Purpose

For every death, 4 people on average are bereaved. With 60 million deaths each year worldwide, 240 million global citizens begin a grief journey each year. However, as acute grief can last as long as 2 years, and as some mourners develop chronic or permanent grief, the number of people worldwide who are experiencing grief at this point in time is clearly much higher than 240 million.

Despite the common view that grief is a naturally occurring and frequently experienced life event, and that grief is something that most people successfully recover from, the health of grieving people can be seriously affected. Some become so ill that they require cardiac care and some die after the loss of a beloved family member or friend.

Grief should be considered one of the most prevalent “ailments” in existence today, with major implications for individual as well as population health.

Objectives

Most people recover from their grief over time with emotional support from family and friends, while some go to bereavement programs for grief recovery assistance. A wide range of bereavement programs are often available.

All programs may be beneficial to the people who access them, but it is also possible that some mourners instead will be harmed. Their grief could be sustained or increased by the planned grief recovery activities and through contact with other grieving persons. Moreover, their grief could be sustained or increased by uninformed or ineffectual bereavement service providers. There is no standard evaluation requirement or evaluation methods. Evaluations of these programs is therefore essential.

Methods

A scoping literature review of bereavement support or grief recovery program evaluations was undertaken to identify and assess evaluation methods.

Research articles published in the years 2000 through 2018 that described the evaluation of one or more bereavement support or grief recovery programs were sought in the Directory of Open Access Journals and the EBSCO Discovery Service. The keywords/MeSH terms “bereavement or grief program or service” combined with “evaluation” or “quality improvement” and then also “research” were used to identify articles.

The findings were limited to relevant English-language research articles in peer-review journals. The results were also limited to articles containing an abstract and information on the data collection and analysis methods.

Conclusions

Considerable insight into bereavement program evaluation methods was gained through this review, but bereavement program evaluation was determined to be an underdeveloped science.

Research is needed now to ensure that bereavement support or grief recovery programs are effectively evaluated so they are beneficial to the participants.

Results

42 publications from many, although primarily developed, countries about the efficacy of bereavement programs were identified.

A wide range of bereavement programs were evaluated, including group counselling or support, one-on-one counselling or support, education, memorial activities, and social activities. These programs were described as having been designed for a single group of mourners such as adults, parents, or children or for a number of different mourner groups, such as parents, children, and grandparents.

Considerable variance in evaluation methods was evident. Multiple methods were most often used to collect evaluation data (64.3%). A self-devised questionnaire or survey tool was commonly used to collect evaluation data (57.1%), followed by qualitative interviews (38.1%) and the use of existing standardized data collection instruments such as grief inventories or depression scales (38.1%).

Evaluation data were most often collected at only one point in time (81.0%), typically upon completion of the bereavement program or at an unspecified time soon after program completion. The study subjects or participants also varied, with 97.6% of studies collecting data from program recipients and 28.6% from program staff, with 3 studies (7.1%) only collecting data from program staff.

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