# Experiences of loss and grief among hospital nurses

by Jo Thorson Kelly

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Nursing
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Abstract:
Nurses in clinical practice are frequently confronted with patient-care situations which are either characterized by loss or involve loss as a part of the over-all clinical picture. Little is known about nurses' responses to these situations or about their experiences of grief and loss. The purpose of this study was to explore and describe nurses' experiences of loss and grief which develop within the context of the nurse-patient relationship in the hospital setting.

The data gathering method for this exploratory-descriptive study was the semi-structured, in-depth interview based on the principles of ethnographic inquiry. Using a preliminary survey among registered nurses employed at three Montana hospitals, a convenience sample of 20 was obtained for the study interviews. Each nurse participated in one personal interview which was tape recorded and later transcribed for use in the data analysis. Using content analysis methods, interview data were classified and analyzed to identify the themes in nurses' experiences and the factors and processes which related to and influenced these experiences.

Nurses' experiences of loss and grief were found to be related to interpersonal involvement with patients and families. This was influenced by nurse, patient, and family factors and certain factors and processes in the practice setting. Nurses reported brief, as well as intense, prolonged experiences of grief and the full range of feelings and responses known to occur during the grieving process, While these feelings and responses were painful and distressing, they also reported difficulty in performance of their work responsibilities in instances of intense grief, as well as a carry-over effect in their personal lives.

Although professional and personal investment and involvement in the nurse-patient relationship was the norm for study nurses, they believed that this involvement and their personal responses in the nursing role were unusual among nurses and unprofessional. Together with the pain and distress of loss, this led to efforts to detach from patients and a sense of isolation from colleagues. Nurses identified mechanisms which they believed would be helpful in dealing with experiences of loss and grief.

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This thesis has been read by each member of the thesis committee and has been found to be satisfactory regarding content, English usage, citations, bibliographic style, and consistency, and is ready for submission to the College of Graduate Studies.

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I dedicate this thesis to my mother, who understands the importance of nurse caring, and to the memory of my father, whose death during this project taught me about nurses' grief in a very personal way.

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## ABSTRACT

Nurses in clinical practice are frequently confronted with patient-care situations which are either characterized by loss or involve loss as a part of the over-all clinical picture. Little is known about nurses' responses to these situations or about their experiences of grief and loss. The purpose of this study was to explore and describe nurses' experiences of loss and grief which develop within the context of the nurse-patient relationship in the hospital setting.

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Although professional and personal investment and involvement in the nurse-patient relationship was the norm for study nurses, they believed that this involvement and their personal responses in the nursing role were unusual among nurses and unprofessional. Together with the pain and distress of loss, this led to efforts to detach from patients and a sense of isolation from colleagues. Nurses identified mechanisms which they believed would be helpful in dealing with experiences of loss and grief.

# CHAPTER 1

# INTRODUCTION

## Background and Rationale for the Study

Nurses in clinical practice are frequently confronted with patient-care situations which are either characterized by loss or involve loss as a part of the over-all clinical picture. The terminally ill or injured patient and the suicidal patient represent the most easily identified patient-care situations involving patient loss. The nurse's experience with loss, however, is not limited to loss of a patient through death. Other examples of care situations involving loss commonly encountered by the nurse include nursing care of patients with loss of body part or function, impairment in emotional or cognitive function, developmental or sociocultural change, and loss of hope or will to live.

While the frequency of nurses' experiences with patient loss is well known among nurses and health care professionals in general, little is known about nurses' responses to these experiences. This researcher became interested in nurses' experiences of loss and grief during graduate school course work in the specialty of psychiatric-mental health nursing. While searching the literature for a paper relating to loss and the grieving process, it became apparent that few investigations of nurses' responses to the multitude of losses they encounter on a regular basis had been reported in the literature.

Results of studies relating to the experience of loss and the grieving process in a number of populations document that loss is a stressful event in an individual's life (Lindemann, 1944; Parkes, 1972). The response to loss, known as grief, is the process through which an individual comes to terms with the loss and the changes precipitated by the loss. During this process, individuals are known to experience emotional, cognitive, physical, behavorial, and attitudinal changes which are distressing and often painful. An understanding of the experience of loss and the grieving process suggests that the nurse's loss and grief may contribute to disrupted nurse-patient relationships as well as to the amount of work related stress experienced by the nurse.

## Statement of the Problem

Performance in the professional nursing role requires commitment to the ideals of providing protection, help, and comfort to patients. Thus, nurses have certain expectations of themselves in care situations. At the same time, nurses often form personal attachments to patients who, for a variety of personal and professional reasons, become important to the nurse as a person. In the hospital setting, nurse-patient relationships are influenced by the degree of intensity and intimacy required in nursing care and also by the duration of the relationship over time. These professional, personal, and contextual factors all potentiate a personal sense of loss for the nurse in response to patient losses, suffering, and death.

