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Article

Assessment of the Nurses' Knowledge Regarding Multidimensional Counseling on Grief Management and Psychological Well-Being of Family Members of ICU Patients

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ABSTRACT

Background: Emotional distress among families of ICU patients is common, yet nurses often lack formal training in grief management and psychological support, creating a gap in family-centered care delivery. Limited research has assessed nurses' knowledge in this domain, especially in early-career professionals. **Objective**: To assess the knowledge of nurses regarding multidimensional counseling on grief management and the psychological well-being of ICU patients' family members, identifying strengths and gaps to inform educational interventions. **Methods**: A cross-sectional observational study was conducted at a tertiary care hospital in Lahore, Pakistan, among 50 female nurses aged 18–25 years with bachelor's degrees. Stratified random sampling was used to select participants meeting inclusion criteria (novice nurses and nursing students), excluding non-nursing staff. Data were collected using a structured, pilot-tested questionnaire evaluating grief knowledge and psychological support skills. Ethical approval was granted by the Institutional Review Board of Green International University in accordance with the Helsinki Declaration. Statistical analysis was conducted using SPSS version 25, applying descriptive statistics, independent t-tests, and one-sample t-tests to evaluate group differences and knowledge levels. **Results**: Nurses demonstrated strong skills in emotional validation (88%) and active listening (86%) yet showed limited awareness of the psychological impact of ICU stays (only 26% recognized this). Nurses with prior grief training scored significantly higher (mean difference = 11.1, $p < 0.001$), with a large effect size (Cohen's d = 1.77). The overall knowledge score was significantly above the neutral benchmark ($t(49) = 16.03$, $p < 0.001$). **Conclusion**: Early-career nurses possess foundational emotional support competencies but lack comprehensive knowledge of grief mechanisms and psychological impacts on ICU families. Targeted grief counseling education could enhance clinical preparedness and foster more effective family-centered care in critical care settings.

Keywords: Grief Counseling, Intensive Care Units, Psychological Support, Family-Centered Care, Nursing Education, Emotional Distress, Cross-Sectional Studies

INTRODUCTION

Caring for critically ill patients in intensive care units (ICUs) places a considerable emotional burden not only on the patients themselves but also on their family members, who often face immense psychological distress. This stress may manifest in forms such as anxiety, depression, and post-traumatic stress disorder (PTSD), particularly when families are exposed to uncertainty, urgency, and high mortality associated with ICU admissions (1). Despite the increasing emphasis on holistic and family-centered care in healthcare systems, current literature still tends to prioritize the needs of patients over the psychosocial experiences of their families, resulting in insufficient attention to familial emotional well-being during and after ICU stays (2). Several studies have highlighted that families frequently struggle with complex emotions, communication barriers, and decision-making fatigue, all of which intensify their psychological vulnerability (3).

These challenges were further magnified during the COVID-19 pandemic, which disrupted normal communication and support mechanisms, aggravating distress among families and

contributing to burnout among healthcare staff (4). Although various support interventions—such as ICU diaries and structured communication tools—have been trialed to alleviate this distress, their effectiveness remains inconsistent, often due to variability in their implementation and limited focus on emotional counseling (5). Furthermore, family involvement in care, as seen in neonatal ICU settings and psychosocial education programs, has shown promise in alleviating emotional stress, yet there remains a lack of comprehensive frameworks that specifically address grief management during critical illness (6,7). Qualitative insights and observational studies further confirm the enduring psychological impact of ICU experiences on families, which can persist long after discharge or bereavement (8,9). Nonetheless, nurses, who are in prime position to offer emotional support and facilitate grief counseling, are often underprepared due to limited training and lack of standardized approaches to family-centered psychological care (10).

Existing research underscores that emotional validation, empathy, and active listening are core elements of grief counseling that nurses should master (11). However, while some interventions have focused on enhancing patient satisfaction and communication, they may inadvertently heighten emotional distress if nurses lack the skills to manage complex psychological reactions (12). Additionally, structured nursing interventions and specialized counseling have demonstrated benefits in reducing psychological morbidity in ICU families, but such practices are still not universally integrated into standard nursing protocols (13). Despite these insights, there remains a significant knowledge gap in understanding how well-prepared nurses are to offer multidimensional grief support and how their training affects family outcomes (14). Moreover, newer approaches such as virtual reality simulations for families have not shown substantial improvements in psychological well-being, pointing to the need for more human-centered strategies (15).

