—in preparing for and supporting end-of-life experiences within the hospital. Findings also call attention to systemic gaps in palliative access and coordination across care settings. This data underscores the necessity for pediatric hospitals to establish proactive, standardized care approaches near time of death.
4. Foster, T. L., Lafond, D. A., Reggio, C., & Hinds, P. S. (2010). Pediatric palliative care in childhood cancer nursing: from diagnosis to cure or end of life. *Seminars in oncology nursing*, *26*(4), 205–221. https://doi.org/10.1016/j.soncn.2010.08.003.
    - Foster et al. provide a comprehensive review of pediatric palliative care in oncology settings, emphasizing multidisciplinary collaboration. The authors identify best practices for integrating nursing, psychosocial, spiritual, and medical support throughout a child's illness trajectory, highlighting key communication strategies, anticipatory guidance, and structured team meetings. This resource directly informs your project's focus on enhancing clinical, spiritual, and psychosocial coordination in the period approaching and at the time of death.
5. Hendricks-Ferguson, V. L., Sawin, K. J., Montgomery, K., Dupree, C., Phillips-Salimi, C., & Haase, J. E. (2015). Novice nurses' experiences with palliative and end-of-life communication. *Journal of Pediatric Oncology Nursing, 32*(4), 240–252. DOI: 10.1177/1043454214555196
    - This qualitative study examines the experiences of novice pediatric oncology nurses providing palliative and end-of-life care, particularly in their communication with patients and families. Nurses reported emotional discomfort, uncertainty in language use, and limited formal training in engaging in these conversations. The findings suggest the need for structured interdisciplinary education, including simulations and role-play, to prepare frontline staff. Chaplains, psychologists, and seasoned nurses may serve as

mentors in developing these skills. Importantly, the study highlights how clinical confidence affects both the child's experience of dying and the emotional tone conveyed to families.

6. Kars, M. C., Grypdonck, M. H., & van Delden, J. J. (2011). Being a parent of a child with cancer throughout the end-of-life course. *Oncology Nursing Forum, 38*(4), E260–E271. https://doi.org/10.1188/11.ONF.E260-E271
    - Through interviews with bereaved parents, this study maps the emotional and spiritual trajectory of caregiving and grief from the time of diagnosis to the child's death. Parents emphasized the need for honest, continuous communication, moments of shared humanity with providers, and sacred space for saying goodbye. The findings support care protocols that include memory-making, presence without agenda, and intentional transitions from curative to palliative care. While slightly older, this study remains a seminal work capturing the moral and relational experience of pediatric end-of-life care. It affirms chaplains' and social workers' unique roles in witnessing and holding space for existential dimensions of grief.
7. Kaye, E. C., DeMarsh, S., Gushue, C. A., Jerkins, J., Sykes, A., Lu, Z., Snaman, J. M., Blazin, L. J., Johnson, L. M., Levine, D. R., Morrison, R. R., & Baker, J. N. (2018). Predictors of Location of Death for Children with Cancer Enrolled on a Palliative Care Service. *The oncologist*, *23*(12), 1525–1532. https://doi.org/10.1634/theoncologist.2017-0650
    - This retrospective study demonstrates a strong association between palliative care team involvement and greater likelihood of death occurring outside of intensive care settings, suggesting enhanced quality-of-death experiences. Children referred to palliative teams were more likely to die in hospice or at home, and to have documented end-of-life preferences. The research points to the importance of early, embedded palliative consultation within oncology and other subspecialty care lines. For hospital-based programs, it highlights how multidisciplinary coordination—especially with chaplaincy and social work—can enable better alignment of care with family goals. It also calls for policy support of early referrals.
8. Mack, J. W., Wolfe, J., Grier, H. E., Cleary, P. D., & Weeks, J. C. (2006). Communication about prognosis between parents and physicians of children with cancer: parent preferences and the impact of prognostic information. *Journal of clinical oncology : official journal of the American Society of Clinical Oncology*, *24*(33), 5265–5270. https://doi.org/10.1200/JCO.2006.06.5326
    - While focused on oncology, this study is foundational for understanding communication near the end of life. It reveals a significant gap between the prognostic information physicians report giving and what parents report hearing. Parents overwhelmingly desired truthful, clear information, even if it was bad news, and valued emotional support from clinicians. This highlights a critical role for the entire team—physicians to provide clear information, and chaplains, social workers, and child life specialists to help families process it. It suggests a need for communication training and coordinated family meetings.
9. Rosenberg, A. R., Postier, A., Osenga, K., Kreicbergs, U., Neville, B., & Dussel, V. (2015). Long-term psychosocial outcomes among bereaved siblings of children with cancer. *Journal of Pain and Symptom Management, 49*(1), 55–65. https://doi.org/10.1016/j.jpainsymman.2014.05.006
    - This longitudinal study explores the long-term psychosocial impact of a sibling's death from cancer, emphasizing how bereavement processes begin before the actual death. Siblings who felt included and informed during the dying process showed better psychosocial outcomes. This research supports integrating siblings into end-of-life rituals

