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Experience of Grief and Coping Strategies Following Patients' Death among Nurses Working in a Tertiary Level Hospital, Kathmandu, Nepal

Shristi Karmacharya[1], Rupa Devi Thapa[2]

[1]Manmohan Cardiothoracic Vascular and Transplant Center, Kathmandu, Nepal

[2]Yeti Health Science Academy, Kathmandu, Nepal

ABSTRACT: Grief is feelings and emotions to loss that individuals might experience as they attempt to accept the loss. Like general people, nurses also experience such grief as they have to face the situations of many patients' loss at hospital. Prolonged grief can cause a decline in productivity, increase absenteeism, job turnover, and pose physical and mental health risks among nurses. Hence, the study aimed to explore the experience of grief and the use of coping strategies among the nurses following patients' deaths. A descriptive study design was carried out among 111 registered nurses working in different departments of Manmohan Cardiothoracic Vascular and Transplant Center (MCVTC), Maharajgunj, Kathmandu, Nepal using a non-probability enumerative sampling technique. A structured, self-administered questionnaire was used to collect the data. The respondents obtained the highest percentage of mean score on experience of grief on feeling (45.55%). Among the respondents, 40.9% use social support, 76.53% engage in the care of other patients, 74.55% form personal goals, 45.08% use self-help method, and 70.76% use the self-assessment method to cope with the death of a patient. The conclusion of the study emphasized how critical it is to comprehend nurses' grieving processes when patients pass away in order to help them identify and manage psychological stress.

I. INTRODUCTION

Grief is a natural emotional reaction to the loss of a significant thing or person and the value we pay for our loved ones and commitment to one another.[1]The National North American Nursing Diagnosis Association International defines grief as a normal but complicated process that includes emotional, physical, spiritual, social, and intellectual responses and behaviors by which individuals, families, and communities integrate a loss into their daily lives.[2] Feelings related to grief include rage, frustration, loneliness, sadness, guilt, regret, and peace, depending on the sort of loss. Resolutions in typical mourning might take months or even years, and there may be behavioral, cognitive, emotional, or bodily repercussions.[3]

Grief coping refers to the use of potentially adaptive cognitive, behavioral, emotional, spiritual, and social methods for addressing the obstacles that come up during the internal and/or outward stages of a person's mourning process.[4]

Not only do families grieve when a patient passes away at a hospital, but nurses who care for patients around-the-clock also experience grief.[5] As professional health caregivers build both therapeutic-client relationships and personal bonds with their patients, patient deaths can trigger grief experiences among physicians and nurses, also known as professional bereavement.[6] Due to frequent interactions and the closeness of their care providers, nurses are frequently the medical professionals who develop closer ties with their patients. Nursing connections are said to be incredibly gratifying, yet when a patient passes away, this connection can lead to emotional and psychological distress. When dealing with patients' end-of-life situations, nurses experience feelings of apprehension, discomfort, and anxiety.[7]

Grief is a multifaceted experience, mainly caused by altruism, compassion, and empathy. Some nurses view their patients as their own families, and as a result, they experience pain and grief when their patients' lives end. In addition, grief can result from long-term suffering, limited time to take rest during work shifts, emotional exhaustion, andaself-perceived inability to deliver quality care to patients.Grief causes psychological stress for nurses, which is linked to several physical, mental, cognitive, behavioral,and emotional problems, such as despair, anger, anxiety, irritability, social isolation, and somatization. Prolonged grief can cause a decline in productivity, increase absenteeism, job turnover, and pose physical and mental health risks.[8]

A number of patient fatalities were observed to have an adverse physical and psychological impact on nurses. However, due to professional stigma, the experience of grief following patients' death among nurses is not commonly acknowledged. Nurses who suffer from professional stigma are expected to provide professional care to patients and families even when they are grieving, but they are unable to acknowledge their own and their colleagues' grief.[9] Nurses may not be able to articulate their grief and, therefore, hide it within themselves or choose to ignore their feelings. As a result, burnout, cumulative stress, and ineffective coping may result if nurses do not express their grief following patient deaths.[10]

II. METHODOLOGY

A descriptive study design was adopted to assess the experience of grief and the use of coping strategies following patients' deaths among nurses working in the Manmohan Cardiothoracic Vascular and Transplant Center, Maharajgunj, Kathmandu. The study population consisted ofthe nurses working in the intensive care unit, critical care unit, emergency department, and general ward of the hospital. The nurses who had passed the minimum qualification to work as staff nursesand had encountered at least one patient death in the last three monthswere included in the study.