## Purpose of the Study

The purpose of this study was to explore and describe nurses' experiences of loss and grief which develop within the context of the nurse-patient relationship in the hospital setting.

## Definition of Terms

In order to facilitate an understanding of the remainder of this study, the following definition of terms is provided:

Loss is the state of being deprived of or being without something that one has had (Peretz, 1970a).

Grief is a specific syndrome characterized by emotional, cognitive, physical, behavioral and attitudinal changes occurring in an individual in response to loss (Frears and Schneider, 1981).

Grieving process is the adaptive process whereby an individual comes to terms with loss and the changes generated by the loss (Bowlby, 1980).

Hospital setting is an acute care, general community hospital.

Nurse is a registered nurse employed in the hospital setting.

## Basic Assumptions

The following basic assumptions were used in the development and implementation of this study:

Individuals can verbally report and describe their personal responses to other people and to other people's characteristics.

Individuals will honestly report how they have experienced a situation.

Individuals attribute meanings to interpersonal situations and can describe these meanings.

Summary

The literature related to loss and grief describes the experience of loss as a stressful event with potential personal and interpersonal consequences. Although it is known that nurses are exposed to patient losses in their work on a regular and frequent basis, the effect of this exposure is not known. Little has been done to investigate nurses' own experiences of loss which develop in relation to patients.

The expectations of performance in the professional nursing role as well as certain factors in the practice setting facilitate the nurse's sense of involvement in relation to patients. As personal feelings of attachment and caring develop in the nurse, personal vulnerability to the experiences of loss and grief also develops.

Because of the lack of foundational research relating to nurses' experiences of loss and grief, the problem was examined from the

broad framework of a qualitative research design using exploratory-descriptive methodology and the ethnographic appoach. This study examined nurses' experiences of loss and grief and was based on the literature and reports of research related to these concepts. Interpersonal theory in nursing as well as literature relating to the interpersonal aspects of nursing and the practice setting provided the framework necessary for studying and describing nurses' experiences. A review of this literature and the conceptual framework for this study are presented in the following chapter.

# CHAPTER 2

## LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

This study was based on the literature related to loss, grief, and the grieving process; a review of this literature is presented first in this chapter. Next, a review of nursing theory and the literature illustrating the interpersonal aspects of nursing is presented, followed by a discussion of the practice setting. In conclusion, the above conceptual framework is integrated to provide a basis for understanding nurses' experiences of loss and grief.

### Loss

Loss may be described as a universal experience, a central issue in the lives of all individuals (Frears & Schneider, 1981). Not only is loss inherent in the process of human growth and development, it is also the result of planned change and haphazard coincidence (Heading-ton, 1981; Peretz, 1970a). While the experience of loss is most often thought of in connection with the death of a significant, loved other person, loss is far more pervasive in an individual's life and indeed, occurs throughout life in association with all major change (Bowlby, 1974; Heikkinen, 1979).

Peretz (1970a) defines loss as a "state of being deprived of or without something one has had" (p. 4). He further states, "loss is

simultaneously a real event and a perception by which the individual endows the event with personal or symbolic meaning" (p. 6). Since early studies by Lindemann (1944) which describe the symptomatology of acute grief following the death of a loved other person, the field of study relating to loss has broadened to include the study of responses to other types of loss (Fulton, 1977; Rosenblatt, Walsh & Jackson, 1976).

The experience of loss may relate to the loss of an important or significant other person, place, or object in the environment or to the loss of a part of the self which is familiar and valued (Peretz, 1970a). Loss of a significant other may be temporary, as in the case of separation, or permanent, as in divorce or death. Acute or chronic illness and disability represent partial losses which may be temporary or permanent. Loss of some part of the self may include loss of self-image or self-esteem and loss of body part, function, social role, or perceived positive attributes (Peretz, 1970a; Werner-Beland, 1980). Each loss also makes one vulnerable to the threat of additional loss as a result of changes engendered by the initial loss (Peretz, 1970a).

Loss includes not only the actual loss of a tangible external object or an intangible intrapersonal perception but also the loss of purpose or one's old understanding of reality. It is this loss of meaning which Headington (1981) refers to when she states, "Loss is a unique, isomorphic experience. As such it cannot be measured by some outside criteria" (p. 338). To understand another's experience of loss, one

must understand the personal value and meaning attached to that which was lost and the emotional investment involved (Marris, 1982).