This study, therefore, seeks to assess the existing knowledge of nurses regarding multidimensional counseling related to grief management and the psychological well-being of family members of ICU patients. It aims to identify specific knowledge gaps in core counseling competencies such as emotional support, anticipatory grief management, and psychological first aid. Understanding these gaps is critical to developing targeted educational interventions that empower nurses to provide holistic support in ICU settings. The study specifically addresses the question: What is the current level of knowledge among nurses regarding multidimensional grief counseling and psychological support for families of ICU patients?

MATERIAL AND METHODS

This quantitative cross-sectional study was designed to evaluate the knowledge of nurses regarding multidimensional counseling in grief management and the psychological well-being of family members of ICU patients. The rationale for adopting a cross-sectional approach was to capture a snapshot of nurses' understanding at a specific point in time, which is particularly relevant in clinical settings where workforce composition and training exposure can vary dynamically. The study was conducted at a tertiary care hospital in Lahore, Pakistan, within the clinical departments affiliated with the School of Nursing, Green International University. Data were collected over a six-month period, from July to December 2023.

Participants were eligible if they were registered nurses or nursing students actively engaged in clinical duties within ICU or related inpatient settings. Inclusion criteria specified individuals aged between 18 and 25 years, holding at least a bachelor's degree in nursing. Those with prior work experience of more than five years, or holding administrative or non-clinical roles, were excluded to maintain homogeneity and ensure the assessment focused on early-career nurses. Additionally, medical doctors, technicians, and allied health professionals were excluded to ensure responses reflected nursing-specific knowledge and training. A stratified random sampling technique was employed to ensure representation across different clinical departments, stratifying the sample based on unit of deployment and academic status (student or graduate nurse). Within each stratum, participants were randomly selected using hospital duty rosters as the sampling frame. Informed written consent was obtained from all participants prior to enrollment, following a clear explanation of the study's objectives and their rights to withdraw at any time.

Data were collected through a structured, self-administered questionnaire specifically developed for this study, based on established concepts in grief counseling, psychological first aid, and family-centered care. The instrument comprised multiple-choice and Likert-scale items evaluating nurses' awareness, confidence, and knowledge regarding various aspects of grief management and psychological support, such as stages of grief, active listening, anticipatory grief, emotional validation, and use of referral resources. The questionnaire was pilot tested on a separate group of 10 nurses to assess clarity and internal consistency, resulting in Cronbach's alpha of 0.87. Data collection was performed in-person by trained research assistants who distributed and collected completed forms during work shifts to minimize non-response and ensure temporal uniformity.

The primary outcome variable was nurses' knowledge level regarding multidimensional grief counseling, operationally defined as the composite score derived from the questionnaire. Independent variables included previous grief counseling training (yes/no), duration of ICU experience, and educational level. To minimize information bias, the questionnaire avoided leading questions and included both positive and negatively phrased items. Potential confounding variables such as prior exposure to bereavement training or ICU-specific communication modules were controlled through stratification and subgroup analysis. Non-response bias was reduced by conducting follow-ups with selected participants who initially declined participation and by scheduling alternative completion times.

The sample size was calculated using the formula $n = N / (1 + N(e^2))$ where N was the total population of eligible nurses at the hospital (N = 60) and e was set at 0.05. This yielded a required minimum sample size of 50 participants, which was achieved during the study period. Descriptive statistics were computed to Summar

variables and characteristics, using frequency distributions and percentages for categorical variables, and means with standard deviations for continuous variables. Inferential analysis involved an independent samples t-test to compare knowledge scores between groups with and without prior grief counseling training, assessing the impact of this factor on overall knowledge levels. Additionally, one-sample t-tests were applied to assess whether the mean knowledge scores significantly differed from a hypothesized neutral value. Statistical analysis was conducted using SPSS software version 25, and all analyses were performed at a 95% confidence level with significance set at $p < 0.05$. Missing data were handled through complete-case analysis, as missingness was minimal and randomly distributed.

