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Observed trauma in the PICU and parental meaning making

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In this issue of *Pediatric Critical Care Medicine*, Khanna and colleagues explore parental experiences and perspectives on *observed traumas* in the medical/surgical PICU of a tertiary care children's hospital (1). Observed traumas are distressing events that parents are exposed to during their child's PICU stay that are not directly related to their own child. Parents describe observed traumas as events that may be witnessed (e.g., seizure, CPR, death) or overheard (e.g., conversations, crying, alarms). Five major themes pertaining to observed traumas were identified (*italics*). These included *involuntary exposure* to the suffering of others which led parents to perceive a lack of control over their surroundings, to feel discomfort from invading others' privacy, and to be distracted from their own child's care. Although recognizing the need for *privacy and confidentiality*, some parents exposed to another's trauma wanted to share experiences in order to support other parents or better cope themselves. Observed trauma most often evoked *empathy for children and families* but for some parents their empathic feelings increased their emotional distress. Parents reported that *staff communication* after an observed trauma should include information and reassurance without violating privacy. Lastly, parents reported that observed traumas often led to *reflection and personal growth*, particularly as parents evaluated their own situations in light of what others were going through.

Parents' experiences and perspectives regarding observed traumas in the PICU may be considered in light of meaning-making theory (2). Meaning making has been described as an effort to understand stressful events in terms of comprehensibility (e.g., what happened and why) and significance (e.g., what does my life mean now?) (2–4). Meaning-making theory suggests that most individuals possess two kinds of meaning - a sense of global meaning (e.g., beliefs, goals, purpose) through which life experiences are generally interpreted, and appraised meaning, through which stressful events are interpreted. When confronted with a stressful event, such as observed trauma, individuals typically evaluate the event in terms of controllability, attributions, future implications, and other factors. Discrepancies between an individual's global and appraised meaning are believed to generate distress within the

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individual, which in turn, drives meaning-making processes. Successful meaning making is a process through which individuals reduce this distress by adjusting global and/or appraised meaning in order to bring them back into alignment.

Meaning-making theory (2) may be evident in Khanna et al's findings regarding parental experiences and perspectives on observed traumas. For example, the discrepancy between one parent's global and appraised meaning of an observed trauma may be reflected in the quote, "in a perfect world this hospital wouldn't exist" (1). Various types of meaning-making processes may also be evident in the findings (2, 4–6). One type, a need for causal understanding (2, 4), may be the meaning-making process underlying parents' need for information and reassurance from staff after experiencing an observed trauma in the PICU. Another type, benefit finding, a need to identify positive consequences of a stressful event (e.g., silver lining) (7), may be the meaning-making process underlying parents' desire to support other parents in the PICU, and their increased capacity to show empathy to other children and families. Other types, counterfactuals (i.e., what ifs) and downward comparisons (i.e., comparing one's situation with less fortunate others), (2, 8) may be the meaning-making processes underlying parents' perspectives on the involuntary exposure to the suffering of other children and parents.

The findings of Khanna et al (1) not only contribute to the body of data lending support to meaning-making theory, but also bring increased awareness to clinicians regarding the importance of observed traumas for parents in PICUs. Observed traumas were reported by both mothers and fathers in PICUs regardless of their own child's diagnosis or severity of illness, whether their child's PICU room was private or shared, whether their child's admission was scheduled or emergent, or whether their child had a brief or prolonged PICU length of stay. Some parents recalled their experiences with observed traumas as a significant source of distress. Increased awareness of the potential for observed traumas in PICUs will allow clinicians to develop interventions to reduce their occurrence, to better recognize these events when they occur, and to respond in ways that acknowledge and support parents exposed to them. These kinds of interventions may benefit parents by helping them make meaning of their PICU experiences.

Strengths of this study included the qualitative methodology which allowed the investigators to capture parents' lived experiences in the PICU, in parents' own voices (9). Parents defined what constitutes an observed trauma through their examples, and the importance of observed traumas by describing their effects. Limitations included the small sample of parents contributing data (n=11), and the lack of attention to data saturation. Data saturation refers to the point in the collection and analysis of qualitative data where no new themes, findings, or concepts are emerging (10). As mentioned by the authors, it is possible that additional themes concerning observed traumas and their impact on parents would have been identified if more parents were interviewed. Whether the findings represent the majority of parents in PICUs or are transferable to other clinical settings will require further investigation.

The paper by Khanna and colleagues contributes new knowledge about observed traumas in PICUs, and their impact on parents' psychological health and meaning-making processes. This new knowledge can be used to help clinicians recognize challenges faced by parents in

PICUs, and acknowledge and support parents as they experience their own child's critical illness as well as the sufferings of others.

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