

10-1-2018

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Recommended Citation

Hawthorne, Dawn; Youngblut, JoAnne M.; and Brooten, Dorothy, "Use of Spiritual Coping Strategies by Gender, Race/Ethnicity and Religion at 1 and 3 months after Infant's/Child's Intensive Care Unit Death" (2018). *Nicole Wertheim College of Nursing and Health Sciences*. 37.

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HHS Public Access

Author manuscript

J Am Assoc Nurse Pract. Author manuscript; available in PMC 2018 October 01.

Published in final edited form as:

J Am Assoc Nurse Pract. 2017 October ; 29(10): 591–599. doi:10.1002/2327-6924.12498.

Use of Spiritual Coping Strategies by Gender, Race/Ethnicity and Religion at 1 and 3 months after Infant's/Child's Intensive Care Unit Death

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Abstract

Background and purpose—In the US, 57,000 children (newborn-18 years) die annually. Bereaved parents may rely on religious or spiritual beliefs in their grief. The study's purpose was to examine differences in parents' use of spiritual and religious coping practices by gender, race/ethnicity and religion at one and three months after infant/ICU death.

Methods—The sample consisted of 165 bereaved parents; 78% minority. The Spiritual Coping Strategies Scale was used to measure religious and spiritual coping practices, separately. One-way ANOVAs indicated that Black non-Hispanic mothers used significantly more religious coping practices at 3 months than White non-Hispanic mothers. Protestant and Catholic parents used more religious coping practices than the “no” and “other” religion groups at 1 and 3 months. Within the 30 mother-father dyads (paired t-tests), mothers reported significantly greater use of religious coping practices at 1 and 3 months and spiritual coping practices at 3 months than fathers.

Conclusion—Religious coping practices were most commonly used by Black mothers and Protestant and Catholic parents. Within dyads, mothers used more spiritual and religious coping practices than fathers.

Implications for practice—These findings are beneficial for healthcare personnel in providing support to bereaved parents of diverse races/ethnicities and religions.

Keywords

Spirituality; bereaved parents; NICU/PICU deaths

In the United States (U.S.), 57,000 infants (52%) and children under 18 years die annually (Kochanek, Murphy, Xu, & Tejada-Vera, 2016), leaving more than 100,000 U.S. parents to grieve their child's death each year. Loss of a child severely taxes parents' ability to cope. Parental grief has been described as a traumatic experience that generates negative feelings, consumes energy, disrupts the parent's emotional and social world, and causes severe and even prolonged distress (Bergstraesser, Inglin, Hurnung & Landolt, 2015; Stevenson et al., 2016). Some bereaved parents rely on their religious and/or spiritual beliefs to obtain comfort, create meaning from their loss, and help in the healing process to minimize or resolve their grief (Cowchock et al., 2010; Lichtenthal, Currier, Neimeyer, & Keese, 2010). Bereaved parents' mental health and personal growth were related to greater use of religious and spiritual coping strategies (Hawthorne, Youngblut, & Brooten, 2016).

Although sometimes used interchangeably, religion and spirituality differ. Religion is defined as a set of rules used by individuals for guiding their lives and viewing life after death (Schneider, 2003). Spirituality is broader than religion, including interconnectedness to self, others, and the environment (Burkhardt & Nagi-Jacobson, 1989) and making meaning of one's situation that transcends the self towards empowerment (Reed, 1991). Hill et al. (2000) suggest that spirituality is a personal journey undertaken by individuals to find what or who is sacred to them. Description of the sacred includes a divine being, object or principle that can evoke personal transformation. Religious practices can include spirituality, but spirituality need not include religious practices (Peri, 1995; Schneider, 2003).

Very few studies focus on the differences in bereaved parents' use of spirituality as a coping strategy within couples and by racial/ethnic and/or religion groups for neonatal and pediatric intensive care unit (NICU, PICU) deaths. The purpose of this longitudinal study with a sample of Hispanic, Black non-Hispanic, and White non-Hispanic bereaved parents was to determine whether mothers' and fathers' use of religious and spiritual coping practices at 1 and 3 months after the infant's/child's NICU/PICU death differ within mother/father dyads and across racial/ethnic and religion groups.