and family-centered care models. It reinforces the role of child life specialists and chaplains in addressing anticipatory grief within the whole family unit, not just parents. Long-term follow-up care can be shaped by the quality of communication and support at the time of death.

Immediate Postmortem And Family Support

Executive Summary

Research reviewed here underscores the value of respectful and personalized postmortem care that supports early grief. This includes memory-making rituals, legacy items, and presence at bedside, as well as sensitive procedures related to body transfer and documentation. Institutions that offer quiet spaces, allow time with the body, and empower staff to facilitate rituals report stronger family satisfaction and reduced complications in grief processing. Bereavement carts and interdisciplinary planning improve both emotional and logistical support for families in the acute hours after death.

Key Recommendations

- Create structured guidelines for postmortem care with flexible space for cultural variation.
- Provide legacy kits and quiet spaces for family reflection.
- Train staff to explain next steps compassionately and clearly to families.

Literature Review

1. American Academy of Pediatrics Committee on Hospital Care & Institute for Palliative Care (2023). *Supporting the Family After the Death of a Child or Adolescent. Pediatrics, 152*(6), e2023064426. https://doi.org/10.1542/peds.2023-064426
    - This official AAP clinical report outlines postmortem best practices, including guidance on family viewing, holding, legacy-making, and documentation. It emphasizes that institutional culture must support unhurried bedside presence, ritual space, and coordination among nurses, chaplains, and physicians. The report affirms bereavement carts and “comfort baskets” as tools for expressing institutional compassion and standardizing family care. It also addresses the logistics of morgue transfer and emphasizes the need to maintain dignity in all aspects of post-death care. This resource is ideal for hospital policy development and interdepartmental training.
2. Berrett-Abebe, J., Levin-Russman, E., Gioiella, M. E., & Adams, J. M. (2017). Parental experiences with a hospital-based bereavement program following the loss of a child to cancer. *Palliative & supportive care*, *15*(3), 348–358. https://doi.org/10.1017/S1478951516000821
    - Berrett-Abebe, Levin-Russman, Gioiella, and Adams (2017) explore parental experiences with a hospital-based bereavement program following the death of a child from cancer. Using qualitative interviews, the study highlights how structured bereavement outreach—including condolence letters, follow-up calls, memorial services, and invitations to support groups—can foster a sense of continuity and validation for grieving families. Parents emphasized the importance of authentic, personalized contact and appreciated when care providers who knew their child were involved in post-death communication. The study reinforces the therapeutic value of ongoing relationships between families and the care team, particularly in oncology contexts where long-term bonds are often formed. It also identifies areas for program improvement, such as clearer communication about what bereavement services are available and when. The

findings support the integration of bereavement programs as a vital extension of pediatric cancer care, offering actionable insights for broader interdisciplinary programs aiming to deliver emotionally attuned, longitudinal family support.