An enumerative sampling technique was used in the study for data collection. The total respondents were 111 nurses in the study. Ethical approval was obtained from the Institution Research Committee (IRC) of the Yeti Health Science Academy (YHSA). In addition, approval for data collection was obtained from Manmohan Cardiothoracic Vascular and Transplant Center. The data was collected from 17th November to 1st December, 2022.

A self-administered questionnaire technique was used to assess the experience of grief and the use of coping strategies following patients' deaths among the nurses.The experience of grief following patients' death is categorized by the respondents' feelings and emotions. The study tools consisted of questions related to socio-demographic and profession-related characteristics of the respondents, five-point Likert scales to assess grief i. e. feelings and emotions after patient death, and the use of strategies to cope with patients' deaths.

III. RESULTS

Table 1: Socio-Demographic Characteristics of the Respondents

N=111

Variables	Frequency	Percentage
Age (in years)		
≤ 28	68	61.3
>28	43	38.7
Mean age± SD: 27.86 ± 3.83		
Marital status		
Married	54	48.6
Unmarried	57	51.4
Ethnicity		
Janajati	49	44.1
Brahmin/ Chhetri	59	53.2
Others*	3	2.7
Family types		
Nuclear family	85	76.6
Joint family	26	23.4
Religion		
Hindu	100	90.1
Buddhist	9	8.1
Others**	2	1.8

**Madhesi, Dalit **Kirat, Christian*

Table 1 represents that 61.3 % respondents were ≤28 years of age, 51.4% were unmarried, 53.2% were Brahmin/Chhetri, 76.6% lived in nuclear family and 90.1% were Hindus.

Table 2: Profession Related Characteristics of the Respondents

N=111

Profession related Variables	Frequency	Percentage
Education status		
Proficiency Certificate Level in Nursing	14	12.6
Bachelor of Science in Nursing	97	87.4
Current working area		
Intensive Care Unit	44	39.6
Coronary Care Unit	22	20.6
General ward	33	29.6
Emergency department	12	10.2
Experience in nursingprofession (Years)		
≤ 5	71	64.0
6-10	29	26.1
≥ 10	11	9.9
Number of encountered deaths in last 3 months		
≤4	80	72.1
> 4	31	27.9

Table 2 shows that 87.4% of the respondents had completed their bachelor degree in nursing, 39.6% were working in intensive care unit, 64% had ≤ 5 years of experience in nursing profession and 72.1% had encountered at least four patient's death in last 3 months.

Table 3: Respondents Feelings Regarding Experience of Grief Following Patient Death

N=111

Statements	Responses					Mean ± SD
Feelings	N No (%)	R No (%)	S No (%)	M No (%)	A No (%)	
Life has no meaning following a patient's death.	25 (22.5)	23 (20.7)	51 (45.9)	9 (8.1)	3 (2.7)	2.48±1.01
I lost interest in work after the patient's death.	42 (37.8)	38 (34.2)	23 (20.7)	8 (7.2)	0	1.97±0.93
I feel afraid to be alone following the patient's death.	44 (39.6)	28 (25.2)	29 (26.1)	8 (7.2)	2 (1.8)	2.06±1.05
I feel emotionally distant from people.	40 (36.0)	31 (27.9)	31 (27.9)	7 (6.3)	2 (1.8)	2.10±1.02
I think of times that I could have made the patient's life more pleasant before patient's death.	12 (10.8)	20 (18.0)	41 (36.9)	25 (22.5)	13 (11.7)	3.06±1.14
I avoid talking about the deceased person.	21 (18.9)	31 (27.9)	33 (29.7)	21 (18.9)	5 (4.5)	2.62±1.12

