

The Concept of Grief in Nursing

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Introduction

In the video clip provided- *Grey's Anatomy*, the element of grief is clearly depicted through the old man who has just lost his wife. From the clip, the old man has shot Dr. Derrick who was attending to his wife when she died. He believes that his wife should not have died and Derrick is to blame for her death. As a way of dealing with the pain of losing his wife, the old man shoots Dr. Derrick as a way of seeking justice for his wife's death. He also has a gun pointed at Dr. Christine and demands that she stops operating on Derrick so that he can die just like his wife did. According to Julianne Oates and Patricia Maani-Fogelman (2019), grief affects people differently; however, there are some signs and symptoms of grief that are common in all people. The common symptoms of grief according to the two authors are; intense pain and sorrow, bitterness, the feeling that someone should pay, and difficulty accepting the reality of the loss (p.5). All these signs and symptoms are visible in the old man from the video.

Another symptom of coping with grief that is evidently visible in the old man whose wife has died is the inability to concentrate on anything other than his loss and pain. The clip ends with Derrick's wife presenting herself to be shot by the old man to appease him and free the other doctors he is holding hostage free. The old man quickly agrees to this because all he wants is to hurt Derrick just as bad as he got hurt. This inability to see or focus beyond his loss has clouded his judgment to the point that he cannot take off his mind from his pain. He believes that by hurting Dr. Derrick, he will be able to get some justice and maybe some relief.

Literature Review

Journal Article 1: Grief Experience of Nurses after the Death of an Adult Patient in Acute Hospital setting: An Integrative Review of Literature

According to Meller, Parker, Hatcher, and Sheehan (2019), when patients lose their lives in a hospital, it is not just the kin of these patients who feel pain and loss; nurses are also affected equally by such deaths because of the relationships they had developed with patients. Meller and fellow colleagues assert that up to 54% of people die in a hospital setting which means that nurses are constantly witnessing death around them (p.5). Yet in all these grief and sadness surrounding nurses, they still have to juggle between their professional responsibilities as well as their emotions. According to Meller and colleagues, two important themes are paramount for dealing with grief; managing personal reactions when in grief and understanding the factors that influence such reactions.

Meller and fellow researchers further assert that nurses who witness such deaths and even the relatives of deceased persons often lack the necessary support to deal with such grief. For nurses, they always brush aside such events and continue to work as if everything is normal, the result is that they end up being emotionally overwhelmed leading to problems both professionally and personally. Nurses in a hospital setting may deal with grief in different ways depending on the following factors; their personal history with grief, experiences from previous deaths, professional and personal ethos they have such as culture, or endurance, and the workplace environment.

Journal Article 2: Complicated Grief: Risk Factors, Interventions, and Resources for Oncology Nurses

Tofthagen, Kip, Witt, and Mcmillan, (2017) assert that complicated grief can happen to many family caregivers who have just lost a family member. The symptoms of grief can start to show even before the death of a patient and extend after their death. According to Cindy and fellow colleagues, the one symptom that is synonymous with many people is the inability to accept the situation as it is. They further assert that each individual responds or reacts to grief differently; however, older adults are more affected by complicated grief

compared to the rest of the general population. Because of their long-term association with their patients, oncology nurses are at high risk of being afflicted with grief. According to Cindy and fellow researchers, oncology nurses are the best-placed people to offer necessary grief services and emotional support to people who have lost their loved ones. Some of the symptoms of complicated grief include; lack of meaning in life, loneliness, guilt, and constantly replaying the events in their minds. These symptoms are further compounded by such factors such as personality traits, an individual's coping style, and socio-economic powers.

Journal Article 3: Social Work Practice in Palliative and End-of-Life Care:

According to Altilio, Gardia, and Otis-Green, (2008), social work plays a very important part in the provision of palliative and bereavement care. Some social workers specialize in palliative care as their area of support. This makes them have contact with people who have experienced the loss of loved ones or people who are bereaved. Just like in nursing, these social workers experience physical, emotional, and mental stress of having to deal with bereaved family members. Paul continues to assert that in many societies, people generally find it difficult to talk about death. This makes it very difficult to get people to accept that the inevitable is happening to them. If people were open to talk about death, it would be easier to help people to prepare to get adequate support to deal with the painful loss of loved ones. Sadly, it is up to social workers to help bereaved families to adjust from their loss (Altilio, 2008, p. 68). Palliative social care workers work with people who are believed to have less than a year to live. They grow bonds and relationships with their clients and are bound to be affected by their deaths just like close family members are affected.

Journal Article 4: Physicians Grief with Patient Death

According to Randy Sansone and Lori Sansone (2012), physicians just like nurses witness patients dying almost on a daily basis. While this is the case, there are very few documented cases of doctors' deal with grief. Randy and Lori believe that this may be so because doctors often spend very minimal time with patients compared to nurses. For example, a nurse on average may spend up to 70% of her time attending to the needs of patients assigned under her/him while a doctor may only spend about 20-30% dealing with patients (Sansone, & Sansone, 2012). This means that nurses more than doctors develop a strong relationship with patients hence the emotional investment is heavier on the nurses than doctors. Other researchers have suggested that the reason why physicians are not affected badly as nurses in grief is that doctors often talk about death. First of all their nature of duty is about life and death and two they anticipate death to happen at some point.

Comparison and contrast

In terms of nursing and palliative social work, the consequence of grief is similar because of the amount of time these professionals spend with the patients they take care of. Social workers and nurses spend considerable amount of time attending to their patients and in the process gets emotionally attached. The difference lies in the fact that social workers have to offer deeper emotional support by way of counselling which may end up affecting them slightly more compared to nurses. Palliative social workers show more emotional stress from the many deaths they have witnesses (Funk, Peters, & Roger, 2017). In terms of physicians, their emotional attachment to patients is quite limited because of the durations they spend with each patient. For this reason, grief in physicians is quite low compared to other healthcare professionals. Additionally, doctors have strong avenues of dealing with death such as talking about it-this is so because they expect death and talking about it is almost natural and relieving at the same time. This helps to lessen their grief levels.

Practical Application

While grief in some cases may make people to react in negative ways, it must be encouraged because it is essential for the healing process. Healing process cannot be complete without people expressing their anger, displeasure and pain of their loss. For this reason, grieving should be encouraged as a step to healing. Healing works better when the five processes of grief is encouraged (Khalaf et al., 2017, p. 228). Nurses, palliative social workers, and physicians are always ill-trained and ill prepared to deal with grief. A practical approach that has been adopted recently to help healthcare workers deal with grief is through education and therapy. Many nursing schools have entrenched grief management in their curriculum to prepare and equip nurses with the knowledge of dealing with the emotional stress of grief. Additionally, many healthcare facilities have put in place therapy mechanisms to help nurses and doctors deal with the pain of losing a patient (Jinks, 2018, p. 46). This is important because pent-up emotions in healthcare workers are detrimental both to their personal lives and professional engagements. The concept of grieving has also been used to provide patients and their families proper ways of dealing with pain, sorrow, and anger associated with loss. This way, such families find better ways to channel their anger and recover quickly from their loss.

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