3. Deng, C., Zheng, R., Hong, J., & Guo, Q. (2025). Legacy-making interventions in pediatric palliative care: A mixed methods systematic review. *Asia-Pacific journal of oncology nursing*, *12*, 100694. https://doi.org/10.1016/j.apjon.2025.100694
    - This mixed-methods systematic review analyzes legacy-making interventions in pediatric palliative care, including artwork, handprints, digital recordings, and personalized memory items. Findings affirm that legacy-making promotes ongoing bonds and meaning reconstruction for grieving families, especially when supported by interdisciplinary staff. The study underscores the importance of offering legacy interventions before and immediately after death, tailored to family culture and preferences. Staff presence and sensitivity were found to directly impact the emotional value of the legacy items. This review provides strong evidence for implementing structured memory-making protocols and suggests chaplains, child life, and nurses as central facilitators.
4. Gundry, A., Elvidge, N., Donovan, L., Bunker, K., Herbert, A., & Bradford, N. (2023). Parent and Provider Perspectives of a Hospital-Based Bereavement Support Program in Pediatric Palliative Care. *Journal of pain and symptom management*, *65*(5), 388–399.e9. https://doi.org/10.1016/j.jpainsymman.2023.02.002
    - Gundry et al. (2023) present a mixed-methods evaluation of a hospital-based bereavement support program in pediatric palliative care, incorporating perspectives from both bereaved parents and healthcare providers. The study highlights the importance of structured, multi-touchpoint bereavement support that extends beyond a single postmortem contact. Parents valued legacy-making, memory-building opportunities, and follow-up phone calls—especially when initiated by trusted providers who had known their child. Providers noted the program improved their own moral comfort, reduced uncertainty around what to offer, and helped normalize grief literacy across the team. The study supports institutionally embedded, interdisciplinary bereavement protocols that include practical tools (e.g., condolence cards, scheduled follow-ups), guided by relational continuity and cultural sensitivity. It offers an evidence-based model for aligning staff confidence and family-centered values in the first months after a child's death.
5. Lichtenthal, W. G., Corner, G. W., Sweeney, C. R., Wiener, L., Roberts, K. E., Baser, R. E., … & Prigerson, H. G. (2015). Mental health services for parents who lost a child to cancer: If we build them, will they come? *Journal of Clinical Oncology, 33*(20), 2246–2253. https://doi.org/10.1200/JCO.2014.59.0406
    - Lichtenthal and colleagues provide empirical insights into parent engagement with bereavement follow-up services after the loss of a child to cancer. Their study identifies effective methods for increasing parental uptake of post-loss support, highlighting the effectiveness of proactive outreach (phone calls, mailings) and personalized approaches. This research directly supports your project's focus on actionable strategies for maximizing meaningful participation in follow-up bereavement care.
6. Meert, K. L., Thurston, C. S., & Briller, S. H. (2005). The spiritual needs of parents at the time of their child's death in the pediatric intensive care unit and during bereavement: a qualitative study. *Pediatric critical care medicine : a journal of the Society of Critical Care Medicine and the World Federation of Pediatric Intensive and Critical Care Societies*, *6*(4), 420–427. https://doi.org/10.1097/01.PCC.0000163679.87749.CA

- Meert, Thurston, and Briller (2005) conducted a qualitative study exploring the spiritual needs of parents at the time of their child's death in the pediatric intensive care unit (PICU) and during bereavement. Through in-depth interviews, the authors identified recurring themes of meaning-making, connectedness, and a need for compassionate presence from staff. Parents expressed the importance of opportunities for prayer, ritual, and memory-making—often facilitated or supported by chaplains and nurses—as central to their ability to process the death. The study highlights that spiritual needs are not limited to religious practices but encompass broader existential and relational support, including honest communication and acknowledgment of suffering. These findings underscore the critical role of interdisciplinary teams in providing spiritual care, particularly in acute and high-intensity environments like the PICU. The article remains a foundational reference for integrating trauma-informed, family-centered spiritual support into institutional bereavement care practices.