I think some people can be responsible for the patient's death.	37 (33.3)	29 (26.1)	43 (38.7)	2 (1.8)	0	2.09±0.89
I didn't provide enough care for the patient before his death.	50 (45.0)	35 (31.5)	21 (18.9)	4 (3.6)	1 (0.9)	1.84±0.92
Total						18.22±4.06

N= Never, R= Rarely, S= Sometimes, M= Most of the time, A= Always

Table 3 depicts the respondents' feelings following patient deaths, where the statement "I think of times that could have made the patient's life more pleasant before patient'sdeath" has the highest Mean ± SD i.e.3.06±1.14, whereas the statement "I didn't provide enough care for the patient before death" has the lowest Mean ± SD i.e.1.84±0.9.

Table 4: Respondents Emotions Regarding Experience of Grief Following Patient Death

N=111

Statements	**Responses**					**Mean ± SD**
Emotions	**N**	**R**	**S**	**M**	**A**	
	No (%)	**No (%)**	**No (%)**	**No (%)**	**No (%)**	
I feel I need to be emotionally close to someone after patient's death.	37 (33.3)	34 (30.6)	31 (27.9)	7 (6.3)	2 (1.8)	2.13±1.01
I feel guilty about some things said or done before or after the patient death.	26 (23.4)	41 (36.9)	35 (31.5)	8 (7.2)	1 (0.9)	2.25±0.92
I fear remembering the deceased patient.	41 (36.9)	30 (27.0)	32 (28.8)	6 (5.4)	2 (1.8)	2.08±1.01
I feel anger towardmyself after the patient death.	70 (63.1)	23 (20.7)	12 (10.8)	5 (4.5)	1 (0.9)	1.59±0.91
I feel anger towards the deceased patient.	93 (83.8)	9 (8.1)	7 (6.3)	1 (0.9)	1 (0.9)	1.27±0.70
My mind is occupied with thoughts of a deceased patient.	23 (20.7)	36 (32.4)	44 (39.6)	8 (7.2)	0	2.33±0.88
I lack joy regarding activities that I used to enjoy.	47 (42.3)	27 (24.3)	29 (26.1)	5 (4.5)	3 (2.7)	2.01±1.05
I intentionally try to hurt myself.	104 (93.7)	3 (2.7)	2 (1.8)	1 (0.9)	1 (0.9)	1.13±0.55
Total						14.79±4.46

N= Never, R= Rarely, S= Sometimes, M= Most of the time, A= Always

Table 4 represents the respondent's emotional statements regarding the experience of grief following patient death, wherethe statement "I feel guilty about some things said or done before or after the patient death" has the highest Mean ±SD i.e.2.25±0.92, whereas the statement "I intentionally try to hurt myself" has the lowest Mean ±SD i.e.1.13±0.55.

Table 5: Respondent's Coping Strategies in Social Support and Engagement in Care Following Patient Death

N=111

Statements	**Responses**					**Mean ±SD**
Social support	**N**	**R**	**S**	**M**	**A**	
	No (%)	**No (%)**	**No (%)**	**No (%)**	**No (%)**	
I reach out to nurses for comfort and companionship.	24 (21.6)	36 (32.4)	32 (28.8)	17 (15.3)	2 (1.8)	2.43±1.05

