

Level of Grief, Emotional Impact and Coping Strategies of Internal Medicine Residents in Response to a Patient's Death

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Abstract : Physicians develop emotional and psychological distress after facing a patient's death. This can result in stress or burnout. Coping mechanisms in dealing with these deaths may be maladaptive. Determining grief, emotional impact, and coping strategies in physicians is necessary to identify those needing intervention. This can be done by employing validated assessment tools such as the Texas Revised Inventory of Grief (TRIG) scale, Impact of Events Scale (IES), and BriefCOPE tool, respectively. This prospective, observational study was done in a private hospital in Cebu City. Fifty-five internal medicine residents were included and tasked to answer a survey based on their most memorable patient death encounter. The TRIG, IES, and BriefCOPE scores were determined. Participants were divided into severe grief and non-severe grief based on TRIG scores, low-impact, moderate-impact, and high-impact based on IES, and low-use, moderate-use, and high-use based on the BriefCOPE. The differences in the groups' characteristics were statistically determined, and a p-value of < 0.05 was significant. The participants' average age was 28.45 years. Most were female and single. Most belonged to the non-severe group based on TRIG, a moderate-impact group based on the IES, and high-use group based on the BriefCOPE. However, 21.8% reported severe grief, 27.3% reported high-impact, and 10.9% had low use of coping strategies. The proportion of residents who encountered CPR prior to the patient's death was greater in the severe group. Proportions of both high-impact and non-high impact groups were comparable. The proportion of female residents was higher in the high-use group. There were a number of residents who reported severe grief, high emotional impact, and low coping strategies. This highlights the need for interventions such as debriefing after CPR or formal training in residency programs in dealing with emotional burden to counteract maladaptive coping behaviors and prevent negative outcomes.

Keywords : residents, grief, emotional impact, coping, patient death

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