

"Bereavement support also seems to be more effective when more than six sessions were conducted and will need to re-evaluate after six months." Any other literature or rationale to frame this finding within to augment?

In the discussion, I think this line needs some additional explanation (or referencing?) "bereavement intensifies the risk of depressive symptoms (reference?) and yet, our findings revealed that bereavement support also has a significant effect on reducing depression."

I also wonder a few sentences later if the statement "loss of social connection is a correlation with depression." In the next sentence, I am also not sure about fit (and again, if it speaks more to what bereavement activities support can encompass in general?)

Next para the opening sentence "based on our analysis, it is important to highlight that bereavement support will be more effective when delivered by professionals" is very similar to the opening sentence two paragraphs previous "Based on the analysis, bereavement support was helpful for the bereaved family caregivers when delivered by professionals or trained person." Perhaps review this for flow and cohesion.

Similarly, this sentence "Bereavement support also seems to be more effective when more than six sessions were conducted" and this sentence Bereavement support is more useful when delivered continuously to create a supportive environment, for those with more than six-session the depression seem to be better controlled" seem quite similar and again disconnected in flow.

Not sure if this sentence needs a reference or be clarified? "Bereaved persons tend to resolve their own anxiety (ref?), so an individual meeting with a professional seems to be more effective as it creates a safe and non-judgmental environment."

Rewrite? "However, this does seem to require more than six sessions." Possible suggestion "However, the data from this meta-analysis supports that bereavement supports require longer than six-session and should be re-evaluated after six months of support?"(Side question – how is six sessions the benchmark in much of the discussion? Was this noted in one of the studies?) What happens after six months? If there was no forward progression on anxiety (in this case), would it be a signal for the RN or professional to augment or add additional supports?

I can agree that PC natural deaths are often expected. I am not sure I am 100% in agreement that natural, expected deaths cannot be traumatic nor result in PTSD. Perhaps some additional literature in this area to frame these assertions would help understand the direction and research grounding from the authors.

"However, a bereaved person with traumatic feelings could have more challenging and intrusive problems as the person could be experiencing more functional impairments, psychiatric and physical problems, so bereavement support could be insufficient in helping them." What is the reference for this?

Additional limitations – not able to account for the different PC delivery structures? Social/cultural context of grief? The chosen databases were to the exclusion of others?

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