

Critical evaluation examining the needs of bereaved parents in the pediatric inte...

[Family](#), [Parents](#)



Abstract

In Meert et al.'s (2009) qualitative study "Examining the Needs of Bereaved Parents in the Pediatric Intensive Care Unit: A Qualitative Study," the authors seek to determine what is missing from the basic support-based needs of parents who have just lost a child in the pediatric intensive care unit (PICU). Over the course of six years, they conducted interviews and focus groups with the recently bereaved in order to evaluate their experiences with health care professionals, and what could have been done better to help with their needs. This data was then inserted into qualitative data software for analysis, and the authors developed findings for future improvement based on that analysis. In this critical evaluation of the study, I will examine the methods used by Meert et al., and determine whether or not they exercised ethical methods for collecting the data, and whether they were able to achieve credible results that can be replicated again by future researchers.

The title of Meer et al.'s (2009) study itself is intriguing, if vague: we understand that parents would be bereaved if they would be in the pediatric intensive care unit, and that they would have needs, but we do not quite know what those needs would be. However, the title promises that this qualitative study will show us. In short, it is an effective title. (p. 712)

The abstract does a good job of spelling out the purpose of an intensive care unit, the nature of bereavement, and the unique necessity for a study on this bereavement. In the following sentences, Meert et al. (2009) proceed to go

over the aim of this qualitative study, the methods used, and the ultimate utility of this study in a larger healthcare context. (p. 712)

Meert et al. (2009) begins the article proper by explaining the “ special context” the PICU has for parental bereavement, including statistics and the likelihood of death that occurs in a PICU. (p. 713) They then proceed to denote the lack of real resources that comprehensively examine the needs of parents for children who die in the PICU, including a definition of the word bereavement, that they proceed to rely on for the duration of the article. This is a particularly thorough section, flowing well and providing the reader with no extraneous information.

The purpose of the article is clearly defined, as they wish to merely highlight the needs of parents as their child passes in the PICU. Meert et al. (2009) explain the years of research that went into this study and what will be provided in the pages to come. (p. 714) This is a more descriptive, less facts-based section of the article, but it gets the point across and provides needed context for the real content.

Meert et al. (2009) start this section by determining the three phases of qualitative methods that they used, from interviews to focus groups, and finally a detailed listing of needs for bereaved parents derived from the first two phases. (p. 714) Within the realm of qualitative research, I believe that these are solid methods of accruing data, and that they are occurring over a long enough period of time (six years) to justify the sample sizes.

For the first phase, 33 parents consented to indepth interviews, wherein they examined the times surrounding the death of their child (must have been between 18 months and three years after child's death). Meert et al. (2009) made a good decision here, as this time period was a long enough time to allow the interview process to not interrupt an already trying grief process, as well as not waiting so long so as to disrupt an already recovered life. (p. 715) The second phase consisted of 13 parents who participated in focus groups - again, they waited at least 10 months after the death of the child to contact them, and the sample sizes for both cases are a fairly even spread of middle aged parents, with samples skewing slightly more towards white women, but not overly so.

Meert et al. (2009) allowed reputable healthcare professionals to perform the interviews and focus groups, such as pediatric critical care physicians and hospital chaplains, as well as a medical anthropologist for the focus groups. Both quantitative and qualitative information was collected, such as the demographics of the parents and children and specific detail-oriented questions about what they felt they needed during their period of bereavement, and what the staff could have done to more adequately deal with their emotional and spiritual turmoil. (p. 716) In the focus groups, it was more of an open forum between all of the parents, with the anthropologist or chaplain moderating, and their statements and feelings were observed. Both methods seem to be very sound, as they provide a more feelings-based set of information that is still specific and targeted, so that more detailed efforts can be made on the part of healthcare professionals to offer better support.

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For the interviews and focus groups, a qualitative software program was used to analyze the data, and an iterative process was implemented by the authors in order to figure out what themes should be addressed in the long run regarding the parents' needs. In the realm of qualitative research, I feel as though there is not much more you can do to quantify such a comparatively emotional experience and make it useful for future efforts.

(Meert et al., p. 716)

In terms of credibility, there is a great deal of it due to the generous samples used, as well as the specific health care professionals who were utilized to perform the studies. A reputable qualitative software program was used (NUD*IST 6) and all of the meetings and interviews were audio-recorded for redundancy. (Meert et al., 719)

Where auditability is concerned, it is incredibly easy to recreate this process. All you require are health care professionals to moderate and run the interviews and focus groups, a copy of NUD*IST 6 and someone who knows how to run it, and the appropriate samples of bereaved parents. If you have all of these things, you can easily recreate the conditions of this study.

The parental needs that were determined by Meert et al. (2009) come in four categories: Who I Am, While My Child Was Dying, My Child's Death Context, and My Bereavement Journey. These four categories are able to delineate a specific portion of the bereavement experience, from both the perspective of the parent's empathy for their child and their own sense of loss. (p. 719) In this section, the authors go over each specific discovery, and backs that up

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with quotes and snippets from the interviews and focus groups that were conducted, working from a family and religious point of view. The emphasis on personal and professional support was emphasized, though with warnings regarding the presence of overextension of help, as it tended to overwhelm the bereaved. (Meert et al., 2009, p. 724)

In conclusion, Meert et al. (2009) have come up with a particularly strong case in that, for a qualitative study, painstaking measures were taken to provide some sort of quantitative data as well. Demographics were clearly recorded, and the NUD*IST 6 program was utilized to great effect to help delineate certain themes of the parents' needs during bereavement. If there were any weaknesses, they were only in the fact that they could have used a larger sample size to get a more accurate impression of general trends, and the intrinsic difficulties of turning qualitative data into quantitative data and providing hands-on recommendations. In this light, there is not much more that the authors could have done better to acquire this information, making it particularly recommended that these findings be taken into consideration when planning better care for the bereaved.

References

Meert, Kathleen, Sherylyn Briller, Stephanie Schim, Celia Thurston, and Allison Kabel.

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