Dealing with Loss, Grief, and Bereavement in a Pandemic
Overview of Loss, Grief, and Bereavement

- Patient, family, and the nurse all experience losses. The pandemic complicates “normal grief” and loss experiences at end of life.

- Remember, each person grieves in his or her own way, influenced by culture and past experience.

- An interdisciplinary approach to grief is usually critical to address mind, body, and spiritual needs, but during the pandemic, the bedside nurse may not have these resources.
Definitions

- Loss: Absence of an object, position, ability, or attribute.
- Grief: Reaction to a loss; many types of grief and death during the pandemic puts family at risk for complicated grief.
- Bereavement: Provides dispensation from usual activities for a variable period of time.
- Mourning: Refers not so much to the reaction to the loss but rather to the process of integrating the loss into everyday life.

Corless & Meisenhelder, 2019
Complicated Grief

- Complicated grief: response to a loss that is more intense and prolonged than usual and affecting one’s ability to return to a new normal.

  Mason & Stofthagen, 2019

- Risk factors for complicated grief include:
  - Sudden death
  - Traumatic death
  - Multiple losses occurring close together
  - Concurrent stressors

  Limbo et al., 2019
Complicated Grief (cont’d)

- Coronavirus –related concurrent stressors:
  - Isolation in quarantine
  - Financial stress
  - Cannot be with loved ones
  - Loved ones suffering in isolation
  - Less availability of team members (i.e. social workers, chaplains, etc)
Losses Related to the Coronavirus

- Serious illness and death
- Patients are dying alone
- Sudden decline and frequent deaths, allow little time for nurses to process all the losses
What Do Family Caregivers Want When They Are Grieving? And How Is this Impacted by the Pandemic?

<table>
<thead>
<tr>
<th>What Families Want</th>
<th>Impact of COVID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honoring loved one’s wishes</td>
<td>Patient voice may not be heard - too ill, too fast</td>
</tr>
<tr>
<td>Be included in decision-making</td>
<td>Rapid decline = emergency decision-making with little family input</td>
</tr>
<tr>
<td>Support from team</td>
<td>Families cannot visit, not all team members available</td>
</tr>
<tr>
<td>Honesty &amp; Transparency</td>
<td>Communication hindered</td>
</tr>
</tbody>
</table>
What Caregivers Want (cont’d)

- To be listened to
- To be remembered
- To know they did everything they could
The Grief Process

- Emotional ‘waves’/ oscillation is normal and expected

The Coronavirus pandemic complicates grief process because:

- Family members could not be with their loved one at time of death
- Families cannot grieve together in a culturally appropriate manner
- There were difficulties securing a morgue/funeral home
- Funerals are delayed until after the pandemic
- There may be unresolved family issues
Grief Support Can Be Provided in a Variety of Ways

- Ensure family members of the deceased are connected to a grief support program.

- Refer family members to social worker, chaplain, or volunteer for follow-up such as:
  - Online support
  - Bibliotherapy
  - Individual counseling
  - Group support
  - Community support
  - Hospice programs offer bereavement support, even for those whose loved ones were not enrolled in hospice.

Raymond et al., 2016
Case Study

- Mrs. T. is an 83-year-old woman with diabetes and COPD, not a ventilator candidate, and dying on your in-patient medical COVID unit.
- Her husband of 60 years has been unable to be with her in the ICU. Both are grieving the separation and Mrs. T’s imminent death.
- Their 2 adult children live over 500 miles away.
- How can the nurses support Mr. and Mrs. T during this crisis?
Caring for Mr. & Mrs. T. amidst the Coronavirus Crisis

- Respect the CDC guidelines for safe care of a patient with COVID-19.
- Advocate for hospice referral, if possible.
- Many hospices/institutions are allowing one visitor for those actively dying. If allowed, provide the visitor with PPE and educate about prevention.
Caring for Mr. & Mrs. T. (cont’d)

- If family cannot be together, use cell or IPAD to connect.
- Add prompts to facilitate conversation (i.e. Byock’s 4 things), or encourage reminiscence and goodbye, etc.
- Provide reassurance to Mr. T. that his wife is being well-cared for.
Caring for Mr. & Mrs. T. (cont’d)

- Allow Mr. T to verbalize fears and feelings.
- If possible in your setting, seek help from palliative care or contact interdisciplinary team members such as social work and spiritual care (chaplain) to provide support, if they are available.
- Assess/facilitate support system for Mr. T, if possible. Is he eating, sleeping, taking his medications? Does Mr. T need a referral to a social worker?
Caring for Each Other

During this pandemic, nurses experience many losses in addition to patient/family loss.

- Nurses may lose the ability to give the care they are used to providing because they are short-staffed, or have limited resources, medications, and equipment.

- Some nurses may experience the deaths of healthcare colleagues due to the coronavirus.
Caring for Each Other (cont’d)

- Find creative ways to offer support to each other:
  - Leave supportive notes for colleagues.
  - Start each shift with an uplifting quote, poem, or reflection.
  - Try to end each shift remembering at least three things that the staff did well that day.
  - Encourage each other to take much needed breaks!

Kravits, 2019
Thank You for the Great Work You Are Doing,
You are the Real Heroes
References