Religion/Spiritual beliefs and bereavement

Studies of religion groups and bereavement are limited. Ganzevoort and Falkenburg (2012) described spirituality as a coping strategy for 9 Dutch parents (8 mothers, one father) whose child (ages 2 to 17 years) had died from cancer. Time lapse between child death and study participation ranged from 18 months to 20 years. Parents identified themselves as Christian (3 Roman Catholics, one Protestant), Muslim (3) and no religious affiliation (2). Christian parents reported that believing in the after-life and their child being in heaven or with God was helpful in coping with their loss. Similarly, Muslim parents found comfort and peace in believing their child was in paradise with Allah. Parents with no religious affiliation believed there is no God, no afterlife and no reunion with their deceased child but one mother hoped she was wrong. Some parents were ambivalent; they were angry with God or believed their child's death was God's punishment, yet they found comfort in their belief in God or a higher power. Others found their faith was strengthened throughout their child's illness and death (Ganzevoort & Falkenburg, 2012).

Hunt and Greeff (2011–2012) found that most of their bereaved South African parents (18 mothers, 4 fathers) identified prayer and their reliance on God as positive methods of coping with their grief. Parents' religious or spiritual strategies also included accepting their child's death as part of God's plan, feeling hopeful that they would be reunited with their deceased child in the afterlife and making meaning from the loss. Some blamed God and others for their child's death.

Bellali and Papadatou (2006) found that bereaved Greek parents (13 mothers, 9 fathers) reported deep suffering from their loss. They were comforted with images of their child in heaven, being close to God or being in paradise and their expectations of being reunited with their child when they died. They believed that deceased relatives were protecting and watching over their deceased child. Additional coping strategies included social support and talking about their deceased child. Resuming employment or a hobby helped some bereaved parents cope with their grief (Bellali & Papadatou, 2006).

In a study of 20 mothers, 12 fathers, and one grandmother (the deceased child's legal guardian) (55% White, 45% Black) two years after their child's PICU death, Meert, Thurston, and Briller (2005) found that 80–100% of bereaved parents (64% Protestant, 21% Catholic, 6% Jewish, 9% unspecified) described using prayer, religious rituals, and sacred text; finding meaning and purpose in their child's death; and connecting with the deceased child and others as spiritual/religious coping strategies that provided inner strength and comfort. Some bereaved parents (30%–60%) expressed anger and blame at God and themselves. Their religious coping strategies included the hospital chaplain visiting and praying with them and intercessory prayers from family, friends and the community. Bereaved parents described their connection to others as an additional source of spiritual support. Parents perceived sympathetic presence, reassurance, and hugs from spouses, family, friends, co-workers, and healthcare professionals as helpful. Talking about their deceased child and telling their story were described as spiritually supportive.

Similarly, Robinson, Thiel, Backus, and Meyer (2006) found that bereaved parents (36 mothers, 20 fathers; 91% White) engaged in spiritual/religious coping practices to deal with their loss. Parents' reported their religious affiliations as Catholic (50%), Protestant (34%), Jewish (5%), Muslim (2%), and none (9%). Prayer, faith in God, and access to and care from clergy or spiritual advisers, especially in decisions about withdrawing life support, were helpful during their child's last days. Praying for strength, trusting in God, knowing their child's suffering was over, and the child was in heaven provided comfort to these parents after the child's death. Several parents found comfort in believing that their connection to their child would continue after death.

