Scoping review of grief studies in Indonesia

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Abstract

Background: One death can cause nine bereavements. Considering the impact of human loss, studies on grief are crucial for better bereavement care services.

Purpose: This study examined studies on grief conducted in Indonesia. Indonesian grief research mapping will identify study gaps and suggest further research.

Methods: The reporting for a scoping review adhered to the PRISMA (preferred reporting elements for systematic review and meta-analysis) statement for a scoping review. A systematic screening was performed in MedLine, Embase, CINAHL, Web of Science, Scopus, and PubMed, as well as manual searches via Google Scholar, Portal Garuda, and relevant studies without language and date restrictions. The data retrieved in the literature were analyzed descriptively, and the themes were developed using NVivo software.

Results: Based on the 18 included studies, the types of grief studies in Indonesia can be divided into pre- and after-loss grief areas. Regarding the themes of the studies that have been conducted in Indonesia, five themes can be derived, related to (1) study purposes, (2) cause of grief, (3) population, (4) concept being studied, and (5) outcomes being studied.

Conclusion: There is significant room for growth in the grief research field in Indonesia. It will be vital for researchers in Indonesia to perform additional studies on pre-loss grief, other studies connected to interventional trials, and further studies examining variation in the outcomes.

Keywords: bereavement; grief; Indonesia; scoping review; studies

Introduction

Grief is the response to various losses; individuals grieve the loss of loved ones, vitality, opportunities, properties, and functional abilities (Zisook & Shear, 2009). Although stated as a normal response, grief is unique to each individual and each type of loss (Zisook & Shear, 2009). The loss of a relative is a major loss and can be the most challenging and distressing experience. Each death can affect nine significant others (Verdery et al., 2020). In the case of non-communicable diseases (NCDs), for instance, these account for 74% of all fatalities worldwide, or 41 million deaths annually (WHO, 2020), which causes 360 million people to grieve. Aside from non-communicable diseases, the number of bereaved individuals significantly increased during the COVID-19 pandemic with around 1.5 million Indonesians estimated to be in bereavement due to more than 160,000 deaths during the pandemic (WHO, 2021).

Grief can diminish over time and reach the acceptance stage for many
people, although this does not imply that the deceased is forgotten (Zisook & Shear, 2009). It has been widely recognized that a significant number of individuals are able to navigate the experience of loss without any external intervention. People can embrace the loss of the person and move on with their lives. However, many other individuals experience a rollercoaster after the loss, where grief becomes intense and ultimately pathological (Zisook et al., 2010). After six and twelve months, the ICD-11 and DSM-5 diagnose pathological grief as prolonged grief disorder and persistent complex bereavement disorder, respectively (Eisma et al., 2020). Grief can also occur before the death of a person, in addition to pathological grief after a loss. Family members or caregivers of those with a life-threatening illness may experience anticipatory or pre-loss grief (Kustanti et al., 2020). The prevalence of grief disorder in the general population was 9.8% (Lundorff et al., 2017), unexpected death bereavement was 49% (Djelantik et al., 2020), cancer-bereaved families were 14.2% (Kustanti, Chu et al., 2021), and COVID-19 related bereavement was 46.4% (Kustanti et al., 2023) compared to the prevalence of anticipatory grief symptoms which was 24.8% (Kustanti et al., 2022).

Pathological grief increases the risk of more advanced psychological issues, such as post-traumatic stress disorder and depression (Shear et al., 2013). Elevated mean cortisol levels, flattened diurnal cortisol slopes, and higher morning cortisol were identified in bereaved subjects (Hopf et al., 2020). As a direct consequence of this, psychological issues can also affect physical problems. Additionally, grief can lead to an increase in the consumption of tobacco and alcohol, in addition to playing a role in the development of new physical morbidities and even suicide (Pitman et al., 2020). In light of the health burden that grief disorder may cause, it is crucial to identify and treat bereaved individuals using a variety of methods. In order to provide appropriate care for bereaved individuals, it will be vital to collect evidence on bereavement care.