I turn to family members to express my grief.	22 (19.8)	29 (26.1)	49 (44.1)	8 (7.2)	3 (2.7)	2.47±0.98
I identify supportive individuals to debrief grief.	21 (18.9)	24 (21.6)	42 (37.8)	19 (17.1)	5 (4.5)	2.67±1.10
I talk withthe social worker, other patient, and visitor about how much he used to care for the dead patient.	50 (45.0)	26 (23.4)	19 (17.1)	16 (14.4)	0	2.01±1.10
I consult with a professional counselor to cope with patient death.	98 (88.3)	8 (7.2)	4 (3.6)	1 (0.9)	0	1.17±0.52
I visit websites that focus on the grieving process.	80 (72.1)	8 (7.2)	19 (17.1)	4 (3.6)	0	1.52±0.90
Total						**12.27±3.25**
Engage in care of other patients						
I engage in an act of kindness towards other patients.	11 (9.9)	16 (14.4)	23 (20.7)	41 (36.9)	20 (18.0)	3.39±1.22
I accept the reality of loss and provide care for other patients.	4 (3.6)	2 (1.8)	4 (3.6)	28 (25.2)	73 (65.8)	4.48±0.93
I set boundaries while providing holistic nursing care to the patients.	8 (7.2)	14 (12.6)	20 (18.0)	40 (36.0)	29 (26.1)	3.61±1.20
Total						11.48±3.35

N= Never, R= Rarely, S= Sometimes, M= Most of the time, A= Always

Table 5 reveals the methods of coping strategies in social support and engagement in care used by the nurses following patient death. The statement "I accept the reality of loss and provide care for other patients" has the highest Mean±SD i.e.4.48±0.93, whereas the statement "I consult with a professional counselor to cope with patient death" has the lowest Mean±SD i.e.1.17±0.52.

Table 6: Respondent's Coping Strategies in Set-up of Personal Goals and Self-assessment Following Patient Death

N=111

Statements	**Responses**					**Mean ±SD**
Set up personal goals	**N**	**R**	**S**	**M**	**A**	
	No (%)	**No (%)**	**No (%)**	**No (%)**	**No (%)**	
I make new plans for the future.	4 (3.6)	11 (9.9)	32 (28.8)	42 (37.8)	22 (19.8)	3.60±1.02
I seek positive feedback from others.	16 (14.4)	20 (18.0)	38 (34.2)	25 (22.5)	12 (10.8)	2.97±1.19
I focus on things that are going to get better.	4 (3.6)	12 (10.8)	53 (47.7)	42 (37.8)	0	4.20±0.77
I remind myself of my personal strength.	4 (3.6)	3 (2.7)	14 (12.6)	43 (38.7)	47 (42.3)	4.14±0.98
Total						14.91±3.96
Self-assessment						
I blame myself for things that have happened.	75 (67.6)	16 (14.4)	13 (11.7)	5 (4.5)	2 (1.8)	1.59±0.98
I assess how well they are doing.	5 4.5)	10 (9.0)	38 (34.2)	37 (33.3)	21 (18.9)	3.53±1.04
I remember grateful things.	0	8 (7.2)	26 (23.4)	49 (44.1)	28 (25.2)	3.87±0.87
I learned to live well, even handling patient deaths.	1 (0.9)	3 (2.7)	13 (11.7)	51 (45.9)	43 (38.7)	4.19±0.81

I am convinced that the death of an individual is a natural process.	2 (1.8)	2 (1.8)	7 (6.3)	26 (23.4)	74 (66.7)	4.51±0.84
Total						17.69±4.54

N = Never, R = Rarely, S = Sometimes, M = Most of the time, A = Always

Table 6 illustrates the respondents' coping strategies in setting up personal goals and self-assessment following the patient's death.The statement "I am convinced that the death of an individual is a natural process." has the highest Mean±SD i.e.4.51±0.84, whereas the statement "I blame myself for things that have happened" has the lowest Mean±SD i.e. 1.59±0.98.

