

help them resolve the loss. A plan for regular follow-up with bereaved families can be beneficial. At minimum, one follow-up phone call or meeting with the family should be arranged. Families can also be referred to self-help groups. When such groups are not available, nurses can be instrumental in bringing families together or facilitating parent and sibling groups. Formal bereavement programs or bereavement counseling can be helpful as well.

## Nurses' Reactions to Caring for Dying Children

The death of a patient is one of the most stressful aspects of nursing.\* Nurses experience reactions to the death of a patient that are very similar to the responses of family members, including denial, anger, depression, guilt, and ambivalent feelings.

Strategies that can assist nurses in maintaining the ability to work effectively in these settings include maintaining good general health, developing well-rounded interests, using distancing techniques such as taking time off when needed, developing and using professional and personal support systems, cultivating the capacity for empathy, focusing on the positive aspects of the caregiver role, and basing nursing interventions on sound theory and empiric observations. Attending shared-remembrance rituals assists some nurses in resolving grief (Davis and Eng, 1998). Similarly, attending the funeral services can be a supportive act for both the family and the nurse and in no way detracts from the professionalism of care.

### Family-Centered Care

#### A Dying Child: A Nurse's Perspective

Claire was unresponsive with slow, gasping breathing. Her mother asked me what I thought was happening. I replied honestly, "Your baby is dying because of her brain tumor." The mother put her arms around me and cried. We arranged for Claire to be baptized.

*Honesty.* As painful as the loss of a child is, my job is to assist the family through this experience. Although I usually wait until a private moment (such as driving home), I found tears streaming