Numerous palliative care studies have been conducted worldwide, including in Indonesia (Rochmawati et al., 2016). However, there is a shortage of research on bereavement care and a lack of information on the breadth of the grief follow-up provided by specialized services (Guldin, 2014). In fact, it is crucial to conduct grief research in Indonesia due to its citizens’ diverse cultural and resource backgrounds. Bereaved persons in Indonesia should have access to optional bereavement care that considers their individual needs. Therefore, this research aimed to investigate grief studies in Indonesia. The research mapping of grief in Indonesia will provide the opportunity to evaluate the study gaps and provide recommendations for future research.

Methods

Design

This study is a scoping review, and the processes are (a) formulating the research topic, (b) locating relevant studies, (c) selecting the study, (d) charting data, and (e) compiling, summarizing, and disclosing the findings (Arksey & O’Malley, 2005). The reporting for a scoping review adhered to the PRISMA (preferred reporting elements for systematic review and meta-analysis) statement for a scoping review (Tricco et al., 2018).

Search strategy

A literature search was performed in MedLine, Embase, CINAHL, Web of Science, Scopus, Google Scholar, Portal Garuda and PubMed, along with any restrictions, on April 25, 2023, including searches for relevant articles and reference lists to ensure that all the studies could be located. Keywords, subject headings, and Boolean operators were utilized for “grief” and “Indonesia.” The full-detailed search strategies for each database are presented in Table 1.

The inclusion criteria of an article to be included in this review were (1) an empirical study design in any form of designs, either qualitative, quantitative, or mixed methods, (2) related to grief and bereavement, and (3) conducted in Indonesia or associated with Indonesians. Articles were excluded according to the criteria: (1) unrelated topic, (2) insufficient data, (3) studies in the form of reviews, abstracts, presentation in a conference, or protocol, and (4) duplicate publication from the same dataset.

Two researchers screened all papers using Rayyan.ai. After removing duplicates, one of the authors reviewed the titles and abstracts of the articles. The first author then evaluated the applicability of the full-text papers based on the inclusion and exclusion criteria. Manual searches of previously published meta-analyses followed this, using review articles, bibliographies, Portal Garuda, and Google Scholar to identify additional eligible studies. We consulted the article containing the most detailed information for investigations derived from the same data set. Another author participated in the screening process to ensure accuracy, and team discussions resolved disagreements. After the evaluation process, the characteristics of the included studies were retrieved and displayed in a table.

Data synthesis

The data retrieved in the literature were presented descriptively in a table, consistent with the scope and objectives of the scoping review. This process was conducted independently by each of the reviewers who participated in the preceding stage, and a third reviewer was enlisted to reach a consensus on the differences discovered. The answers to the study
questions in the selected articles were summarized, and numerical and thematic results were provided in a narrative, theme format, as indicated in the results. QSR NVivo software was used to organize and analyze the data.

Results

Search strategy
The six databases yielded a total of 155 articles, with 61 duplicates. After removing duplicate citations, 94 papers were reviewed by one of the authors based on the title and abstract. Following this process, 86 articles were excluded, and 16 papers were reviewed for their eligibility. Meanwhile, manual searches from Google Scholar, Portal Garuda, relevant articles, and reference lists were conducted to identify more potential papers. Three studies were related to grief in Indonesia; unfortunately, the full text could not be located and they were excluded for further synthesis. However, the topics of the three studies could be identified as associated with the development of grief instruments for nurses and the coping style of AIDS-bereaved women. Finally, 18 articles were included in this scoping review. The screening process is presented in Figure 1.

