GRIEVING PROCESS AMONG WIVES OF PATIENTS DIED OF COVID 19

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ABSTRACT

Aim: The present qualitative study aimed to explore the grieving process among wives of patients who died of COVID 19.

Materials and methods: The research design adopted for the study was a grounded theory design. Twenty participants were selected through purposive sampling and data was collectedthrough an in depth face to face interview.

Results: The researcher developed a conceptual model that outlined the grieving process of bereaved wives whose husbands died of COVID-19. Bereaved wives experienced grieving symptoms, grieving responses, and grieving effects before, during, and after the demise of the husband. The researcher theorized that when bereaved move through the move on and let go phases, they will reach into resolved grief.

Conclusion: Researcher found that among twenty participants, fifteen participants were doingself care, decreasing weeping spells and reaching out to others, they completed move on phaseand five partcipants were doing self care and decreasing weeping spells, they were still in moveon phase. All participants didn't reach into resolved grief.

INTRODUCTION

Grief is a natural reaction of an individual to a significant loss. Loss is understood as a natural part of life leading to prolonged periods of sadness or depression. Coping with the lossof a close one may be one of the hardest challenges that many individuals face. When the entireworld was engulfed by the most widespread and significant public crisis, COVID-19, many people lost their loved ones. People might be unable to be with a loved one when they die or unable to mourn someone's death with friends and family. The pandemic had a profound impact on the emotional, social and spiritual life of the public.

Globally 150 million confirmed cases of COVID-19 have been reported. How many died of COVID-19, is a very hard question to answer. COVID-19 has become the leading causeof death internationally. Globally, on 16 June 2022, there were 535, 248, 141 confirmed cases of COVID-19, including 6, 313, 229 deaths, reported to WHO. In India from 3 January2020 to 14

June 2022, there were 43,236,695 confirmed cases of COVID-19 with 524,777 deaths reported to WHO[1].

In Kerala, approximately 6,764,781 confirmed cases and 71,052 death reported till 30th august 2022. In Thrissur district approximately 68,094 confirmed cases and 7,552 deaths reported till July 2022[2]. Approximately 6,463 deaths reported in the years 2020 and 2021 in Govt. Medical College Hospital, Thrissur.

Everyone reacts differently to death, sadness typically diminishes its' intensity as time passes, but grieving is an important process to overcome these feelings and continue to embracethe time they had with their loved one[3].

The grieving process of each one is unique and individualized. Grief is the response toloss, particularly to the loss of someone or some living thing that has died, to which a bond ofaffection was formed. Although conventionally focused on emotional response to loss, grief also has physical, cognitive, behavioural, social, cultural, spiritual and philosophical dimensions. The individuals experience disbelief, confusion, preoccupation with thoughts, sense of the deceased's presence, hallucinations, physical sensations like dry mouth, lack of energy, fatigue, sleep problems, loss of appetite, loneliness, irritability.

The prevalence of complicated grief after COVID 19 pandemic in the general population ranges from 2 to 7% (10 to 20% among bereaved people) and the prevalence increased among certain selected groups such as older adults grieving the loss of a spouse, people grieving for unexpected or violent deaths, bereaved people exposed to natural or human-made disasters, or other traumatic events[4].

If the loved ones get hospitalized during the pandemic, the family members or significant others may face hardness and problems. During hospitalization, there are restrictions on visiting and taking care of loved ones to prevent the spread of infection. Detachment from loved ones is the most hurting experience that might be experienced by everybystander during the hospitalization of loved ones, especially during ICU admissions. There isno value and significance for emotional strain experienced by the people due to separation fromtheir loved ones.

Many changes happened in the usual practices after death during the pandemic. The changes include taking the body from a hospital to a cremation site, limiting the number of people at a crematorium, viewing the body from a distance, and restrictions in funeral rituals following appropriate social distancing norms. It makes the people dip into enduring sorrowful moments.

Normally holding a ceremony may reduce the feeling of guilt among significant othersand ensure the belief of satisfied eternal life of the soul after death. The inability to hold death ceremonies due to restrictions related to the spread of COVID-19 may negatively affect the emotional state of people who lost their loved ones after being infected with COVID-19.

The death of a husband or a wife is well recognized as an emotionally devastating event.The state of inability to be with the spouse during his last moments is a heartbroken event for the wife or husband. Uncompleted end of life wishes and unfulfilled desires to care for a spousealso become the hurting reasons for everlasting sadness. Some emotional reactions appear in spouses after the hospitalization itself before the actual loss of their wife or husband due to COVID-19 infection. Hospitalization itself separated spouses from their life partners physically and that made emotional distress and nervousness among them.