The study protocol was reviewed and approved by the Institutional Review Board (IRB) of Green International University, Lahore (Reference: GIU/IRB/NUR-2023-042). All participant data were anonymized and stored on password-protected systems to ensure confidentiality. Physical forms were locked in secure storage accessible only to authorized personnel. Each participant was assigned a unique identifier to prevent any linkage between personal identifiers and response data. Data integrity was ensured through double data entry verification, and all analyses were independently verified by two statisticians. To enhance reproducibility, the full dataset and coding manual are available upon reasonable request to the corresponding author.

RESULTS

The demographic characteristics of the study participants, as summarized in Table 1, show a cohort of 50 female nurses aged between 18 and 25 years, all holding a bachelor's degree in nursing. The majority, 60% (n = 30), reported 6 months to 2 years of ICU experience, while the remaining 40% (n = 20) had worked for 3 to 5 years, indicating a relatively early-career professional group.

Table 1. Demographic Characteristics of Participants (N = 50)

Characteristic	Category	Frequency (n)	Percentage (%)
Gender	Female	50	100.0
Age (years)	18–25	50	100.0
Educational Level	Bachelor's	50	100.0
ICU Experience (years)	0.5–2	30	60.0
	3–5	20	40.0

Table 2. Knowledge of Nurses Regarding Multidimensional Counseling and Grief Management (N = 50)

Knowledge Item	Strongly Agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly Disagree (%)	Mean (SD)	95% CI (Mean)
Familiar with stages of grief (Kubler-Ross)	18.0	30.0	8.0	20.0	24.0	2.98 (1.28)	2.63–3.33
Understand individual differences in grief responses	42.0	18.0	18.0	12.0	10.0	3.70 (1.26)	3.37–4.03
Identify signs/symptoms of complicated grief	36.0	12.0	12.0	6.0	34.0	3.08 (1.58)	2.66–3.50
Provide psychological first aid	8.0	42.0	24.0	18.0	8.0	3.24 (1.01)	3.01–3.47
Recognize ICU's impact on family mental health	14.0	12.0	22.0	22.0	30.0	2.48 (1.21)	2.17–2.79
Knowledge of interventions for family well-being	20.0	34.0	20.0	16.0	10.0	3.38 (1.15)	3.08–3.68
Methods for anticipatory grief	50.0	14.0	16.0	20.0	0.0	3.94 (1.03)	3.69–4.19
Guide coping strategies for families	20.0	34.0	18.0	18.0	10.0	3.36 (1.17)	3.06–3.66
Importance of family-centered care in ICU	8.0	40.0	20.0	14.0	18.0	3.06 (1.09)	2.79–3.33
Confidence initiating grief conversations	22.0	34.0	12.0	16.0	16.0	3.30 (1.23)	2.99–3.61
Active listening as essential	62.0	24.0	2.0	8.0	4.0	4.32 (0.95)	4.10–4.54
Importance of validating feelings	30.0	58.0	12.0	0.0	0.0	4.18 (0.64)	4.02–4.34
Assess psychological needs effectively	30.0	48.0	18.0	4.0	0.0	4.04 (0.79)	3.84–4.24
Knowledge of referral resources	58.0	16.0	6.0	20.0	0.0	4.12 (1.05)	3.87–4.37

Table 3. Comparison of Knowledge Scores by Prior Grief Counseling Training (N = 50)

Group	n	Mean Knowledge Score (SD)	95% CI (Mean)	Mean Difference	t (df)	p-value	Cohen's d
With prior grief counseling training	28	45.8 (5.2)	43.7–47.9				
Without prior grief counseling	22	34.7 (7.6)	31.6–37.8	11.1	7.18 (48)	<0.001	1.77

Table 4. One-Sample T-Test of Overall Knowledge Score Compared to Neutral Value

Test Value (Neutral)	Mean Score (Observed)	Mean Difference	95% CI (Difference)	t (df)	p-value
25	45.82	20.82	18.21–23.43	16.03 (49)	<0.001

Table 2 details the responses to key knowledge items related to multidimensional counseling in grief management and psychological support. A substantial proportion of nurses demonstrated high self-assessed competence in core supportive skills: 62% strongly agreed that active listening is essential, and 58% felt knowledgeable about utilizing referral resources for families needing psychological support.