Descriptions of the included studies
The first study on grief in Indonesia was published in 2008; the latest publication was in 2023. Of 18 studies, 55% were conducted with quantitative designs using observational methods, including cross-sectional and psychometric properties. The rest of the studies were performed with qualitative approaches. Most studies were located in Java and were mainly conducted in Jakarta. The total

<table>
<thead>
<tr>
<th>Table 1. Search strategy</th>
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<tr>
<td><strong>Databases</strong></td>
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<td>MedLine</td>
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<td>Embase</td>
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<td>CINAHL</td>
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<td>Web of Science</td>
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<td>Scopus</td>
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<td>PubMed</td>
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<td>Google Scholar</td>
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Figure 1. PRISMA flow chart diagram
<table>
<thead>
<tr>
<th>Study</th>
<th>Journal name</th>
<th>Study purposes</th>
<th>Study setting &amp; design</th>
<th>Participants</th>
<th>Outcomes &amp; tools</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Betriana and Kongsuwan</td>
<td>Nursing in Critical Care</td>
<td>To describe the grief reactions and coping strategies of Muslim nurses in dealing with the death of patients.</td>
<td>Indonesia</td>
<td>Muslim ICU nurse (n=14)</td>
<td>Grief reactions and coping strategies</td>
<td>Four reactions to grief, four factors influencing reactions to grief, and three coping strategies used in dealing with death in ICU.</td>
</tr>
<tr>
<td>Betriana and Kongsuwan</td>
<td>Intensive and Critical Care Nursing</td>
<td>To explain the significance of the grieving processes that Muslim nurses who cared for patients in intensive care units went through.</td>
<td>West Sumatra Province, Indonesia</td>
<td>Muslim ICU nurse (n=14)</td>
<td></td>
<td>Four reactions to grief, four factors influencing reactions to grief, and three coping strategies used in dealing with death in ICU.</td>
</tr>
<tr>
<td>Damar (2008)</td>
<td>Dissertation</td>
<td>To determine the need for a specific bereavement counseling program for HIV/AIDS-afflicted women who lost their husbands to AIDS and what services are needed.</td>
<td>Jakarta</td>
<td>Qualitative</td>
<td>Interview about bereavement counseling.</td>
<td>Four primary themes: limited awareness of HIV/AIDS; coming to terms with being a widow and living with HIV; the &quot;new&quot; role as a single parent, i.e., mothering, for the widow of an AIDS-related spouse, and the necessity for counseling addressing seropositivity.</td>
</tr>
<tr>
<td>Djelantik et al. (2021)</td>
<td>Journal of Affective Disorders</td>
<td>To determine the prevalence, latent classes, and cultural correlates of extended grief disorder, PTSD, and depression after traffic accidents in Balinese family members.</td>
<td>Bali</td>
<td>Bereaved individuals after traffic deaths (n=301)</td>
<td>The expression of caring for the deceased.</td>
<td>Balinese culture may protect widowed people from mental illness and inform other nations’ grief rites.</td>
</tr>
<tr>
<td>Fauziah and Kahija (2017)</td>
<td>Jurnal Empati</td>
<td>To comprehend the mental state of children who lost their mothers to suicide.</td>
<td>Semarang</td>
<td>Child who lost mother to suicide (n=1)</td>
<td>The grieving process</td>
<td>Themes developed: (1) address the mother-child bond. (2) Four superordinate themes: emotional shock, self-closing conduct, psychological conditions, and social relationships. (3) Covers three superordinate themes: supporting reasons for recovery, positive changes following recovery, and personal significance of suicide experiences.</td>
</tr>
</tbody>
</table>
### Cont. Table 2. Characteristics of the included studies