Bereaved parents also may question their religious and spiritual beliefs during this time of crisis. Bakker and Paris (2013) explored use of religion as a coping strategy by 148 bereaved parents who participated in an on-line message board for pregnancy and neonatal loss. Most participants were female (96%) and their ages ranged from 20 to early 40s. Parents' website entries were written 2–12 years after the loss. Parents' religious affiliations were Christian (40%), Jewish (5%), unspecified (29%), other (Hindu, Buddhist, Mormon, Muslim, Neo-Pagan, Unitarian/Universalist) (6%), unaffiliated/agnostic (16%), or atheist (4%). In their

early grief, 37% of parents (all Christian) said their religious beliefs were shaken or shattered and they were questioning their faith. These parents expressed feelings of anger, betrayal and punishment from God (to whom they prayed for help) for being cruel and unjust in His refusal to protect their baby. Others (18%) expressed anger with the universe or nature for shattering their belief in being cared for and protected during times of tragedy; 9% stated that they had lost their belief in God. Over time, 21% of parents described a reorientation with their faith and new ways of relating to their religion and deepening their religious beliefs. Five parents shifted from believing in organized religion to being more spiritual. Helpful spiritual activities included meditating, communing with nature and writing.

Gender and bereavement

Perceptions of fathers as grieving differently and recovering faster than mothers reflect gender role expectations of mothers as emotional and fathers as stoic and not crying. One to five years after the child's death, Stevenson et al. (2016) asked 15 mothers and 6 fathers (95% White) how they coped with their grief in the first year following their child's death. Parents recalled talking about their child and/or doing things that kept them occupied, active and distracted, as helpful activities. Some obtained help from spiritual counselors and/or a medium to "make sense" of their child's death.

In that study (Stevenson et al., 2016), the 11 married mothers described their husbands as being supportive and identified differences in their coping strategies. Wives wanted to talk more about the loss and attended support groups more than their husbands. More husbands than wives described returning to work early as being a helpful distractor for coping with their grief, although they experienced difficulty in focusing at work.

Bergstraesser et al. (2015) examined gender differences and grieving styles of 23 bereaved, primarily Swiss couples whose child had died 1 to 5 years earlier. Mother and fathers both found comfort in speaking about the deceased child, reminiscing about the child's life and visiting the child's grave together. Couples also reported differences in coping practices. More mothers sought social support where they shared memories and talked about their child. In contrast, fathers preferred to talk less and avoided situations that triggered painful memories of their child. Open communication helped most mothers to accept these differences. Mothers who were unable to reconcile these differences expressed anger and increased conflict with their husbands.

Armentrout (2009) interviewed four couples 6 months to 12 years after removal of their infant from life support. Most mothers felt they were on the same page with their husbands initially, but after about five to six months, things began to change. Mothers were still tearful, visiting the cemetery daily, looking for information on the internet and wanting to talk frequently about their deceased child. Fathers were doing physical activities like organizing the garage and repairing things around the house. Although mothers felt the grieving process was quicker for their husbands, they understood that their husbands were not indifferent to their child's death but were grieving differently.

Race/Ethnicity and bereavement

Culture, race/ethnicity and religious beliefs generally influence an individual's response to death, their grief reaction, and their perception of the afterlife (Kongnetiman, Lai, & Berg, 2008).

Brooten et al. (2016) found that death rituals/practices following an infant's/child's NICU/PICU death varied by culture and religion in a sample of 63 parents (44 mothers, 19 fathers; 40% Hispanic, 33% Black, 27% White; 50% Protestant, 37% Catholic, 8% Jewish, 5% none). Hispanic parents described the funeral service as a celebration of their infant's/child's life. They engaged in prayers and mass to celebrate the deceased infant's/child's birthday or the one-year anniversary of the death. Jewish families sat "Shiva" – seven days of mourning after a family member's death. They also had a ceremony on the one-year anniversary of the death. Some parents included non-denominational/spiritual activities with the funeral service, such as candlelight gatherings, listening to hip-hop music, releasing balloons and/or butterflies, and reminiscing about the deceased child with family and friends to honor the child's life.