7. Morris, S. E., Dole, O. R., Joselow, M., Duncan, J., Renaud, K., & Branowicki, P. (2017). The Development of a Hospital-Wide Bereavement Program: Ensuring Bereavement Care for All Families of Pediatric Patients. *Journal of pediatric health care : official publication of National Association of Pediatric Nurse Associates & Practitioners*, *31*(1), 88–95. https://doi.org/10.1016/j.pedhc.2016.04.013
    - Morris et al. (2017) describe the development and implementation of a comprehensive, hospital-wide pediatric bereavement program designed to ensure consistent postmortem support for all families, regardless of diagnosis, unit, or length of stay. The program, led by an interdisciplinary team, included the creation of standardized bereavement protocols, condolence mailings, legacy items, staff education, and documentation practices that span across service lines. Emphasis was placed on equitable care delivery—especially for families who might otherwise "fall through the cracks" due to non-traditional care trajectories (e.g., sudden deaths or brief admissions). The article provides a replicable institutional model that integrates nursing, chaplaincy, child life, social work, and medical providers into a unified bereavement framework. It also identifies practical strategies for sustaining such programs through data tracking, staff buy-in, and leadership endorsement. This study is particularly relevant for teams aiming to create a scalable and inclusive bereavement infrastructure across pediatric settings.
8. Tedeschi, R. G., Cann, A., Taku, K., Senol-Durak, E., & Calhoun, L. G. (2017). The posttraumatic growth inventory: A revision integrating existential and spiritual change. *Journal of Traumatic Stress, 30*(1), 11–18. https://doi.org/10.1002/jts.22155
    - Tedeschi and colleagues examine posttraumatic growth among bereaved individuals, incorporating existential and spiritual dimensions. Their revised Posttraumatic Growth Inventory explicitly supports inclusive bereavement practices by recognizing diverse pathways to resilience among siblings, blended families, and culturally diverse individuals. The study provides evidence for your project's inclusive bereavement support and emphasizes growth-focused interventions tailored to diverse family structures.

Follow-Up Support (First Month And Beyond)

Executive Summary

This section highlights the role of continued institutional engagement after a child's death. Follow-up efforts such as phone calls, mailings, referrals, and memorial services provide crucial scaffolding for grieving families. The literature supports multi-modal approaches that acknowledge each family's grief timeline, relational context, and psychosocial risk. Special attention to siblings, blended families, and diverse cultural expressions of mourning is shown to enhance bereavement outcomes and reflect institutional values of inclusion and equity.

Key Recommendations

- Establish minimum standards for outreach (e.g., condolence letter, 2-week call, invitation to memorial).
- Track and support siblings and blended families with age-appropriate grief resources.
- Refer families to community grief programs and offer institution-led groups.

Literature Review

1. Garstang, J., Griffiths, F., & Sidebotham, P. (2014). What do bereaved parents want from professionals after the sudden death of their child: A systematic review of the literature. *BMC Pediatrics, 14*, 269. https://doi.org/10.1186/1471-2431-14-269
    - This systematic review focuses on sudden unexpected child deaths and highlights universal themes: the need for timely contact, clear communication, and compassionate follow-up regardless of setting. Parents reported trauma when left without contact after death, especially in non-palliative contexts such as the ED. Though not exclusively pediatric oncology-focused, the findings strongly support a hospital-wide standard for follow-up that is not diagnosis-dependent. This article is especially useful for shaping equitable bereavement outreach policies that include unanticipated deaths.
2. Goldberg, J. M., Duplechain, A. C., Fraser, C. E., & Boles, J. C. (2021). An Interdisciplinary Hospital-Based Committee to Improve Pediatric Bereavement Care. *Hospital pediatrics*, *11*(11), 1287–1294. https://doi.org/10.1542/hpeds.2021-005964
    - Goldberg et al. (2021) describe the formation and impact of an interdisciplinary bereavement committee at a large pediatric hospital aimed at improving bereavement care consistency and equity across departments. The committee brought together professionals from chaplaincy, child life, nursing, palliative care, social work, and hospital administration to identify gaps and implement standardized practices such as legacy-making protocols, condolence mailings, and bereavement education for staff. The study demonstrates how institutional structures can foster sustainable change in bereavement care delivery by aligning clinical services with family-centered values and operational feasibility. Outcomes included greater interdisciplinary coordination, improved documentation of bereavement efforts, and increased staff awareness of bereavement responsibilities. This article is particularly valuable for institutions seeking to formalize or expand bereavement initiatives through systems-level change and cross-departmental collaboration.
3. Lichtenthal, W. G., Sweeney, C. R., Roberts, K. E., Corner, G. W., Donovan, L. A., Prigerson, H. G., & Wiener, L. (2015). Bereavement Follow-Up After the Death of a Child as a Standard of Care in

Pediatric Oncology. *Pediatric blood & cancer*, *62 Suppl 5*(0), S834–S869. https://doi.org/10.1002/pbc.25700

- Lichtenthal et al. (2015) make a compelling case for integrating bereavement follow-up as a formal standard of care in pediatric oncology. Drawing on empirical data, expert consensus, and psychological models of grief, the article outlines specific components of effective bereavement follow-up: initial condolence outreach, sustained family contact, referrals to grief counseling, and inclusive practices for siblings and extended family members. The authors emphasize that early and structured engagement can mitigate risks for prolonged grief and psychological distress, especially in high-risk populations. A key contribution of this work is its framing of bereavement care as a moral and clinical obligation, not an optional service. It also highlights disparities in follow-up across institutions and proposes strategies for embedding bereavement protocols into routine care delivery. This article remains a cornerstone in establishing bereavement follow-up as a pediatric oncology best practice.