<table>
<thead>
<tr>
<th>Study</th>
<th>Journal name</th>
<th>Study purposes</th>
<th>Study setting &amp; design</th>
<th>Participants</th>
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<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indah (2021)</td>
<td>International Journal of Disaster Risk Reduction</td>
<td>To investigate how doctors and mourning patients interact in Indonesia’s post-disaster Aceh.</td>
<td>Aceh, Indonesia Qualitative phenomenology</td>
<td>Disaster-affected patients (n=11) Bereaved and disaster-affected</td>
<td></td>
<td>There were asymmetrical power relations that negatively affected their physical and emotional well-being.</td>
</tr>
<tr>
<td>Mariyana and Bettrana (2021)</td>
<td>Journal of Pediatric Nursing</td>
<td>To describe the experiences of parents and caregivers who cared for children with chronic diseases.</td>
<td>West Sumatra Qualitative phenomenology</td>
<td>Parents and caregivers of children with chronic disease (n=11)</td>
<td>Anticipatory grief</td>
<td>Findings revealed three categories, namely expressions of care, efforts of care, and ways of accepting the situations.</td>
</tr>
<tr>
<td>Mas’amah et al. (2023)</td>
<td>Pastoral Psychology</td>
<td>To improve funeral services for indigenous people in emergencies or crises and provide social support for bereaved family members and mortuary workers who performed funerals during the COVID-19 pandemic.</td>
<td>Kupang Qualitative</td>
<td>Bereaved family members and mortuary workers (n=22)</td>
<td>Semi-structured interview approach about the experiences of the bereaved family.</td>
<td>Thematic analysis revealed three themes: COVID-19 and funeral protocol, difficulty in executing cultural and religious burial rituals, and shame toward bereaved families.</td>
</tr>
<tr>
<td>Mujahidah et al. (2015)</td>
<td>Jurnal keperawatan jiwa</td>
<td>To study loss and grief among mothers who lost infants.</td>
<td>Depok Qualitative phenomenology</td>
<td>Bereaved mothers by infant deaths (n=10)</td>
<td>The experience of loss and grief</td>
<td>The themes are infant death causes, grief stages, Response After Loss, social support networks, post-loss hope, wisdom of loss, and coping mechanisms.</td>
</tr>
<tr>
<td>Nugraha et al. (2023)</td>
<td>Medical Science Monitor</td>
<td>To evaluate health-related quality of life (HRQoL) and mental health in 729 Indonesian medical students during the COVID-19 pandemic.</td>
<td>Indonesia Cross-sectional</td>
<td>Indonesian medical students (n=729)</td>
<td>The 12-item HRQoL, the 21-item Depression, Anxiety, and Stress Scale (DASS-21)</td>
<td>37.3% had impaired physical components, and 66.9% had impaired mental components of HRQoL.</td>
</tr>
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<tr>
<td>Priastana et al. (2018)</td>
<td>Indonesian Journal of Health Research</td>
<td>To investigate family social support and resilience of older adults who suffer from chronic grief due to partner loss in Pakurenan culture and the relationship between them.</td>
<td>Bali</td>
<td>Men or women 60 years of age or older lost a partner less than 48 months (n=255).</td>
<td>The resilience of the older adults.</td>
<td>Family social support and resilience are positively correlated.</td>
</tr>
<tr>
<td>Geni and Rahmania (2013)</td>
<td>Indonesian Journal of Cancer</td>
<td>To determine whether coping mechanisms and anticipatory grief were related among parents of children with cancer.</td>
<td>Jakarta</td>
<td>Parents with children who had been diagnosed with cancer (n=55)</td>
<td>Anticipatory grief</td>
<td>The findings showed that anticipatory grief and emotion-focused coping both correlated positively, while religious-focused coping did not significantly correlate with each other.</td>
</tr>
<tr>
<td>Rahmawati et al. (2021)</td>
<td>Nurse and Health: Jurnal Keperawatan</td>
<td>To identify society’s dimension variables related to grief and loss during the COVID-19 pandemic.</td>
<td>Indonesia</td>
<td>Indonesian people aged 15 years and over (278)</td>
<td></td>
<td>The societal dimensions of education, age, type, gender, and work do not exhibit any relationships with loss and grief. However, age and education are moderately related to loss and grief.</td>
</tr>
<tr>
<td>Ristriyani et al. (2018)</td>
<td>Enfermeria Clinica</td>
<td>To identify the acceptance of women living with HIV in relation to status disclosure.</td>
<td>Jakarta</td>
<td>Women with HIV positive (n=235)</td>
<td>Acceptance of Disease and Impairments Questionnaire (ADIQ)</td>
<td>Women are getting closer to being fully accepting of their HIV status.</td>
</tr>
<tr>
<td>Samutri et al. (2022)</td>
<td>Macedonian Journal of Medical Sciences</td>
<td>To investigate how persistent grief affects Indonesian women who have experienced prenatal loss.</td>
<td>Yogyakarta</td>
<td>Women who experienced chronic sorrow due to perinatal loss within the past 7 weeks–3 years. (n=9)</td>
<td>Chronic sorrow screening tool and the Burke/Eakes Chronic Sorrow Assessment Tool</td>
<td>Three main themes: (1) Grief recurrence is common, especially when exposed to certain triggers (pregnancy memories and mementos); (2) suitable coping mechanisms and emotional assistance are required to treat grief; (3) Particular aspects of chronic grief, such as reduced sadness and the presence of another child acting as both a solace and a source of grief, are linked to perinatal loss.</td>
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</table>
The number of participants was 2,814, ranging from one to 729 individuals for each study. Regarding the target population, people living with HIV/AIDS, mothers who had lost their children, bereaved spouses, older adults, and caregivers of persons with a life-threatening illness were the most frequently investigated groups. Table 2 presents the characteristics of the studies included in the scoping review.