The present study aims to identify what happens in the grieving process among wives of patients who died of COVID-19 and explore problems and difficulties faced by them in this COVID context. The study addresses the need for support and care for individuals after an unexpected death in future.

Objective

Explore the grieving process among wives of patients who died of COVID-19

Materials and methodsResearch approach

Research approach used in this study is qualitative approach

Research design

Research design used in this study is grounded theory design

Setting of the study

The contact details of wives of patients died of COVID 19 collected from Govt. Medical College Hospital, Thrissur

Population

The wives of patients who died of COVID-19.

Sample and sampling technique

The sample in the present study represents wives after the loss of husbands due to COVID-19and whose husbands died in a tertiary care centre, Thrissur district. Subjects who fulfilled the selection criteria were selected by purposive sampling technique.

Selection criteria Inclusion criteria Wives

- Who stay together with their husband for the past one year before the death of theirhusband
    - Those who are willing to participateExclusion criteria
- Who are taking medications for any psychiatric illness

Tools and technique

- Technique: In depth face to face interview
- Tool 1: Socio-personal data sheet
- Tool 2: Semi-structured interview guideData collection

The researcher collected contact details of spouses of male patients who died of COVID-19 from the approved COVID-19 death list in Medical College hospital, Thrissur. Then the investigator contacted subjects who meet the selection criteria through telephone. After self introduction and explanation of the purpose of the study, the researcher obtained telephonic consent from the participants. The date and time of the interview were fixed for subjects who showed their willingness to participate. An in depth face to face interview was used to collect data from participants.

Data analysis

The recorded audios were listened to and relistened several times and carefully chosen narrative summary. The audio recorded was transcribed into verbatim narrations and translatedinto English. Overlapping, repetition, and vague statements were eliminated and the invariant constituents were determined. Through a series of steps in data analysis, data were coded and text fragments assigned keywords.

From the narrations researcher identified concepts based on characteristics, attributes, properties, and dimensions. The data were carefully reviewed, compared, and contrasted with various facets of the data and then labeled each category that emerged. By analyzing the initial data, concepts and conceptual categories were developed. Subsequent data were integrated withall previous data already analyzed. After the identification of meaning units and codes, connections between them and developed core categories were looked for. During each of therefinement and saturation processes, the analysis moves from more description toconceptualization.