Doran and Hansen (2006), studying how Mexican-American families maintained a bond with their deceased child, found that spiritual and religious beliefs were sources of comfort. These beliefs included their child being in heaven and their being reunited with their deceased child. Families' ongoing rituals connecting and honoring the deceased child included visiting the grave and requesting a special mass on the anniversaries of their child's birth and/or death.

Religious and spiritual coping practices often provide comfort to bereaved parents after pregnancy loss. Van and Meleis (2003), using semi-structured interviews, studied the coping strategies of 20 African-American mothers following involuntary pregnancy loss. Mothers with religious beliefs coped with their grief through prayer, maintaining or developing a relationship with God, and asking God for strength. Mothers were comforted by believing in a God who was their protector and source of strength, who does things for a reason and who has the ability to resolve their problems.

Parents post pregnancy loss identified having supportive family and friends, talking to others with similar experiences, and meditation as helpful spiritual coping strategies. Mothers described looking internally and connecting to themselves as ways of gaining inner strength to cope with their loss and to evoke peace and healing. Looking inward entailed mothers sitting quietly, reflecting, talking to themselves, searching for understanding about events surrounding the death, and for some, trying to forgive themselves for not doing more (Van & Meleis, 2003).

In summary, research has found that religious/spiritual practices can help bereaved parents cope with their loss, providing emotional peace, comfort against the pain of loss, and continued connection with the deceased child. However, most of these studies have been conducted with parents after a child's death due to cancer or pregnancy loss. Recent studies have been conducted outside the US or with primarily white US parents. Time between the child's death and parents' study participation has varied across and within studies from 1 to

20 years. Research focused on religious/spiritual practices of different racial/ethnic and religion groups, especially for NICU/PICU deaths, is limited.

Methods

The data for this study are part of a longitudinal study of parents' health and functioning following an infant's/child's NICU/PICU death (Youngblut, Brooten, Cantwell, del Moral, & Totapally, 2013). Parents who understood spoken English or Spanish were eligible for the study if their deceased newborn was from a singleton pregnancy or their deceased infant/child (18 years old) was in the NICU or PICU for at least 2 hours. Exclusion criteria were multiple gestation pregnancy if the deceased was a newborn, being in a foster home before hospitalization, injuries suspected to be due to child abuse, and parent death in the illness/injury event.

Instrument

The Spiritual Coping Strategies Scale (SCS; Baldacchino & Bulhagiar, 2003) was used to measure religious (9 items) and spiritual (11 items) coping practices in English or Spanish (Hawthorne, Brooten, & Youngblut, 2011). Religious items included attending church, praying, listening to religious music, and watching religious television programs. Spiritual items included non-religious coping practices oriented toward relationship with self (reflection), others (confiding in relatives and friends) and the environment (appreciating nature and the arts). Parents rated each item on a 4-point scale ranging from 0 "never used" to 3 "used often;" higher scores indicate greater use of religious and spiritual coping practices. Baldacchino and Bulhagiar (2003) reported Cronbach's alphas of .82 for the religious coping and .74 for the spiritual coping subscales. Construct validity of the SCS and its subscales is supported by correlations of .40 with the well-established Spiritual Well Being instrument (Baldacchino & Bulhagiar, 2003). In this study, parents' subscale internal consistencies were .87 to .90 for religious coping and .80 to .82 for spiritual coping.

Procedure

The larger study (Youngblut et al., 2013) was approved by the Institutional Review Boards from the University, the 4 recruitment hospitals, and the Florida Department of Health prior to recruitment of study participants. The SCS was added with an IRB addendum after data collection in the main study had started, resulting in the subsample of parents in the study reported here. Eligible parents were identified by a clinical co-investigator from each NICU/PICU and the project director (PD) from the State-provided and protected file of newborns through 18-year-olds who died in hospital. The PD sent a letter to each family (Spanish on one side, English on the other side) describing the study. Bilingual research assistants called the parents, explained the study further, screened for inclusion and exclusion criteria, answered any questions they had, obtained their verbal consent to participate and scheduled the 1-month interview. After parents signed the consent form, data were collected in the parents' home (or a parent-preferred location) at a time convenient for the parent. If both parents participated, they were interviewed separately.