This scoping review shows that most studies (80%) focused on grief after a loss (Figure 2). This scoping review did not identify any interventional studies, but Damar (2010) investigated the feasibility of bereavement counseling using a qualitative approach. For grief instruments, the Inventory of Complicated Grief (ICG), Inventory of Complicated Grief – Revised (ICG-R), Prolonged Grief Disorder – 13 and the revised version (PG-13 and PG-13-R), and Brief Grief Questionnaire (BGQ) are the validated tools for grief diagnostic (Kustanti et al., 2021). However, none of these instruments were utilized by the researchers in Indonesia. They utilized grief screening instruments such as the Acceptance of Disease and Impairments Questionnaire to measure the grief symptom or scale. Caregivers of chronic diseases, such as cancer and HIV/AIDS, were the most examined group. Other populations included COVID-19 and unexpected deaths resulting from prenatal loss, accidents, suicide, and natural disasters. The Indonesian researchers were also interested in studying grief and bereavement among nurses, medical students, funeral employees, refugees, and the general population.

Based on the types of grief and bereavement, the related studies in Indonesia can be divided into studies on anticipatory grief and studies on post-loss grief.

**Studies on grief in Indonesia**

Among the included studies, three focused on the area of pre-loss, namely anticipatory grief. Two studies investigated the coping mechanism related to the acceptance stages due to a loss. Another study was about the experience of caring for people living with chronic illnesses and about the acceptance of the diagnosis of a life-threatening illness. The studies on anticipatory grief mostly centered on examining coping mechanisms, such as the caregivers’ level of acceptance, in response to the decline in health and impending mortality.

Examining the experience of loss and grief was the most studied topic in grief after a loss. In terms of types of loss, chronic illness-related grief was of greater concern to researchers than sudden loss. For unexpected loss, the target population was accident, suicide, and disaster. Considering that the pandemic can also be considered a disaster, three investigations on COVID-19-associated bereavement have been conducted. Some studies could not be categorized as to whether they were in expected or unexpected deaths, such as the death of persons in the intensive care unit or the loss of a

<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td>Sinaga et al. (2020)</td>
<td>Nurse Media Journal of Nursing</td>
<td>To describe the experiences of mothers with intrauterine fetal demise (IUFD) in Indonesia</td>
<td>Mothers who had experienced intrauterine fetal demise (IUFD) (n=7)</td>
<td>Qualitative phenomenology</td>
<td>Four key themes, including the mothers' reactions to a loss, moral support received by the mother, unfavorable physical and psychological changes.</td>
</tr>
<tr>
<td>Tay et al. (2016)</td>
<td>Social psychiatry and psychiatric epidemiology</td>
<td>To determine if West Papuan refugees had a unitary construct of complicated grief and if so, whether the factorial structure or one of PCBD or PGD based on DSM-5 or ICD-11 formulations.</td>
<td>Indonesians in Papua New Guinea (n=230)</td>
<td>Complicated grief Conflict of loss associated with feelings of injustice may be especially pathogenic in generating the anger/negative appraisal component of complicated grief amongst refugees.</td>
<td></td>
</tr>
</tbody>
</table>