DERIVED CONCEPTUAL MODEL

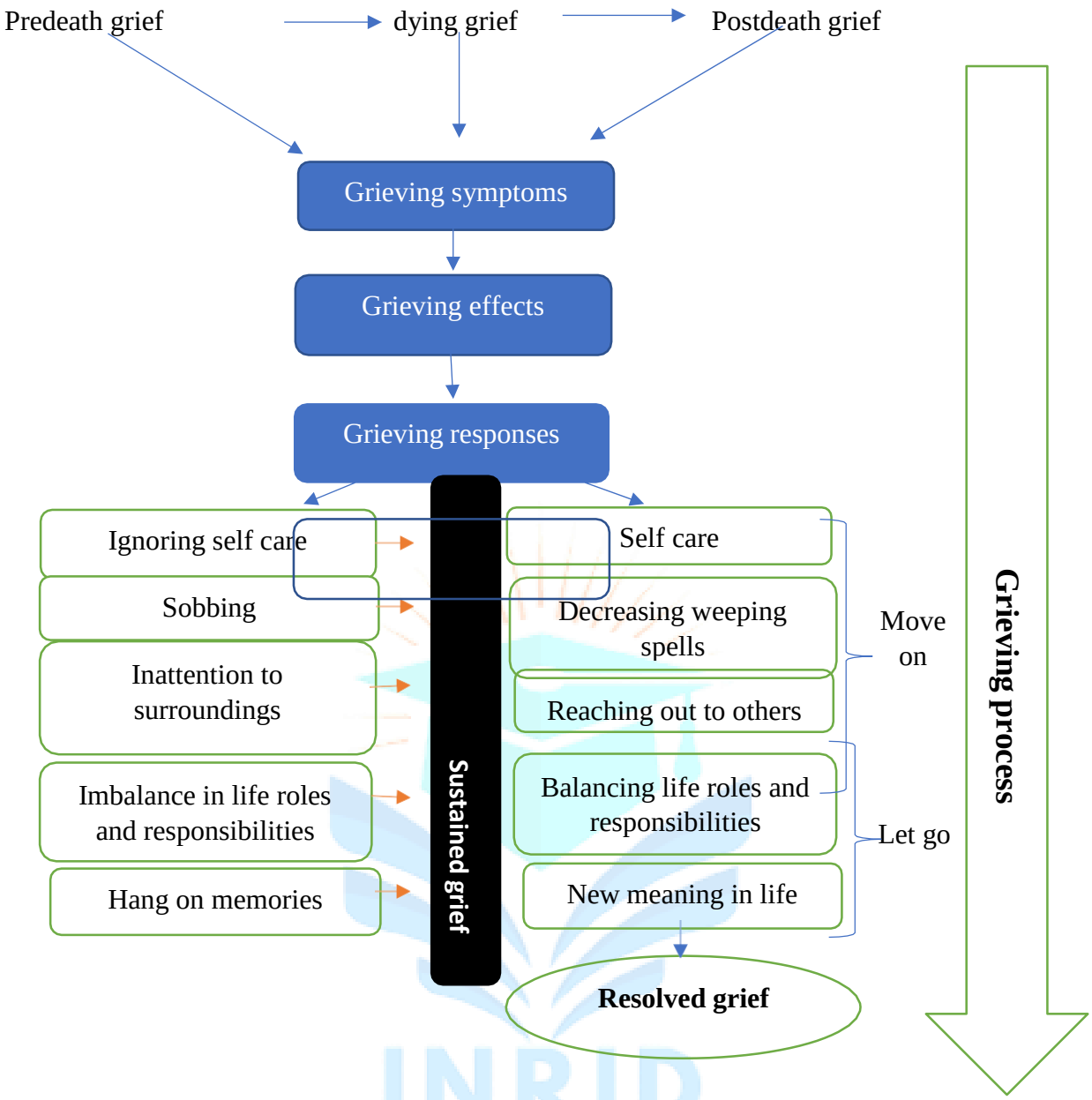

Figure 1: Derived conceptual model of the present studyDefinition of concepts

- Predeath grief: It refers to emotional, physical, and behavioural sufferings experiencedby the spouses from the diagnosis of an unanticipated disease till the demise of the husband.
- Dying grief: It refers to the emotional, physical, and behavioural sufferings when a spouse faced the actual loss of husband.
- Postdeath grief: It refers to the emotional, physical and behavioural sufferings of spouses after the demise of her husband.
- Grieving symptoms: refers to the mental or physical indicators related to the events orincidents before, during, and after a significant loss in life. It includes nervousness, fear, loss of trust, nonperformance of death rites and rituals, incomplete desires of wives, lack of support, inability to meet husband's needs, blaming self, unanticipated events, concerns, feeling comfort, belief in self, feeling gratified, adequate support, recollection of moments, overwhelming emotion, feel

unhealthy, worries, feeling separated, faith, not mingling with others

- Grieving effects: grieving symptoms generate outcomes in the physical, mental and social aspects of a spouse. It includes apprehension, reproach, sadness, self regret, helplessness, worry, caregiver role satisfaction, self-satisfaction, satisfactory support networking, preoccupation with memories, discomfort and pain, financial commitments, disconnection, strong belief in husband's return, perceived lack of social support
- Grieving responses: grieving effects reflect in each individual's expression of their reaction to a significant loss. It includes anxiety, neglect, agony, guilt, insecurity, feeling relief, living in memories, somatic symptoms, financial distress, aloofness, holding hope, and being socially withdrawn.
- Move on: refers to one of the grief overcoming phases in which bereaved spouses startsto move on to a new life by dealing or coping with the difficulties encountered and it is manifested by taking care of self, decreased weeping and interacting with others.
- Let go: refers to one of the grief overcoming phases in which bereaved spouses moveforward to new life which is manifested by balancing roles and responsibilities and finding a new meaning to their life.
- Resolved grief: refers to grief in which bereaved spouses successfully overcome two grief overcoming phases namely move on and let go.
- Sustained grief: refers to grief in which spouses demonstrates symptoms of unresolvedgrief like ignoring self care, continued sobbing, inattention to surroundings, not able to take roles and responsibilities and hanging on memories of lost partner

RESULTS

- Majority of the family (90%), the husband was the breadwinner before the demise ofhusband
- The majority of husbands (90%) had comorbidities.
- Among 20 participants, 60% of wives of patients died of COVID 19 got financialsupport from their children.
- 70% of husbands stayed in the hospital between 1-10 days.
- 45% of wives of patients died of COVID 19 had a grieving period of 8 months.
- Based on derived conceptual model, among twenty participants fifteen of them were doing their self care, decreasing weeping spells and reaching out to others. So they completed move on phase and five of them were doing self care and decreasing weeping spells, so they were still in move on phase.
- All participants didn't complete grief overcoming phases and didn't reach into resolved grief.