Attachment theory provides a framework for understanding the biological basis for the human experience of loss and the consequences which may occur as the result of loss. According to Bowlby (1974), "Attachment theory is a way of conceptualizing the propensity of human beings to make strong affectional bonds to particular others and the many forms of emotional distress and disturbance, which include anxiety, anger, and depression, to which unwilling separation and loss give rise" (p. 292). This theory is based on Bowlby's research over the past thirty years in which he has studied the responses of normal infants and children to separation, either temporary or permanent, from the mother or mother-figure (Bowlby, 1982).

Bowlby (1974) has identified a group of behaviors, which together he calls attachment behavior, having a biological function distinct from and equally as important as the functions of feeding and sexual behaviors. "Attachment behavior is any form of behavior that results in a person attaining or maintaining proximity to some other clearly identified individual who is conceived as better able to cope with the world" (Bowlby, 1982, p. 668). Examples of attachment behaviors include "following, clinging, crying, calling, greeting, smiling, and other more sophisticated forms" (Bowlby, 1974, p. 292). This behavior is evident in the sixth month of life, reaching its peak at approximately age three years. It does, however, persist throughout life and forms the basis for affectional bonds established by an adult with other adults

(Bowlby, 1980; Marris, 1982). Attachment behavior is especially evident in adults during times of fear, distress, or illness (Bowlby, 1980).

Based on evidence from ethology and from his own research, Bowlby (1974) believes that the biological function of attachment behavior is protection and self-preservation. This behavior "contributes to the individual's survival by keeping him in touch with his caregiver(s), thereby reducing the risk of his coming to harm..." (Bowlby, 1980, p. 40).

Bowlby (1974, 1980) has described caregiving behavior as the complementary response to attachment behavior. The function of caregiving is protection of the attached individual and the provision of security. Caregiving behavior "is commonly shown by a parent, or other adult, towards a child or adolescent, but it is also shown by one adult towards another, especially in times of ill health, stress or old age" (Bowlby, 1980, pp. 40-41).

Attachment theory provides a basis for understanding the function of attachment behavior and relationship formation in early life. Based on further studies by Bowlby (1982) and others (Parkes, 1972; Weiss, 1982), attachment behavior and the formation of attachment relationships continues throughout life. As Marris (1982) states, "adult bonds of love seem to grow out of these earliest attachments" (p. 185). These affectional bonds provide a sense of meaning and security in an individual's life through the development of learned purposes, understandings, and feelings in the relationship. When the

attachment is threatened or lost, meaning in one's life is also threatened. Within this framework, loss may be seen to have far-reaching consequences, interpersonally as well as personally.

## Grief and the Grieving Process

Grief may be defined as the emotional, physical, cognitive, behavioral, and attitudinal or spiritual response of an individual to actual or perceived loss of some valued or significant aspect of that individual's life (Frears & Schneider, 1981). These changes, when viewed as a process occurring over time, are known as the grieving process. This is an adaptive process which facilitates an acceptance of the fact that a change has occurred and an integration of this fact in one's internal world of meaning and externally in one's attachment behavior (Bowlby, 1980).

The experience of grief and the grieving process has been studied in different populations by a number of investigators. Lindemann (1944) documented the acute grief syndrome experienced by survivors of disaster; Kübler-Ross (1969) has studied loss and grief in patients with terminal illness; Parkes (1972) has examined grief in spouses following bereavement; and Bowlby (1980) has studied infant attachment behavior and the consequences of separation from the mother. While these studies focus on the grieving process occurring in response to the loss of a significant other through death or separation, other individuals have documented grief which occurs in response to other types of loss. Parkes (1972) and Werner-Beland (1980) have

documented the grieving process in those developing long-term disability, and Fried (1963) has examined the frequency of occurrence and the symptomatology of grief in individuals following relocation of residence.

The above literature documents that the grieving process follows any loss which is perceived as significant by the individual experiencing the loss. While the grieving process may vary in duration and magnitude in relation to the degree of perceived significance of the loss, there is marked commonality of experience in the range of symptomatology observed in and reported by grieving individuals.

Frears and Schneider (1981) describe a variety of symptoms which may occur during the process of grieving. The grief model proposed by these authors is useful in that it depicts an organismic response to loss; that is, the individual as a whole responds to the loss. Using this model, the symptomatology of grief may be described as follows:

1. Emotional response: anger, rage, numbness, confusion, shame, sadness, disgust, guilt, anxiety, helplessness, hopelessness, and loneliness.
2. Cognitive response: disbelief, detached observation, rumination, preoccupation, decrease in problem solving ability, and self-doubt.
3. Behavioral response: protest, search, detachment, passive withdrawal, crying, sleep disturbance, physical self-neglect and abuse, and escape.

4. Physical response: physiological alarm reaction, lowered resistance to infection, pain, exhaustion, heaviness, and muscular tension.
5. Attitudinal or spiritual response: loss of meaning or purpose, cynicism, destruction of ideals, emptiness, existential crisis, and belief in external control (Frears & Schneider, 1981, p. 347).