Figure 2. The pattern of grief and bereavement studies in Indonesia

Table 3. Themes of grief and bereavement studies in Indonesia

<table>
<thead>
<tr>
<th>Themes</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Study purposes</strong></td>
<td>Prevalence of grief&lt;br&gt;Association of factors toward grief&lt;br&gt;Exploring the experience of grief&lt;br&gt;Instrument development&lt;br&gt;Improvement of bereavement care services&lt;br&gt;Latent classes</td>
</tr>
<tr>
<td><strong>Cause of bereavement</strong></td>
<td>Bereaved by chronic illnesses&lt;br&gt;Bereaved by unexpected deaths&lt;br&gt;Bereaved by COVID-19&lt;br&gt;Bereaved by the loss of a relative</td>
</tr>
<tr>
<td><strong>Target population</strong></td>
<td>Spouse&lt;br&gt;Women&lt;br&gt;Parents&lt;br&gt;Doctors&lt;br&gt;Caregivers&lt;br&gt;Family members&lt;br&gt;Elderly&lt;br&gt;Medial students&lt;br&gt;Indigenous students&lt;br&gt;Mortuary workers&lt;br&gt;Nurses&lt;br&gt;Mothers&lt;br&gt;Women living with HIV AIDS</td>
</tr>
<tr>
<td><strong>Concept being studied</strong></td>
<td>Status disclosure of HIV AIDS&lt;br&gt;Culture&lt;br&gt;Bereavement counselling&lt;br&gt;Social support&lt;br&gt;Society dimension</td>
</tr>
<tr>
<td><strong>Outcomes being studied</strong></td>
<td>Grief&lt;br&gt;Health-related Quality of Life&lt;br&gt;Posttraumatic Stress Disorder&lt;br&gt;Resilience&lt;br&gt;Depression&lt;br&gt;Coping&lt;br&gt;Acceptance stage</td>
</tr>
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</table>
partner.

Regarding the themes of the studies that have been conducted in Indonesia, five themes can be derived as follows (Table 3):

Study purposes (1): The focus of grief studies in Indonesia was about the prevalence of grief, factors related to grief, the experience of loss, the development of instruments to measure grief, bereavement care services, and latent classes. The field of grief studies encompasses a wide range of subjects, including the development of instruments to assess grief disorders, enabling Indonesian academics and practitioners to monitor the presence of pathological grief effectively. Additionally, there is a focus on the provision of bereavement care services. There is a wide availability of instruments designed to assess grief symptoms and disorders; nonetheless, it is worth noting that no translational studies pertaining to this topic have been conducted in Indonesia. Several grief care strategies are readily accessible, yet no research has been conducted to examine these therapies’ efficacy in Indonesia.

Cause of bereavement (2): The primary emphasis of palliative care is to enhance the overall quality of life for individuals who are confronted with a life-threatening illness, as well as with their respective families. The present study has identified chronic disease and unexpected events as the focal points of investigation in relation to the phenomenon of grief. Nevertheless, the primary emphasis of the disorders was predominantly on cancer and HIV/AIDS.

Target population (3): Studies on grief have been conducted with various populations as their subjects. The participants’ backgrounds were healthcare workers and those outside the healthcare industry. The only topic lacking is an examination of grief experienced by children.

The concept being studied (4): The included research looked at three different aspects of the grieving process: the sociocultural context of loss, bereavement counseling, and coping following the diagnosis of a life-threatening illness. Therefore, many other bereavement care interventions have not yet been investigated.

Outcomes being studied (5): The investigation’s primary focus was grief. The quality of life, PTSP, resilience, depression, and coping style are other secondary outcomes. The results on a physical level have not yet been investigated. In addition, other psychological outcomes like anxiety were not identified in any of the studies that were considered for this review.