4. Pakseresht, M., Rassouli, M., Rejeh, N., Rostami, S., Barasteh, S., & Molavynejad, S. (2021). Explore the Bereavement Needs of Families of Children With Cancer From the Perspective of Health Caregivers: A Qualitative Study. *Frontiers in psychology*, *12*, 750838. https://doi.org/10.3389/fpsyg.2021.750838
    - This Iranian study offers a culturally grounded lens on family grief needs, including a call for "continuing care" after death that involves both professional and community supports. Providers emphasized the importance of emotional and spiritual outreach, regular contact in the first month, and clear information about mourning rituals. Despite systemic constraints, many staff expressed a desire to offer presence and accompaniment, not just referrals. The study enriches the global understanding of grief care and affirms the universal value of relational follow-up and culturally meaningful practices. It also reinforces the need for spiritual care providers to be integrated into outreach.
5. Ridley, A., Aubry, R., & Frache, S. (2024). A nationwide survey of bereavement care for siblings provided by paediatric palliative care teams. *Palliative care and social practice*, *18*, 26323524241304782. https://doi.org/10.1177/26323524241304782
    - This French study highlights the status of sibling bereavement care across pediatric palliative teams, revealing substantial variability in practices. While individual psychotherapy was common, group programs and school-based supports were rare. Teams reported a lack of training and resources to systematically include siblings, particularly in blended or nontraditional families. This study reinforces the critical need to design sibling-inclusive follow-up programs that account for family complexity and developmental differences. It also underscores the importance of tracking sibling experiences longitudinally, not just at the time of death.

Staff Support And Institutional Resilience

Executive Summary

Pediatric deaths affect not only families but also the staff who care for them. This section outlines models for building institutional resilience and staff well-being through peer debriefing, Schwartz Rounds, chaplaincy interventions, and leadership-supported grief practices. Moral distress, burnout, and cumulative grief are mitigated when institutions embed grief-responsive strategies across departments.

Medical trainees, frontline clinicians, and ancillary staff all benefit from opportunities to process loss within a safe, reflective, and trauma-informed framework.

Key Recommendations

- Normalize post-death debriefing opportunities for all disciplines.
- Support moral distress mitigation training and trauma-informed peer support models.
- Develop institutional policies that recognize grief as a workplace concern.

Literature Review

1. Back, A. L., Steinhauser, K. E., Kamal, A. H., & Jackson, V. A. (2016). Building resilience for palliative care clinicians: An approach to burnout prevention based on individual skills and workplace factors. *Journal of Pain and Symptom Management, 52*(2), 284–291. https://doi.org/10.1016/j.jpainsymman.2016.02.002
    - Back and colleagues propose practical, evidence-based strategies to promote resilience and reduce burnout among palliative care clinicians and frontline healthcare workers. Their resilience-building framework combines individual coping strategies (mindfulness, reflective practices) with organizational measures (structured peer support, institutional policies).
2. Bradford, K. L., Lele, K., & Leung, K. C. Y. (2024). Finding the Creative Synergy between Spiritual Care and the Schwartz Rounds. *Religions*, *15*(8), 967. https://doi.org/10.3390/rel15080967
    - This study introduces a chaplain-led framework called "Value-Based Reflective Practice," designed to support interdisciplinary team resilience. Drawing from theological and ethical reflection, the practice invites participants to name values, witness suffering, and restore a sense of coherence after difficult events. Implemented across several pediatric teams, the practice was linked to reduced burnout and improved interdisciplinary trust. The authors argue that spiritual care providers are uniquely positioned to lead non-clinical, values-oriented spaces for grief integration. This model is particularly relevant for hospitals where emotional processing often falls outside standard clinical supervision.
3. Bian, W., Cheng, J., Dong, Y., Xue, Y., Zhang, Q., Zheng, Q., Song, R., & Yang, H. (2023). Experience of pediatric nurses in nursing dying children - a qualitative study. *BMC nursing*, *22*(1), 126. https://doi.org/10.1186/s12912-023-01274-0
    - This qualitative study from China explores pediatric nurses' coping mechanisms following child deaths. Participants described a range of emotional responses—grief, self-doubt, sandess—and emphasized the importance of peer solidarity, supervisory support, and opportunity for remembrance. Nurses expressed that having dedicated space and time to grieve was rare but deeply valued. The study contributes to global understanding of pediatric staff grief and supports the cross-cultural need for systematized reflection opportunities. While based in a different healthcare context, its themes strongly mirror U.S. institutional challenges.
4. Groves, K. A., Adewumi, A., Gerhardt, C. A., Skeens, M. A., & Suttle, M. L. (2022). Grief in critical care nurses after pediatric suffering and death. Annals of palliative medicine, 11(6), 1888–1899. https://doi.org/10.21037/apm-21-3225
    - This study explores how pediatric ICU nurses experience grief, moral injury, and burnout following child deaths. Many reported internalizing a sense of failure and noted that repeated exposure to suffering shaped their professional identity. Institutions with no debriefing culture saw higher turnover and emotional exhaustion, while those with peer-