Data Analysis

Analyses were conducted separately for mothers and fathers at 1 month (T1) and 3 months (T2) post the death. Paired sample t-tests were conducted to evaluate differences in religious and spiritual subscale scores at T1 and T2 within the subsample of 30 bereaved mother-father couples. One-way ANOVAs with Scheffe tests for post-hoc comparisons were used to test differences in mothers' and fathers' T1 and T2 religious and spiritual subscale scores by racial/ethnic and religion groups.

Results

Sample characteristics

This study's sample consisted of 165 bereaved parents (114 mothers, 51 fathers) of 124 deceased infants/children (69 NICU, 55 PICU). Parents' ages ranged from 18–50 for mothers and 17–58 for fathers. The most common race/ethnicity was Black non-Hispanic (44%) for mothers and Hispanic (41%) for fathers. Religious affiliation was predominately Protestant (Table 1). Seventy (56%) of the deceased infants/children were boys; average age at death was 34.9 (SD = 60.38) months (age ranged from 2 days to 200.9 months), with 95 infants (0 – 12 months), 17 children (> 1 year - 13 years), and 12 adolescents (13 years – 18 years).

Differences within mother-father dyads

Bereaved mothers and fathers in the 30 couples had significantly different scores on both of the religious and spiritual subscales. At T1, mothers reported significantly greater use of religious, but not spiritual, coping practices than fathers. At T2, mothers had significantly higher scores for religious and spiritual coping practices than fathers (Table 2).

Differences by race/ethnicity and religion

For mothers at T1 (Table 3) and fathers (Table 4) at T1 and T2, differences in the use of religious and spiritual coping practices by race/ethnicity were not significant. At T2, mothers' use of religious coping practices was significantly different by racial/ethnic group. Black non-Hispanic mothers used significantly more religious coping practices than White non-Hispanic mothers.

Mothers' use of religious, but not spiritual, practices was significantly different by religion at T1 and T2. Protestant mothers' use of religious coping practices was significantly higher than mothers in the "other" (Jewish, Mormon, Santeria/Espiritismo) and the "no" (agnostics, atheists) religion groups. Catholic mothers' use of religious coping practices was higher than mothers in the "no" religion group (Table 3).

Fathers in the "no" religion group had significantly lower use of religious coping practices than Protestant and Catholic fathers at T1 and Protestant fathers at T2. Protestant fathers reported significantly greater use of spiritual coping practices than those in the "other" religion group at T1 (Table 4).

Discussion

This study investigated differences in bereaved mothers' and fathers' use of religious and spiritual coping practices within couples and across race/ethnicity and religion groups at one and three months after their infant's/child's NICU/PICU death. Examination of bereaved couples use of religious and spiritual coping strategies found that both mothers and fathers were consistent in their use of spiritual coping strategies at one month and again at three months to deal with the death of their child. There was greater use of religious coping practices by mothers than fathers in the 30 dyads at one month and three months and also greater use of spiritual coping at three months. This demonstrated differences in coping styles between mothers and fathers.

Research findings that identified the differences in coping styles between bereaved mothers and fathers found that fathers begin to move forward with their lives earlier by engaging in activities such as returning to work earlier than bereaved mothers after the death (Youngblut et al., 2013). Additionally, when compared to fathers, mothers' grief symptoms of despair and sadness were more intense and prolonged following the death of a child (Alam et al., 2012; Armentrout, 2009). These findings support the results of this study that identify differences in coping styles that necessitate higher use of religious and spiritual coping practices for bereaved mothers.

The results of this longitudinal study provide a clearer understanding of the differences in the use of religious and spiritual coping practices by race/ethnicity and religion group and between bereaved mothers and fathers at one and three months (T1 and T2) whose children have died in the NICU/PICU.