Discussion

1992 marked the beginning of the palliative care movement in Indonesia (Putranto et al., 2017). This study determined that the first bereavement care study was published in 2008, approximately sixteen years after Indonesia’s initial palliative care movement. It is necessary to conduct a scoping review to identify the status of grief and bereavement studies in Indonesia and to recommend additional evidence for the Indonesian bereavement care movement. This scoping review has identified the topics of studies conducted in Indonesia, including the study purposes, cause of bereavement, target population, concept, and outcomes.

Most of the research included in this scoping review was performed in the Java region, with a particular focus on Jakarta. Despite a policy on palliative care in Indonesia since 2007, its implementation is limited to five major cities: Jakarta, Yogyakarta, Surabaya, Denpasar, and Makassar. Due to the centralization of palliative care services in five major cities, particularly in Java, it is unsurprising that research on grief has also been predominantly focused in this region. Hence, there remains a significant opportunity to investigate grief and bereavement practices beyond the region of Java.

This scoping review has shown that the field of pre-loss grief contains a significant amount of uncharted ground, which is not surprising given the small number of studies conducted on the subject. The coping technique in response to the loss that will occur as a result of the diagnosis of a life-threatening illness is the primary focus of the field of anticipatory grief. In fact, pre-loss grief can influence an individual’s coping mechanism, and, without appropriate treatment, complications may include and increase the risk for grief disorder (Kustanti et al., 2022). Frequently, dramatic cognitive, behavioral, and personality changes deprive caregivers of the significant relationship they shared with the patient prior to the onset of the illness or injury (Yehene et al., 2021). Anxiety, emotional numbness, and sleep difficulties are more common in people who have not prepared well for the death of a loved one (Shear, 2012). A large portion of the current academic literature on pre-loss grief focuses on HIV/AIDS, and cancer-related grief, aside from numerous chronic illnesses. While the focus of care remains on the treatment of patients, caregivers or family members of individuals with a chronic disease may, however, continue to experience the burden of care after the patient’s death. Therefore, providing help for those dealing with grief is critical for this demographic to forestall the occurrence of more serious problems. Since the patient has been diagnosed with a life-threatening illness, healthcare workers, including nurses, may conduct assessments on the patient’s family members or caregivers in order to determine the degree to which they are experiencing anticipatory grieving. Patients and their family members should participate in a bereavement risk assessment using a formal instrument (Aoun et al., 2017). Therefore, appropriate bereavement support can be prearranged in advance (Kustanti, Fang et al., 2021).

Although different individuals and types of losses will experience grief differently (Zisook & Shear, 2009), the causes of bereavement, such...
as chronic disease and untimely dying, were given the same amount of consideration in terms of post-loss grief. In regard to the types of bereavement, the research is more concerned about the grief that is associated with chronic illness. Chronic illnesses can cause functional limitations, financial stress, social isolation, increasing dependence on others, lower self-esteem, and mental health issues that trouble caregivers even after the death of the patients (Richman, 2022). Even if deaths due to chronic illness are expected, caregivers might not have the time or energy to cope with the situation since they have so many responsibilities for the care of the patient. As a result, the relationship between healthcare providers and patients' families ought to be maintained to provide bereavement care and this should begin with the monitoring of the caregivers' state of grief following the death of the patient.

On the other hand, due to the nature of unanticipated losses or acute illness, including during the COVID-19 pandemic, a loss can be traumatic because the individual may not have time to adjust to the loss (Neria & Litz, 2004). Accident victims, suicide victims, and victims of natural disasters make up the target population for an unexpected loss. There have been three investigations carried out on COVID-19-associated grief, given that the pandemic can also be considered as bringing about an unexpected death. Pandemic safety precautions may exacerbate losses by disrupting the grieving process leading to negative impacts on the emotional and physical health (Tao et al., 2022). In addition, after-loss grief was typically encountered outside medical offices and healthcare facilities, so it was not widely acknowledged until it became a health issue. This late recognition might be due to the fact that the circumstances surrounding the death were particularly traumatic or it could be because those affected were already vulnerable (Parkes, 1998). Because of the large amount of research that has been conducted, we are now able to identify those people who are at an increased risk after a bereavement.