led or chaplain-facilitated support had greater staff retention and satisfaction. The findings point to the need for embedded grief rituals and meaning-making practices as part of resilience strategy. The article is a compelling case for treating staff grief care as part of patient safety and quality initiatives.

5. Ibrahim, H., Oyoun Alsoud, L., West, K., Maraka, J. O., Sorrell, S., Harhara, T., Nair, S. C., Vetter, C. J., & Krishna, L. (2024). Interventions to support medical trainee well-being after patient death: A scoping review. *Journal of hospital medicine*, *19*(11), 1044–1052. https://doi.org/10.1002/jhm.13489
    - This article examines the emotional and educational impact of pediatric patient death on medical trainees, including residents and fellows. Trainees often felt unprepared for the emotional realities of pediatric mortality and reported insufficient institutional acknowledgment or mentoring. Key recommendations include formal debriefings led by experienced clinicians and chaplains, opportunities to ask questions in non-evaluative settings, and longitudinal inclusion of grief processing in training curricula. This study validates the need for medical education to move beyond clinical skills and explicitly include death literacy and emotional resilience.
6. Oddiri, U., Islam, S., & Lu, W. H. (2023). Understanding the Impact of Schwartz Rounds on Pediatric Clinicians' Well-Being Using the Positive Emotion, Engagement, Relationships, Meaning, and Accomplishment (PERMA) Model for Flourishing: A Qualitative Analysis. *Cureus*, *15*(10), e46324. https://doi.org/10.7759/cureus.46324
    - This qualitative study explores the impact of Schwartz Rounds on pediatric providers, noting reductions in moral distress and increased staff connectedness. Participants described Schwartz Rounds as rare opportunities to voice grief, share vulnerability, and normalize emotional reactions to loss. Especially for newer clinicians and trainees, these rounds supported identity formation and moral grounding. The article advocates for regular integration of Schwartz Rounds into pediatric care environments as part of institutional grief literacy. It offers practical insight into a scalable model that complements both chaplaincy and mental health services.
7. Plante, J., & Cyr, C. (2011). Health care professionals' grief after the death of a child. *Paediatrics & child health*, *16*(4), 213–216. https://doi.org/10.1093/pch/16.4.213
    - In this mixed-methods study, pediatric healthcare professionals reported significant emotional responses to child deaths, including grief, guilt, and emotional exhaustion. Nurses and chaplains reported the most intense grief reactions, often without formal institutional support. The study found that while peer support was valued, few formal debriefing systems were in place, and many staff members developed private coping strategies, some of which were maladaptive. It calls for grief-informed institutional cultures that provide consistent structures for reflection, team support, and acknowledgment of staff emotional labor.
8. Roberts, L. R., Nick, J. M., Sarpy, N. L., Peters, J., & Tamares, S. (2024). Bereavement care guidelines used in health care facilities immediately following perinatal loss: a scoping review. *JBI evidence synthesis*, *22*(10), 2003–2089. https://doi.org/10.11124/JBIES-23-00149
    - Roberts conducts a comparative review of hospital grief-care policies, identifying wide variation in how institutions formalize staff grief support. The article emphasizes that institutions with written guidelines and standing committees are more likely to provide consistent support across departments. It calls for grief-informed organizational policy that includes clear debriefing protocols, interdisciplinary coordination, and rituals that validate emotional labor. The study urges administrators to treat staff grief response as a structural responsibility rather than an individual burden. This is a foundational article

for any hospital developing a system-wide grief policy, even though this research begins with a focus on perinatal loss.