Similarly, 58% agreed or strongly agreed that validating the feelings of grieving family members is important, and 78% felt able to assess the psychological needs of families effectively. Notably, 50% strongly agreed that they knew methods to help families cope with anticipatory grief. However, the responses also reveal areas requiring improvement; only 18% strongly agreed they were familiar with the stages of grief as defined by Kübler-Ross, while 24% strongly disagreed, highlighting a knowledge gap. Moreover, only 26% (combined strong agreement and agreement) recognized the psychological impact of an ICU patient's illness on family mental health, and 36% strongly agreed they could identify signs of complicated grief, compared to 34% who strongly disagreed, reflecting inconsistency in these more advanced competencies.

As shown in Table 3, nurses who had previously received formal training in grief counseling (n = 28) demonstrated significantly higher composite knowledge scores (mean = 45.8, SD = 5.2, 95% CI: 43.7–47.9) compared to those without such training (n = 22, mean = 34.7, SD = 7.6, 95% CI: 31.6–37.8). The mean difference between these groups was 11.1 points ($t(48) = 7.18$, $p < 0.001$), with a large effect size (Cohen's d = 1.77), indicating that prior training is strongly associated with increased knowledge.

Table 4 presents the results of a one-sample t-test comparing the overall mean knowledge score of all participants (mean = 45.82) to a neutral benchmark value of 25. The mean difference was 20.82 points (95% CI: 18.21–23.43), and this difference was statistically significant ($t(49) = 16.03$, $p < 0.001$), reflecting a strong overall awareness and self-reported knowledge regarding grief management and psychological well-being among the cohort. These findings collectively highlight both the strengths and gaps in the current knowledge base, emphasizing the need for targeted education in areas where inconsistencies and deficits were observed.

The figure displays the distribution of aggregated knowledge scores across three critical domains in ICU grief counseling. Emotional support skills exhibited the highest overall performance, with a median of 4.2 and interquartile range (IQR) from 3.8 to 4.5, indicating consistently high proficiency among participants.

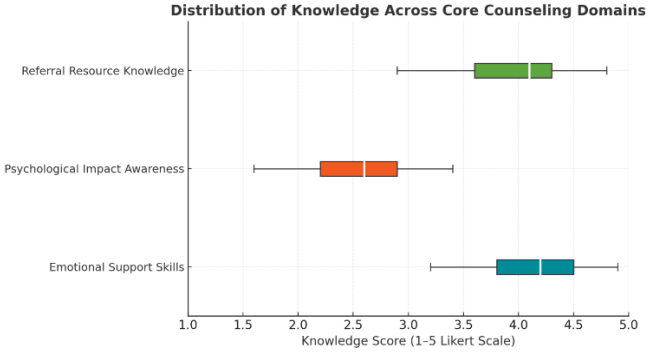

Figure 1 Distribution of Knowledge Across Core Counseling Domains

In contrast, awareness of psychological impact on families showed the lowest distribution, with a median score of 2.6 and a compressed IQR of 2.2 to 2.9, reflecting a narrow but lower competency band. Referral resource knowledge presented an intermediate profile with a median of 4.1 and IQR spanning from 3.6 to 4.3, suggesting reasonable familiarity with available psychological support systems. The spread in whiskers illustrates greater variability in emotional and referral-related domains, while the constrained range in psychological awareness indicates a uniformly underdeveloped area. These patterns point to targeted educational priorities: reinforcing complex psychological insight while sustaining high-performing skills like emotional validation.

DISCUSSION

The findings of this study reveal a promising level of foundational knowledge among young female nurses regarding essential components of grief management and psychological support for families of ICU patients, particularly in the areas of emotional validation and active listening. These results are encouraging in light of the growing emphasis on family-centered care within intensive care settings, where emotional distress among relatives can be as profound as the physical burden faced by the patient. The observed strengths—such as the 62% of participants who strongly agreed that active listening is essential and the 58% who were confident in referring families for psychological support—highlight the positive impact of basic nursing education and possibly informal exposure to patient-

family dynamics. These findings align with prior research indicating that empathetic communication and emotional presence are critical in mitigating stress responses in families navigating critical illness (1,2).

