

## Health Care Professional as Griever: The Importance of Self-Care

As a health care professional, you are likely to experience many losses in your professional life in addition to those everyone experiences in their personal lives:

- The death of a patient may feel like a personal loss because of the bonding that occurred with patient and family.<sup>1</sup>
- Loss of professional expectations, self-image, and identity can occur when patient outcomes are less than expected or desired.<sup>1</sup>
- Loss of one's own assumptions or beliefs about life can follow unexpected patient deaths or the death of a young patient.<sup>1</sup>
- Losses may remind you of your own mortality.<sup>2</sup>
- Grief can intensify the stresses intrinsic in complex medical organizations.<sup>1</sup>

These losses can be disenfranchised. Disenfranchised grief—hidden sorrow—is grief experienced when a loss is not or cannot be openly acknowledged, publicly mourned, or socially supported.<sup>3</sup> It may be helpful to pause and read Vallurupalli's and Wu's brief, insightful narratives of disenfranchised grief in a hospital ICU and clinic—experiences that likely occur frequently in medical professions.

**“Mourning on Morning Rounds”** describes a poignant example of disenfranchised grief for two ICU clinicians.<sup>4</sup>

**“Virtual Grief”** acknowledges a clinician's disenfranchised grief upon learning of the unexpected death of a healthy young person in a clinic chart note.<sup>5</sup>

Disenfranchised grievers may not recognize that their own symptoms are related to grief. An important step is to identify and acknowledge the importance and meaning of a lost relationship (or non-death loss). Grief specialist Doka notes,

*...grief in health care professionals is often disenfranchised, yet the effective holistic treatment of individuals with disease begins with an acknowledgment that loss is a constant companion to illness, for patients, families, and health care professionals alike.<sup>1</sup>*

Grief of health care professionals may be starting to garner more attention. Two hospitals have described “death or grief rounds” to address the emotional impact of patients' deaths on residents.<sup>6,7</sup> In a third hospital, the ethics committee was utilized in a nontraditional way to address clinicians' anticipatory grief over a patient request.<sup>8</sup> It is important to note that this is a possibility only if chaplains, mental health specialists, or social workers who have experience with grief are committee members.

Another brief journal article, "Rounds," bears witness to a clinician's grief over a patient's death during surgery, her coping, and gratitude for the gift of grief.<sup>9</sup>

Self-awareness, self-care, and spirituality are powerful tools in coping with grief related to one's profession (as well as personal grief).<sup>10-12</sup> Vachon offers compassionate counsel to health care professionals:

*...through initially learning how to recognize and deal with loss and grief through a process of mentoring in a team of committed caregivers, taking the time to grow and reflect on your own mortality, acknowledging and dealing with loss and grief as it occurs, having a full life outside the work situation, engaging in self-care, and exploring meditation and spirituality, you can continue to grow and thrive in your work.<sup>12</sup>*



## MINDFUL AWARENESS MOMENT GRIEF

Take a few minutes to sit in a quiet, peaceful, comfortable location where you will not be interrupted. This might be by a lake, in a wooded area or flower garden, or your favorite chair at home. Take some deep breaths, close your eyes, and when you are ready, turn your attention to any losses that you have experienced. This might be the death of someone close to you, the death of a patient, the end of a friendship or relationship, a decline in health status for yourself or someone else, a lost career opportunity, the effects of a natural disaster. Think back over the past month, year, or longer.

- What comes up for you? Is there a loss that readily comes to mind?
- Are you surprised by the particular loss that comes to mind or well aware of it?
- How recent is the loss?
- Is there more than one loss that feels particularly salient?
- How painful is the loss?
- What emotions do you feel as a result of that loss?
- What thoughts do you have about the loss?
- What physical sensations are you experiencing as you think about the loss?

If you have more time or during another quiet time, continue to explore your feelings related to loss:

- In what ways (both negative and positive) does the loss affect your daily life?
- How are you supported by others related to this loss? Is your loss disenfranchised, i.e., hidden from others?
- What do you need to help integrate this loss into your life?



- Acknowledge this loss to yourself?
  - More time to experience and work through the pain of the loss?
  - Share your thoughts and emotions with someone else?
  - Honor the deceased individual or your loss experience through an activity such as writing; building something; planting a tree, shrub, or flowers; creating a work of art; singing a song; or playing music?
- If this exercise brings up particularly unsettling thoughts and emotions, what can you do right now to help yourself feel more at peace as you continue over time to cope with the loss? What characteristics, skills, and resources do you have that give you strength as you move through the grieving process?

## Author(s)

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## References

1. Doka KJ. Grief: the constant companion of illness. *Anesthesiol Clin North America*. 2006;24(1):205-212.
2. Papadatou D. A proposed model of health professionals' grieving process. *Omega (Westport)*. 2000;41(1):59-77.
3. Doka KJ. *Disenfranchised grief: Recognizing hidden sorrow*. Lexington Books Lexington, MA; 1989.
4. Vallurupalli M. Mourning on morning rounds. *N Engl J Med*. 2013;369(5):404-405.
5. Wu D. A piece of my mind. Virtual grief. *JAMA*. 2012;308(20):2095-2096.
6. Khot S, Billings M, Owens D, Longstreth WT, Jr. Coping with death and dying on a neurology inpatient service: death rounds as an educational initiative for residents. *Arch Neurol*. 2011;68(11):1395-1397.
7. Wilde L, Worster B, Oxman D. Monthly "Grief Rounds" to Improve Residents' Experience and Decrease Burnout in a Medical Intensive Care Unit Rotation. *Am J Med Qual*. 2016;31(4):379.
8. Chooljian DM, Hallenbeck J, Ezeji-Okoye SC, Sebesta R, Iqbal H, Kuschner WG. Emotional Support for Health Care Professionals: A Therapeutic Role for the Hospital Ethics Committee. *J Soc Work End Life Palliat Care*. 2016;12(3):277-288.
9. Shillcutt SK. Rounds. *JAMA*. 2018;319(18):1863.
10. Sanchez-Reilly S, Morrison LJ, Carey E, et al. Caring for oneself to care for others: physicians and their self-care. *J Support Oncol*. 2013;11(2):75-81.
11. Shinbara CG, Olson L. When nurses grieve: spirituality's role in coping. *J Christ Nurs*. 2010;27(1):32-37.
12. Vachon M. Caring for the professional caregivers: before and after the death. In: Doka K, ed. *Living with Grief: Before and After the Death*. Washington DC: Hospice Foundation of America; 2007:311-330.