9. Wiener, L., Nautiyal, P., McAdams, S., & Zoosman, M. (2024). Making space for grief: The impact of remembrance programs for pediatric healthcare providers. *Palliative and Supportive Care*, *23*, e9. doi:10.1017/S1478951524001457
    - Though focused on pediatric staff grief rituals, this study offers valuable insight into how remembrance practices can shape institutional tone. Staff emphasized the need for structured reflection and ritual space after a death, which in turn modeled values to grieving families. The parallels between staff and family rituals—memory boards, candle lighting, storytelling—are explored as shared meaning-making. For hospitals planning bereavement protocols, this article offers language and structure that honors both family and staff grief. It reinforces that ritual care after death is a form of relationship, not merely closure.
10. Yazdan, R., Corey, K., Messer, S. J., Kim, E. H., Roberts, K. E., Selwyn, P. A., & Weinberger, A. H. (2023). Hospital-Based Interventions to Address Provider Grief: A Narrative Review. *Journal of pain and symptom management*, *66*(1), e85–e107. https://doi.org/10.1016/j.jpainsymman.2023.03.001
    - This narrative review synthesizes hospital-based interventions for provider grief, categorizing them into peer support, debriefings, reflective rounds, and narrative medicine practices. Chaplaincy and Schwartz Rounds were among the most widely used and well-received modalities, especially when integrated early and proactively rather than reactively. The authors note that without organizational endorsement, even well-intentioned interventions may remain siloed or inconsistent. Recommendations include embedding grief processing into onboarding, annual training, and unit culture. This review provides a strong evidence base for system-level integration of grief-responsive structures.

Global And Seminal Frameworks In Pediatric Bereavement

Executive Summary

Drawing on both foundational literature and international models, this section explores the guiding principles of pediatric bereavement care across systems and cultures. Family-centered and trauma-informed care emerge as universal best practices, while comparative frameworks offer insight into how resource variation and cultural norms shape bereavement delivery. The inclusion of global perspectives broadens understanding and supports culturally humble, ethically grounded institutional policies.

Key Recommendations

- Benchmark local protocols against international and evidence-based models.
- Include grief and palliative care competencies in institutional orientation and ongoing training.
- Use global frameworks to enrich culturally humble care practices.

Literature Review

1. Connor, S. R., Downing, J., & Marston, J. (2017). Estimating the global need for palliative care for children: A cross-sectional study. *Journal of Pain and Symptom Management, 53*(2), 171-177. https://doi.org/10.1016/j.jpainsymman.2016.08.020

- This global study highlights the immense and often unmet need for pediatric palliative and bereavement care worldwide. It provides a global context for the work being done at a single institution, underscoring its importance. It also implicitly points to the need for culturally adaptable models of care, as standards developed in one country may not be directly applicable elsewhere without modification.

