## Improving Knowledge, Confidence, and Skills in Perinatal Bereavement Care Through Simulation in Baccalaureate Nursing Students

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Many baccalaureate nursing programs throughout the United States thread concepts of bereavement and end-of-life care throughout their curriculum. However, a standardized education program for nursing students that increases the knowledge, confidence level, and application of skills a nurse must possess when providing perinatal bereavement care is often absent from the curriculum (Sorce & Chamberlain, 2019). Perinatal loss can have a profound impact on parents and their loved ones, leading to emotional, psychological, physical, and spiritual trauma that deeply affects the lives of those involved. The nursing cares each parent receives at the time of the loss may be remembered for years to come and is crucial to determining the nature of the grieving process (Sorce & Chamberlain, 2019). Unfortunately, one of the most identified barriers to providing high-qual-

ity perinatal bereavement care is the discomfort of the nurse associated with bereavement care, followed by the lack of knowledge and skills required to be successful (Qian et al., 2021). To improve the knowledge, confidence, and skill level of nurses providing perinatal bereavement care, a role-play perinatal bereavement simulation was developed and implemented in two Midwestern universities' baccalaureate nursing programs in the maternal/newborn courses.

Prior to the role-play simulation, students were required to view an online presentation to acquire a basic understanding of perinatal grief, loss, and the nursing care associated. Objectives related to the presentation included the identification of the stages and phases of grief and loss (utilizing Bowlby and Parkes' and Kubler-Ross' theories as a guide), the discussion of common issues that arise for bereaved

families, the identification of nursing care, comfort and support measures provided, and the discussion of legal considerations associated with the nursing care of bereaved families. Students were required to complete a pre-simulation assignment that included questions associated with the online presentation and objectives, which were then discussed as a group the day of the implementation of the role-play simulation.

A semi-scripted role-play simulation was implemented that followed written objectives supported by Swanson's Theory of Caring. This included maintaining belief in persons, knowing or striving to understand the events as they have meaning in the life of the other, being with in terms of being emotionally present with the other, doing for the other what they would do for themselves if possible, and enabling others to practice selfcare (Swanson, 1993). The scenario featured a nulliparous mother at 37.5 weeks gestation who presented to the Labor and Delivery department with excruciating pain, underwent an emergency cesarean section and unfortunately, delivered a baby stillborn due to unforeseen circumstances. The students were assigned the roles of primary nurse, baby nurse, charge nurse and other supporting staff members of the interdisciplinary team including a social worker and chaplain. The students provided care to the mother and her support person within their respective roles, with an emphasis placed on therapeutic communication and bereavement care associated with the loss of the baby.

Following the simulation, a debriefing

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or "degriefing" session was held to allow time for reflection and feedback to be provided in a safe space, on both a personal and interdisciplinary team level. Alternative scenarios were presented, including the care of an infant less than 350 grams, a live birth with subsequent neonatal death and the refusal of the family to participate in all aspects of bereavement care. Students were encouraged to evaluate how they would have altered their care, if at all, in these scenarios. An emphasis was placed on the importance of caring for oneself as the nurse after this type of event and identifying a support system and tools to cope with these events throughout the students' future nursing career, regardless of specialty area chosen. At the conclusion of the simulation, positive responses were noted from the students regarding the experience. Many students voiced an increased readiness to care for these patients when they subsequently were presented the opportunity in the inpatient clinical setting to care for a perinatal loss. Further, students were appreciative of the simulated experience as it provided a safe environment to make mistakes in therapeutic communication, as this had not been provided to them in other areas of the nursing curriculum.

Within the United States baccalaureate nursing student population, increasing perinatal bereavement experience in an educational setting could be a useful resource in students' future nursing careers when providing nursing care to bereaved patients. Perinatal bereavement care may take place in a variety of settings, particularly with the growing morbidity and mortality rates in the United States, including outpatient clinics, obstetrical units, neonatal intensive care units, operating rooms, and emergency rooms. The

care bereaved parents of a perinatal loss receive is often remembered for many years to come. This simulation experience can lead to the hope of breaking down barriers and providing the quality perinatal bereavement care parents and families deserve.

## References

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