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A Concept Analysis of Nurses' Grief

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Background: The psychological and personal well-being of nurses can change the way they care for patients. If nurses' grief is not properly managed, the nursing shortage will continue to grow. Consequently, a need exists for the identification of nurses' grief and effective interventions to manage grief to ensure the successful development and growth of the nursing profession.

Objectives: This concept analysis sought to properly define nurses' grief and the role it plays in the day-to-day requirements of nurses.

Methods: A review of the literature was conducted using CINAHL®, BioMed, EBSCOhost, and MEDLINE® and the following key words: *nurse*, *grief*, and *patient loss*. Articles included provide information about nurses' grief, outcomes resulting from grief, and interventions to manage nurses' grief.

Findings: Nurses' grief must be incorporated into the nursing curriculum and addressed by employers. In particular, facility leaders should help promote a healthy work environment and address the need for proper grief management. Educators, managers, and nurses can benefit from acknowledging the current gap in managing nurses' grief.

When an individual dies, that person's family and friends begin experiencing grief caused by the loss of a loved one. Grief varies depending on the individual. Personal and job-related factors, as well as outside relationships, can affect how a person grieves (Wenzel, Shaha, Klimmek, & Krumm, 2011). The same is true for nurses, who are often left to individually manage their grief. If not properly supported, nurses' grief can affect factors outside of work (e.g., personal relationships, emotions, feelings of worth, eating habits) (Dougherty et al., 2009; Wenzel et al., 2011). The purpose of this concept analysis is to clarify the meaning of nurses' grief using Walker and Avant's (2011) model. This model is used as a foundation to fully explore the concept of nurses' grief, including its antecedents, attributes, consequences, purpose, and uses. Such clarification may allow facility leaders to better support nurses with grief management.

Leaders engaged with facility support services should first identify those areas in which nurses may encounter grief more frequently. For example, a nurse working in an oncology unit may experience patient death on a weekly basis; he or she may also experience feelings of perceived loss by sending patients at the end of life to be cared for by hospice. A high rate of turnover in nursing staff is seen when nurses' grief is not adequately acknowledged and when few resources are provided

to adequately assist those who are grieving (Dougherty et al., 2009; Medland, Howard-Ruben, & Whitaker, 2004; O'Connor, Watts, Bloomer, & Larkins, 2010; Wenzel et al., 2011). If nurses' grief is better understood and supported, retention rates and job satisfaction may rise. The goal of this analysis is to provide findings to inform the implementation of new programs or the adjustment of existing resources to assist nurses who may be experiencing grief related to patient loss.

Professionalism requires an understanding of what is appropriate within a profession and specific situations that may arise. Gerow et al. (2010) used Miller's (1990) work to help define a professional relationship as "previously set and agreed-upon services provided to the client" (p. 124). Even while maintaining professionalism, nurses may become overly invested in their patients, and they may build close relationships with individual patients and their family members. Gerow et al. (2010) explained that increased grief felt by a nurse for a deceased patient may be related to the relationship they developed (e.g., general friendship, bonding spiritually, caring relationship with patient and family). However, a professional stigma exists among nurses. Some nurses may view grieving as unacceptable and expect their colleagues to remain strong and supportive for patients' families while maintaining professional distance (Chan, Lee, & Chan, 2013; Charalambous