Dealing with Loss, Grief & Bereavement in a Pandemic
Losses Related to the Coronavirus

- This pandemic is unlike anything we have witnessed
- Sudden, aggressive infectious disease, allowing for little time to process all the losses, especially if the patient dies
- Some families struggling with loved ones being triaged to not receive ventilatory support, due to shortages
- Patients are dying alone, because of the risk of spread
- Families at great risk for complicated grief
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 their own way, influenced by culture and past experience.

- An interdisciplinary approach is vital - attention to mind, body and spirit are critical.
Definitions

- **Loss:** Absence of an object, position, ability, or attribute
- **Grief:** Reaction to a loss
- **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
What are Patients Basic Needs at the End of Life?

- Control physical symptoms
- Shelter
- Assistance with elimination and hygiene
- Nourishment, fluids, if possible
- Companionship
- Recognition of their continued existence

McHugh & Buschman, 2016
What Do Family Caregivers Want When They Are Grieving?

- Loved one’s wishes honored
- To be included in decision-making
- Practical help
- Honesty
- To be listened to
- To be remembered
- Know they did all they could possibly do
A Grief and Bereavement Program is a Core Component of the Palliative Care Program

- Interdisciplinary team
- On-going reassessment
- On-going support staff
- Complicated grief risk(s)
- Intensive support and prompt referrals
- Bereavement services available at least 13 months after death of loved one
- Culturally and linguistically appropriate information
- Respect of developmental, cultural, and spiritual needs
- Assess, resilience, cumulative loss, and grief of IDT

NCP, 2018
The Grief Process

- Both loss and growth can occur—but distress will still be experienced
- Emotional ‘waves’/oscillation is normal and expected
- Grief? Or depression?
- Cultural aspects
- Spiritual considerations
Factors Influencing the Grief Process in Families

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<thead>
<tr>
<th>Factor</th>
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<tbody>
<tr>
<td>Survivor personality</td>
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<tr>
<td>Coping skills, patterns</td>
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<td>History of substance abuse</td>
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<td>Relationship to deceased</td>
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<td>Spiritual beliefs</td>
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<td>Type of death</td>
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<td>Survivor ethnicity and culture</td>
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Types of Grief

Anticipatory Grief

Acute Grief

Normal Grief

Complicated Grief

Disenfranchised Grief

Corless & Meisenhelder, 2019; Shear, 2015
Grief Assessment

- Begins at time of admission or diagnosis
- Should be ongoing to detect complicated grief

Corless & Meisenhelder, 2019
Grief Interventions for Survivors: Listen to Their Story

- Provide presence
- Engage in or use active listening, touch, silence, reassurance
- Identify support systems
- Use bereavement specialists & resources
- Normalize & individualize the grief process
- Actualize the loss & facilitate living without deceased
Children’s Grief

- Based on developmental stages
- Can be normal or complicated
- Symptoms unique to children
Grief Support Should Be Provided in a Variety of Ways

Ensure family members of the deceased are connected to a Grief Support program

- On-line support
- Bibliotherapy
- Individual counseling
- Group support
- Community support
- Hospice programs offer bereavement, even for those whose loved ones were not enrolled
Completion of the Grieving Process: Is It Possible?

- Grief work is never completely finished

- Healing occurs when the pain is less

- Many grieving family losses from the coronavirus may experience complicated grief
Case Study

- Mrs. T., an 83 year old woman with diabetes and COPD is now dying in the ICU of coronavirus.
- Her husband of 60 years has been unable to be with her in the ICU- both are grieving the separation and her imminent death.
- Their 2 adult children live over 500 miles away.
- She is not a candidate for a ventilator and is transferred to an inpatient medical unit; hospice has been initiated in the hospital setting.
- 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
- Most hospices/institutions are allowing one visitor for those actively dying- advocate for this and educate Mr. T. about prevention (he is elderly and at risk)
- If Mr. T. cannot be with his wife, consider using technology to connect them. Ask him to bring in items from home/ pictures of them and their children, favorite music etc. to comfort her
- Consider using an i-pad to connect them and their adult children unable to travel
Caring for Mr. & Mrs. T. Amidst the Coronavirus Crisis (continued)

- Mr. T. wants to know his wife is getting the best care possible - listen to his fears and share with him what is being done for symptom management, comfort measures, and psychosocial and spiritual support
- Seek the help of palliative care to support Mr. T. or interdisciplinary team members such as social work and spiritual care (chaplains)
- Make sure Mr. T. is caring for himself - is he eating, sleeping, taking his medications?