DISCUSSION

In the present study, participants faced many difficulties during the hospitalization of their life partner when affected by COVID-19. The participantsexperienced unexpected detachment from their spouses and were unable to visit or evensee them in the intensive care unit due to restrictions in hospitals for preventing the spreadof COVID-19 and didn't get information about their husbands' health status at proper time and it made them more anxious and worried. It was supported by the article on dyingin face of COVID-19 which reported that the people faced abrupt separations from theirloved ones related to the regulatory precautions to prevent the spread of COVID-19. Family members experienced restricted visits and were incapable of obtaining information about the health status of loved ones. Thus, they experienced separation distress and disruption in functioning[5].

Participants of the present study reported a feeling of guilt due to the inability tomeet the needs of their husbands and take decisions. The results tuned with a study whichconcluded that not being able to visit and say goodbye at the end of life and restricted funeral and memorialisation practices created feelings of guilt, anger, and problems related to acceptance of the death and beginning of grief[6].

None of the participants could carry out death rites and rituals at the time of demise according to their religious beliefs. The findings are close to the results of the study on change in Africa's elaborate burial rites, mourning, and grieving. The results showed that the control strategies during COVID-19 exert pressure on weak mortuary services, altered traditional methods of observing burial rites, and introduction of social distancing rules[7].

The study participants felt endless agony due to unfulfilled death rites and rituals.It is one of the reasons for the participants not entering into resolved grief. The findings tuned with the study on dying, death and mourning amid the COVID-19 pandemic in Kashmir which revealed that the inability to perform last rites added yet another layer ofgrief which resulted in prolonged grief among the bereaved and impacted their overall wellbeing[8].

The participants experienced fear of getting COVID along with comorbidities intheir husbands, nervousness about changes in the health status of their husbands, guilt, neglect, agony,

and worries before the actual death of their husbands. A phenomenological study on grief experience among close relatives during COVID-19 showed that the family members of the patient go through vague and chaotic conditions due to the prevalence of coronavirus and being infected by it, the unknown nature of thedisease, and its rapid expansion in the body[9].

The participants in the present study couldn't perform the funeral practices as usual and they have enduring sadness related to it. Some of them experienced loneliness,social withdrawal, and preoccupation with memories after the loss. A phenomenologicalstudy on grief experience among close relatives during COVID-19 showed that due to impossibility of the holding the usual funeral rites and the lack of social support to sharethe loss with relatives, loneliness appeared as a prominent feature after the death of a loved one[9.]

The participants reported several somatic complaints after the loss of their partnerin the grief period of 6-8 months including sleep disturbances, appetite disturbances, jointpain, back pain, fatigue, numbness over the body, and increased severity of existing disease condition. Some of them said that decreased sleep was present in the initial daysafter the loss. These findings are in line with the study on grief, depressive Symptoms, and physical health among recently bereaved spouses which showed that sleep disturbances, general fatigue, concentration problems, loss of appetite, and its severity decreased as time passed within the first 3-6 months after the loss. Some symptoms likejoint pain, urinary problems, and exacerbation of preexisting conditions increased over time[10.]

In the current study only a few participants relied on spiritual activities during their grieving process. A minority of them gave offers to God according to their religious beliefs. However, offers to God and such religious activities didn't seem to have an important role in overcoming grief. But the findings are contradictory to the study on spirituality for coping with the trauma of a loved one's death during the COVID-19

Pandemic which revealed that spirituality was found to be a protective factor in the processing of grief during COVID-19. Religions have central respect for death because they offer perspectives that enable humans to make sense of dying, thus opening a window to the meaning of a painful experience[11].

CONCLUSION

Grief and the grieving process are common and normal internal feelings of an individual as a reaction to a significant loss. The reaction to loss is highly individualizedand self-limiting. . An unexpected loss of a most beloved one will make the bereaved downhearted and sorrowful. In the present study, the researcher explored the grieving process among wives who lost their husbands within 6-8 months and derived a conceptual model for the grieving process of bereaved wives. The model illustrated grieving symptoms, grieving effects, and grieving responses before, during after the demise of husband. None of the participants of the present study reached into resolved grief.

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