At one month use of religious and spiritual coping strategies for bereaved mothers and fathers of different race/ethnicity was similar. Hogan's grief theory (1996) hypothesizes that during the early phase of grieving the bereaved person experiences severe feelings of grief. It is possible that at one month, irrespective of parent's race and gender, facing the reality of their infant's/child's death and being engulfed in overwhelming feelings of loss and suffering, bereaved parents experience similar feelings of sadness, loneliness, and guilt and use similar religious and spiritual activities to cope with their grief. The few studies of bereaved African American women after pregnancy loss have identified similar patterns of grieving to Caucasian women (Kavanaugh & Hershberger, 2005; Van & Meleis, 2003).

Black non-Hispanic mothers used more religious coping strategies at three months after the death of their infant/child than White non-Hispanic mothers. It could be that as the initial phase of intense grief begins to subside more Blacks, often considered to be more religious and spiritual than Whites, relied on religious rituals to cope with their grief (Laurie & Neimeyer, 2008; Levine, Yoo, Aviv, Ewing, & Au, 2007). Laurie and Neimeyer (2008) sampled bereaved college students and found African-Americans to have a higher degree of religious beliefs, to use more religious and spiritual strategies and less professional services for coping with their loss than Whites. Further, DiMarco, Menke and McNamara (2001) found more bereaved White mothers attended and relied on support groups to cope with their grief than Black mothers following the death of their infant.

The current study found that gender differences exist in the use of religious and spiritual practices among religion groups. Differences were found for mothers and fathers who identified themselves as Protestant or Catholic and those of “other” religion groups as well as those who do not identify with any religion groups. This indicates that parents who identified with the Christian faith, either Catholic or Protestant, used more religious practices to cope with their loss. These religious practices included using prayer, watching religious TV/ listening to religious programs on the radio and attending church. Schneider (2003) suggests that Christians, whose spirituality is often synonymous with their religion, have a strong belief in God related to the trinity (Father, Son and Holy Ghost) while other religion groups also have a religious affiliation, but not with the trinity. The non-religious groups do not identify with a personal God, choosing to have spiritual traditions such as communing with nature and the universe (Schneider, 2003).

In contrast, bereaved parents with “other” or “no” religious affiliation may have relied on non-religious spiritual coping practices to deal with their loss. These include reading inspirational text, appreciating art and seeing the positive side of life. These non-religious practices are also recognized as allowing bereaved parents to connect with their inner self, to acknowledge their strength and ultimately find peace (Laakso & Paunonen-Ilmonen, 2001). Hill et al. (2000) describe individuals whose spirituality is separate from religion as less likely to hold Christian beliefs, attend church or pray. They are often individuals who are engaged in group experiences that involve personal growth, believe in a connection with the force of the universe, hold non-traditional new-age beliefs or claim to have had a mystical experience.

In comparison, bereaved mothers’ use of spiritual coping strategies was similar regardless of their religious affiliation. This suggests a commonality among bereaved mothers’ use of non-religious coping strategies to cope with their loss. However, fathers of the Protestant faith and fathers with the “other” religious affiliation used different spiritual coping strategies at T1 to cope with grief. For many people the concept of spirituality is synonymous with religion and perhaps Protestant fathers also viewed religiosity and spirituality as being the same.

Study limitations

The findings of this study are limited by the relatively small number of bereaved couples and bereaved fathers. Future studies with a larger number of bereaved couples are needed. A larger sample of bereaved fathers is also needed to examine differences in gender use of spirituality to cope with the death of an infant /child. All children in this study had died in the hospital and the findings of this study may not apply to parents whose children had died at home or in long-term care facilities. Additionally, parent data were collected in the early phase of grief; study findings may not apply to parents beyond three months following the death of their infant/child.