However, when compared to more nuanced domains of grief counseling—such as recognition of complicated grief, understanding anticipatory grief, and the ability to interpret ICU-related psychological trauma in family members—gaps in knowledge became apparent. For example, only 18% of participants strongly agreed they were familiar with the Kübler-Ross stages of grief, and a concerning 24% strongly disagreed. This deficiency mirrors earlier studies that found inconsistencies in nurses' understanding of structured grief frameworks, especially when such training is not formally integrated into academic curricula (3,4). The finding that only 26% acknowledged the mental health consequences of ICU admission on families indicates a gap in awareness of the broader psychological toll critical illness can exert, which previous studies have also highlighted as being poorly recognized by ICU staff (5,6). This is particularly concerning given that PTSD and anxiety symptoms are well-documented in relatives of ICU patients, often persisting well beyond the point of discharge or bereavement (7).

Notably, nurses with prior grief counseling training outperformed those without training by a significant margin, with a mean score difference of over 11 points ($p < 0.001$), and a large effect size (Cohen's $d = 1.77$). This quantitative finding supports the efficacy of targeted educational interventions and aligns with literature demonstrating that structured grief training enhances confidence, communication competence, and psychological assessment skills among critical care nurses (8,9). This suggests that knowledge gaps identified in this cohort are likely modified through targeted interventions, and points toward a feasible strategy to address the disconnect between emotional support capacity and deeper psychological understanding.

The implications of these findings are clinically relevant and theoretically significant. From a clinical perspective, enhancing nurses' capacity to recognize and respond to complex grief reactions could directly reduce psychological morbidity among ICU families. Theoretical models of grief such as the dual-process model and the biopsychosocial model of family care emphasize the need for healthcare providers to address both emotional expression and coping mechanisms in bereaved or anticipatory states (10,11). If integrated into practice, such frameworks can guide nurses in not only delivering empathy but also identifying red flags for prolonged or pathological grief.

While the study's results are informative, several limitations must be acknowledged. The sample was relatively homogenous, comprising only female nurses aged 18–25 years with bachelor's degrees, limiting the generalizability of findings to other genders, age groups, and educational backgrounds. Furthermore, cross-sectional design captures knowledge at a single time point and does not assess long-term retention or behavioral application of grief counseling skills. The use of self-reported knowledge rather than objective clinical assessments may introduce bias, and while the structured questionnaire was pilot-tested, it may not fully capture the complexity of grief-related competencies. Additionally, the study was confined to one institution, which may limit the extrapolation of results to other hospitals or healthcare systems with differing curricula and support structures.

Despite these limitations, the study provides valuable insights into areas of strength and deficiency in grief-related knowledge among early-career nurses. One notable strength is the rigorous methodology, including stratified random sampling and statistical adjustment for training exposure, which enhances the internal validity of the results. Future research should explore longitudinal effects of grief counseling training, assess the translation of knowledge into clinical practice, and expand participant diversity across institutions and geographic regions. Mixed-method studies incorporating both quantitative assessments and qualitative interviews may provide deeper understanding of the barriers and facilitators to effective family-centered grief support in ICU settings.

In conclusion, the study underscores both the readiness and the unmet educational needs of nurses in delivering multidimensional grief counseling. Enhancing structured training programs and embedding psychological support competencies into core nursing curricula could bridge the observed gaps and ultimately improve the psychological outcomes for families navigating the ICU experience. The results advocate for a more proactive approach in preparing nurses not just to listen and comfort, but to identify complex grief patterns and respond with evidence-based strategies that support both emotional well-being and clinical recovery in the broader critical care continuum.

CONCLUSION

This study highlights that while early-career nurses possess a solid foundation in essential grief counseling skills—particularly emotional validation and active listening—there remain critical knowledge gaps in understanding the psychological impact of ICU stays on family members and managing complex grief responses. These findings, aligned with the study's objective to assess nurses' knowledge regarding multidimensional counseling on grief management and psychological well-being, emphasize the need to strengthen structured training within nursing education and clinical practice. Enhancing nurses' competencies in these areas is vital for advancing family-centered care in intensive care settings, thereby improving emotional outcomes for families of critically ill patients. Clinically, the integration of targeted grief management frameworks can empower nurses to provide more comprehensive psychological support, while future research should explore longitudinal impacts of such training and evaluate its effect on both caregiver and patient outcomes.

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