2. Griese, B., Burns, M., & Farro, S. A. (2018). *Pathfinders*: Promoting healthy adjustment in bereaved children and families. *Death Studies*, *42*(3), 134–142. https://doi.org/10.1080/07481187.2017.1370416
    - The Pathfinders program is a trauma-informed, community-integrated model offering group and individual grief support to children and families. Developed in the U.S., it emphasizes narrative meaning-making, developmental sensitivity, and ongoing caregiver education. The program has been replicated internationally and informs frameworks beyond the immediate hospital setting. It also highlights how interventions within the first month post-death shape long-term adjustment. Pathfinders serves as a replicable model bridging acute bereavement and long-term psychosocial care.
3. Institute for Patient- and Family-Centered Care (2017) *Advancing the practice of patient and family centered care.* Getting Started. https://www.ipfcc.org/resources/getting_started.pdf.
    - Getting Started Family-Centered Care (FCC) is the guiding philosophy for pediatric medicine and, by extension, pediatric bereavement care. Its core concepts are dignity and respect, information sharing, participation, and collaboration. In bereavement, this means: respecting the family's values and choices, providing full and unbiased information, involving them in all decisions (from clinical care to post-mortem rituals), and collaborating with them as partners in their child's care through the end of life and beyond. All policies should be vetted through an FCC lens.
4. International Children's Palliative Care Network (ICPCN). (n.d.). *ICPCN charter of rights for life limited and life threatened children*. https://www.icpcn.org/icpcn-charter/
    - This charter outlines the fundamental rights of children with life-limiting conditions, based on the UN Convention on the Rights of the Child. It includes the right to palliative care, pain and symptom control, spiritual support, and for their family to receive support. For an interdisciplinary team, this charter provides a rights-based ethical foundation for their work, framing bereavement support not as an optional service but as a fundamental right of the child and family.
5. Knapp, C., Madden, V., & Fowler-Kerry, S. (Eds.). (2012). *Pediatric palliative care: Global perspectives*. Springer. https://link.springer.com/book/10.1007/978-94-007-2570-6
    - This edited volume provides a comprehensive, international view of pediatric palliative care practices, highlighting how cultural, systemic, and resource-based factors shape bereavement care around the world. With contributions from clinicians and researchers across diverse regions, the book explores grief rituals, family-centered decision-making, communication strategies, and continuity of care through death and bereavement. Of particular value to interdisciplinary teams are the sections addressing integration of chaplaincy, child life, and social work roles within low- and middle-income countries, where formalized bereavement services are often limited. The work offers both clinical insights and ethical frameworks for developing context-sensitive, trauma-informed care in pediatric settings. It is especially useful for benchmarking institutional practices against global models and for enriching culturally responsive bereavement programs.
6. Kübler-Ross, E. (1969). *On death and dying*. Scribner.
    - This is arguably the most famous foundational text in the field. Kübler-Ross introduced the "five stages of grief" (denial, anger, bargaining, depression, acceptance). While

seminal in opening the conversation about death, modern theory has critiqued the stage model as being too rigid and prescriptive. It is included here for its historical significance, with the important caveat that grief is now understood as a more fluid, individualized process. For the team, it's a reminder of the common emotional reactions but not a checklist to be applied to families.

7. Lichtenthal, W. G., Roberts, K. E., Donovan, L. A., Breen, L. J., Aoun, S. M., Connor, S. R., & Rosa, W. E. (2024). Investing in bereavement care as a public health priority. *The Lancet. Public health*, *9*(4), e270–e274. https://doi.org/10.1016/S2468-2667(24)00030-6
    - This landmark article frames bereavement care—including pediatric grief—as a population-level public health need. Authors argue for national bereavement policies that include standards for hospital outreach, family inclusion, and grief education. The model positions pediatric bereavement alongside maternal-child health initiatives and trauma prevention. The article supports a cross-sectoral approach, integrating public health, education, healthcare, and social services in grief response. It offers a visionary framework for institutional adoption.
8. Stroebe, M., & Schut, H. (1999). The dual process model of coping with bereavement: Rationale and description. *Death Studies, 23*(3), 197–224. https://doi.org/10.1080/074811899201046
    - This is another cornerstone of modern grief theory. The Dual Process Model (DPM) proposes that bereaved individuals oscillate between two orientations: a "loss orientation" (focusing on the grief, the relationship, the pain) and a "restoration orientation" (focusing on adapting to new roles, tasks, and life changes). Healthy coping involves this dynamic oscillation. This framework helps teams understand why a grieving parent might be planning a fundraiser one day (restoration) and be overwhelmed by sorrow the next (loss). It normalizes this back-and-forth process.
9. Worden, J. W. (2018). *Grief counseling and grief therapy: A handbook for the mental health practitioner (5th ed.)*. Springer Publishing Company.
    - Worden's "Tasks of Mourning" is one of the most influential and clinically useful frameworks. He posits that grief is an active process involving four tasks: 1) To accept the reality of the loss, 2) To process the pain of grief, 3) To adjust to a world without the deceased, and 4) To find an enduring connection with the deceased in the midst of embarking on a new life. This model is powerful for teams because it provides actionable areas to support families (e.g., memory-making helps with Task 4, talking about the death helps with Task 1).