Implication for nursing

The findings from this study can be beneficial to healthcare professionals working with bereaved parents in the neonatal and pediatric intensive care units. The results identify that

parents in their early grief, irrespective of their race/ethnicity used spiritual coping practices (non-religious practices) to cope with their grief. These spiritual practices include engaging with others by confiding in friends and/or family members who are supportive, discussing difficulties with others who have experienced the same situation, self-reflection to identify their potential and strengths, and appreciating art and nature.

In contrast to spiritual coping practices differences were found between religious coping practices and race, gender and religion group. Additionally, before healthcare professionals suggest religious practices, like praying with others, listening to religious music, and watching religious programs, to cope with their loss, bereaved parents' religious affiliation and beliefs must be identified. Healthcare professionals need to recognize the importance of alerting bereaved parents about the likely differences between partners in their use of religious/spiritual practices to cope with their grief.

It is clear from the findings that bereaved parents need resources to help them cope with their grief. Primary care nurse practitioners, including nurse-midwives and family nurse practitioners, who care for mothers at their post-partum visit and/or sees in their office a parent who has experienced the loss of an infant or child within the three-month post-death period can use the findings of this study to guide their practice. It is important that primary care nurse practitioners ask the parent how they are feeling since the death, how they are coping, and whether they have returned to activities they did before the death.

Primary care nurse practitioners can also use the study findings to assess for and encourage the use of religious coping practices if appropriate and also the use of spiritual coping practices (non-religious practices). Black mothers, as well as Catholic and Protestant parents, identified prayer and church attendance as important religious coping practices three months after their loss. Non-religious practices that bereaved parents identified as helpful were becoming involved with support groups, reading inspirational texts and self-reflection.

Primary care nurse practitioners can also identify other spiritual coping practices (non-religious practices) that bereaved parents enjoy such as listening to music, painting or doing crafts, and enjoying nature through activities like gardening or hiking. Primary care practitioners should avoid recommending activities that could trigger grief episodes, and instead suggests novel activities that allow bereaved parents to cope with their grief in a positive way.

Conclusion

Research studies have found that religious/spiritual coping practices are used by bereaved parents to provide comfort against the pain that accompanies the loss of an infant/child. The results of this longitudinal study provide a clearer understanding of bereaved parents' use of religious and spiritual coping practices in the first 3 months of their infant's or child's death in the NICU/PICU, and the possible influence of parent gender, race/ethnicity, and religion on use of these practices.

Acknowledgments

All authors, Dawn Hawthorne, JoAnne Youngblut and Dorothy Brooten meet the ICMJE recommendation for authorship. Youngblut and Brooten are the PI's of the larger study. They designed the study and obtained the funding. Youngblut and Hawthorne conducted the data analysis reported here. All authors have participated in revising this manuscript. All authors have approved the submitted version of the manuscript.

This research was supported by a grant from the National Institutes of Health, National Institute for Nursing Research, R01 NR009120 (Youngblut and Brooten) & Diversity Supplement R01 NR009120-S1 (Hawthorne)

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Table 1

Description of parents

Characteristic		Mothers(n = 114)	Fathers(n = 51)
Age	[M (SD)]	31.1 (7.73)	36.8 (9.32)
Race/ethnicity [n (%)]	White	22 (19%)	14 (28%)
	Black	50 (44%)	16 (31%)
	Hispanic	42 (37%)	21 (41%)
Education [n (%)]	< High school	12 (11%)	7 (14%)
	High school graduate	31 (27%)	13 (25%)
	Some college	36 (32%)	12 (24%)
	College degree	35 (30%)	19 (37%)
Partnered? [n (%)]	Yes	84 (74%)	43 (84%)
Employed? [n (%)]	Yes	63 (55%)	32 (78%)
Religion [n (%)]	Protestant	62 (54%)	26 (51%)
	Catholic	33 (29%)	11 (22%)
	Other	5 (5%)	4 (7%)
	No	14 (12%)	10 (20%)
Family Annual Income ^a [n (%)]			
	Not reported	24 (19%)	
	< \$20,000	28 (23%)	
	\$20,000 – 49,999	34 (27%)	
	\$50,000	38 (31%)	