The target population and cause of bereavement varied based on the themes extracted from the available evidence. However, the study objectives were limited to prevalence, experience, instrument development, the exploration of service enhancement, and association investigation; the opportunity to conduct grief and bereavement studies in Indonesia is still quite open. Still lacking, however, are interventional studies, including randomized controlled trials. In fact, Indonesia requires more culturally sensitive bereavement care. The examined concepts were also limited to HIV/AIDS status disclosure, culture, bereavement counseling, social support, and social dimension. Other social and psychological outcomes, such as anxiety, will also be of concern in Indonesia. Studies on the explorations of grief among children are also crucial for better bereavement care services.

Strengths and limitations

This study is the first scoping assessment of Indonesian studies examining the state of grief and bereavement research in Indonesia. The scoping review results can guide Indonesian researchers in mapping their bereavement care research plan. In order to ensure that a comprehensive search of the articles was conducted, databases and manual searches were utilized.

Unfortunately, we were unable to assess the study quality because we did not restrict the included studies to a specific study design. There may be more studies on grief and bereavement than we had in this scoping review, as some full text could not be located. We continued to report these investigations even though only limited information could be retrieved. At least, the subjects or objectives of the inquiry were discernible.

Based on this current scoping review, several recommendations for future grief-related research can be listed. First, more research can be conducted in the area of anticipatory grief to strengthen the coping of caregivers or family members of individuals living with a life-threatening illness to prevent prolonged or complicated grief. Second, as this type of loss can be more traumatic, it is possible to undertake additional research on unexpected death-related grief. Third, no study has been conducted to determine the efficacy of bereavement interventions. Numerous treatments for bereaved individuals are currently available, but it is essential to investigate bereavement care suitable for Indonesians. Fourth, HIV, AIDS, and cancer-bereaved individuals were the most frequently researched population. This provides ample opportunity to explore other types of chronic illnesses, as each loss will result in atypical grief.

Fifth, limited study has been conducted on bereaved children and adolescents. Therefore, pediatric specialist colleagues can devote more attention to this topic. Sixth, more varied study designs can be performed to explore more investigations on grief and bereavement, including using a randomized controlled trial with more multidimensional variables as the outcomes. Seventh, in relation to the assessment of grief symptoms and disorders, a multitude of instruments demonstrate commendable efficacy. Nevertheless, researchers in Indonesia did not employ these instruments. One potential explanation could be the unavailability of instrument translations in Indonesia. Furthermore, the majority of the studies included in this scoping review employed qualitative methodologies. Additional research will be required to facilitate the translation and validation of tools pertaining to grief into Indonesian. The availability of instruments will enhance the accuracy and effectiveness of evaluating grief symptoms and disorders in studies and clinical practices.
Conclusions
This scoping evaluation revealed that studies on grief in Indonesia lack the variation of the concepts being studied; the focus should be placed on palliative care, end-of-life care, and bereavement care to support the advancement of palliative care in Indonesia. In addition to caring for terminally ill patients and their families, healthcare professionals should offer emotional support to those enduring other types of grief. For the provision of optional bereavement care, additional evidence will be required in the areas of anticipatory grief, grief related to unexpected deaths, the efficacy of bereavement interventions, other populations with chronic conditions, children, and adolescents.

Acknowledgement
The findings and conclusions in this document are those of the authors, who are responsible for its contents.

Funding Statement
The authors did not receive any specific grant or financial support from funding agencies in the public, commercial, or not-for-profit sectors for the research, authorship, and/or publication of this article.

Conflict of Interest Statement
The authors have declared no potential conflicts of interest.

Data Availability
As this study is a review of previous data, no new data were generated in support of this research.

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