This symptomatology is a reflection of the distress experienced by an individual in the event of personal loss. In terms of attachment theory, initial reactions are aimed at restoration of the lost attachment and, in effect, stimulate others to care for the distressed individual. Despair and apathy, punctuated by occurrences of hostility, develop when it becomes clear that efforts to restore the lost attachment are unsuccessful. Finally, detachment from that which was lost develops (Bowlby, 1980). In brief, grieving has to do with resisting the loss, acknowledging the loss, and reorganizing one's behavior in order to go on without that which was lost.

The grieving individual has been described by Bowlby (1980) as being in a state of biological disequilibrium. During the process of grieving, the individual intermittently renews efforts to restore the lost attachment; this repeated reactivation of attachment behavior is experienced by the individual as chronic distress while the condition of the individual may be described as one of chronic stress (p. 42).

In stressing the potentially healthy nature of grief and the grieving process, Bowlby (1980) uses an analogy developed by Engel (1962, 1964). Engel (1964) states, "...we can compare the experience of loss to the wound, while the subsequent psychological response to the loss may be compared to the tissue reaction and the processes of healing" (p. 94). As with a physiological wound, healing the wound of loss may take a healthy course or the individual may experience impairment of function or pathology as a result of inadequate or improper healing. Thus, the possibilities for outcome following loss include healthy grieving leading to integration, restored wholeness, and renewal of attachments or unhealthy responses leading to physical, emotional, behavioral, and/or social pathology. Peretz (1970b) has described a variety of possible reactions to loss: (a) "normal" or healthy grieving; (b) inhibited, delayed, or absent grief; (c) chronic grief or perpetual mourning; (d) depression; (e) hypochondriasis and exacerbation of pre-existant somatic conditions; (f) development of medical symptoms and illness; (g) acting-out, which may include psychopathic behavior, substance abuse, or promiscuity; and (h) specific neurotic and psychotic states (pp. 22-35). Lindemann (1944), Engel (1962), Parkes (1972), and Bowlby (1980) also support the concept of healthy or adaptive grieving with deviations leading to less healthy functioning or actual pathology.

The eventual outcome of healthy grieving results in a withdrawal of the emotional investment in that which was lost and a restored ability to form new relationships (Bowlby, 1980). This process is

influenced by a number of factors. Among these are the individual's early life experience in attachment relationships, the number and significance of the roles filled by that which was lost, the security of the attachment, and the social support provided following the loss (Bowlby, 1974). Factors which disrupt the grieving process and potentiate pathological or less healthy outcomes include the following: situations in which the loss is not socially defined as a loss or in which the loss is socially unacceptable, inaccessible support or alienation from social support, the need to be strong and in control or to assume the social role of the strong one, uncertainty over the loss, the occurrence of multiple losses, and the reawakening of a previous loss which remains distressing and painful (Burgess and Lazare, 1976, pp. 424-426).

Impediments to healthy grieving, then, may be found within the individual and within the social system in which the individual is embedded. Because the grieving process is intermittently extremely painful on many levels of the individual's experience and awareness, an attempt may be made to avoid the experience and the necessary expression of emotion. Also, the individual may not express emotion easily or may believe that it is not appropriate in any circumstance. The individual's fear of "going crazy," the result of experiencing the symptoms of grief, may also contribute to avoidance of the grieving process.

Social support appears to be a necessary ingredient in the facilitation of a healthy grieving process (Bowlby, 1980; Caplan, 1981;

Engel, 1962). This support provides a feeling of increased comfort and security in face of the threat of losing an attachment (Bowlby, 1974). Security arises through the provision of love, affection, and nurturance. Additionally, the support provides cognitive assistance, validation of feelings, reminders of self-identity and worth, and stimulation to continue with the work of grieving (Caplan, 1981).

It is documented in the literature that the experience of loss constitutes a stressful event and that grieving constitutes a state of chronic stress. Successful outcomes to the experience of loss may be facilitated given the wealth of information available about the grieving process and the variables which influence the process. The following sections in this chapter develop concepts related to the interpersonal aspects of nursing and the practice setting which contribute to the nurse's vulnerablility to loss and grief.

## Nursing: Interpersonal Aspects

Nurse theorists generally conceive of nursing as the nurse-patient relationship process, professional and inter-professional roles, and task performance employed to promote, maintain, or restore health and to care for the sick (Stevens, 1984). Nursing is based on a body of scientific knowledge drawn from many fields, including nursing, and uses this knowledge in the delivery of nursing care (Lindberg, Hunter, & Kruszewski, 1983). The nurse-patient relationship may be viewed as the vehicle for the delivery of nursing care and is more or less prominent depending on the specific context in which the nurse works.