^a124 families

Table II

Dyadic comparisons of religious and spiritual coping practices

Type of Coping Practice by Time	Mothers(n = 30)[M(SD)]	Fathers(n = 30)[M (SD)]	Paired t value
1 Month Post-Death			
Religious Coping Practices	15.9 (7.87)	13.8 (7.69)	2.08*
Spiritual Coping Practices	24.2 (5.30)	22.8 (5.91)	1.21
3 Months Post-Death			
Religious Coping Practices	15.8 (7.96)	12.9 (6.75)	3.28*
Spiritual Coping Practices	24.6 (6.47)	22.5 (5.97)	2.16*

*
p<.05**
p<.01

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Table III

Differences in mothers' use of spiritual coping practices by race/ethnicity and religion

Mothers' Group	1 Month Post-death		3 Months Post-death	
	Religious Practices M (SD)	Spiritual Practices M (SD)	Religious Practices M (SD)	Spiritual Practices M (SD)
Racial/ethnic group				
Black non-Hispanic (n = 50)	18.7 (4.90)	25.0 (5.91)	18.1 (5.23) ^a	23.8 (6.0)
White non-Hispanic (n = 22)	13.1 (8.01)	23.4 (4.86)	12.5 (7.84) ^b	23.1 (5.90)
Hispanic (n = 42)	16.1 (10.23)	24.2 (6.34)	15.9 (7.73)	23.7 (6.24)
F values	2.84	.42	5.09 ^{**}	.42
Religion group				
Protestant (n = 62)	19.8 (6.82) ^a	25.3 (5.86)	18.5 (4.98) ^a	24.5 (6.40)
Catholic (n = 33)	15.4 (7.07) ^b	23.0 (6.14)	16.5 (6.71) ^b	23.0 (5.90)
Other ^I (n = 5)	11.0 (8.29) ^a	23.8 (4.79)	10 (8.58) ^a	24.7 (4.68)
No (n = 14)	4.8 (4.53) ^{ab}	22.14 (6.09)	4.1 (4.67) ^{ab}	20.8 (7.44)
F values	13.44 ^{**}	1.19	16.76 ^{**}	.96

^I Other for mothers includes 4 Jewish, 1 Santeria

* p<.05

** p<.01

Means with the same letters indicate statistically different groups.

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Table IV

Differences in fathers' use of spiritual coping practices by race/ethnicity and religion

Fathers' Group	1 Month Post-death		3 Months Post-death	
	Religious PracticesM (SD)	Spiritual PracticesM (SD)	Religious PracticesM (SD)	Spiritual PracticesM (SD)
Racial/ethnic group				
Black non-Hispanic (n = 16)	14.4 (7.05)	22.8 (6.81)	14.6 (6.72)	21.8 (6.78)
White non-Hispanic (n = 14)	12.1 (8.07)	22.4 (6.75)	12.5 (8.02)	23.9 (5.25)
Hispanic (n = 21)	17.3 (6.55)	25.0 (5.30)	13.8 (6.76)	24.8 (5.85)
F values	1.91	.75	.32	1.09
Religion group				
Protestant (n = 26)	17.57 (5.88) ^a	25 (5.83) ^a	16.0 (6.03) ^a	24.6 (6.54)
Catholic (n = 11)	16.6 (7.66) ^b	24.7 (5.47)	9.0 (4.64)	21.2 (6.08)
Other ^I (n = 4)	12.7 (6.11)	14.3 (4.04) ^a	13.5 (9.19)	17.7 (3.51)
None (n = 10)	6.8 (5.70) ^{ab}	22.3 (5.80)	8.3 (5.26) ^a	22.1 (4.79)
F values	6.35	3.34 [*]	4.46 [*]	1.57

^IOther for fathers includes 2 Jewish, 1 Mormon, 1 Rastafarian*
p<.05**
p<.01

Means with the same letters indicate statistically different groups.