Table 7: Respondent's Coping Strategies in Self Help Following Patient Death

N=111

Statements	Responses					Mean ±SD
Self help	**N**	**R**	**S**	**M**	**A**	
	No (%)	**No (%)**	**No (%)**	**No (%)**	**No (%)**	
I took leave the following day after the patient's death.	98 (88.3)	6 (5.4)	2 (1.8)	4 (3.6)	1 (0.9)	1.23±0.73
I attend religious place (e.g. temple, church, mosque, etc.).	42 (37.8)	24 (21.6)	31 (27.9)	9 (8.1)	5 (4.5)	2.20±1.16
I perform spiritual activities (e.g. praying, meditation, spending alone time in nature, yoga, etc.).	25 (22.5)	32 (28.8)	35 (31.5)	13 (11.7)	6 (5.4)	2.49±1.12
I take steps to regain a sense of hope, (e.g. creating goals for the future.	15 (13.5)	25 (22.5)	34 (30.6)	26 (23.4)	11 (9.9)	2.94±1.18
I regularly set aside time for myself to express my grief.	29 (26.1)	38 (34.2)	36 (32.4)	6 (5.4)	2 (1.8)	2.23±0.96
I engage in recreational activities to cope with the situation (e.g. exercise, read books, listen to music, watch movies, play games, sleep, go shopping, etc.).	11 (9.9)	21 (18.9)	41 (36.9)	27 (24.3)	11 (9.9)	3.05±1.11
I express feelings in creative ways (e.g. writing journals, makingscrapbooks, etc.).	34 (30.6)	29 (26.1)	29 (26.1)	15 (13.5)	4 (3.6)	2.33±1.15
I distance myself from patient death.	59 (53.2)	21 (18.9)	17 (15.3)	8 (7.2)	6 (5.4)	1.93±1.21
I drink alcohol or use other substances to feel better.	103 (92.8)	2 (1.8)	3 (2.7)	2 (1.8)	1 (0.9)	1.16±0.64
I do not think about the patient unless I am at work.	25 (22.5)	16 (14.4)	21 (18.9)	33 (29.7)	16 (14.4)	2.99±1.39
Total						22.54±5.38

N= Never, R= Rarely, S= Sometimes, M= Most of the time, A= Always

Table 7shows respondents coping strategies for self-help following patient death, where the statement "I engage in recreational activities to cope with the situation (e.g. exercise, read books, listen to music, watch movies, play games, sleep, go shopping, etc.)" has the highest Mean±SD i.e. 3.05±1.11, whereas the statement "I drink alcohol or use other substances to feel better" has the lowest Mean±SD i.e. 1.16±0.64.

Table 8: Respondents' Mean Score regarding Experience of Grief and Coping Strategies Following Patient's Death

N=111

Subscales	Maximum Possible Score	Obtained Score Range	Mean±SD	% of Mean Score
Experience of grief				
Feelings	40	8-38	18.22±4.06	45.55%

Emotions	40	8-39	14.79±4.43	36.97%
Total	**80**	**16-77**	**33.01±8.49**	**41.26%**
Coping strategies				
Social support	30	6-27	12.27±3.25	40.9%
Engagement in care of other patients	15	3-15	11.48±3.35	76.53%
Set up personal goals	20	5-20	14.91±3.96	74.55%
Self help	50	10-50	22.54±5.38	45.08%
Self assessment	25	6-25	17.69±4.54	70.76%
Total	**140**	**30-137**	**78.89±20.48**	**56.35%**

Table 8 depicts the respondents'mean score regarding their experience of grief and coping strategies following the patient's death where the total obtained Mean±SDon the experience of grief was33.01±8.49 and total Mean±SD on the coping strategies was 78.89±20.48.

IV. DISCUSSION

In this study, the highest percent mean score found in feeling was 45.55%. The feelings expressed by the respondents included loneliness, losing interest at work, avoidance of conversation, and being disappointed. A similar finding was shown on a study conducted in a public hospital in Indonesia, where the respondents expressed their feelings by responding to the patient's death by crying, being sad, showing pity, empathy, being disappointed, and feeling guilty.[9]

To cope with the patient's death, 40.9% of the respondents used social support, 76.53% engaged in the care of other patients, 74.55% formed personal goals, 45.08% used the self-help method, and 70.76% used the self-assessment method to cope with the death of a patient. A similar results were found on a study conducted among Canadian oncologists who responded to an online survey and described several coping mechanisms to deal with the patient's death. Peer support from coworkers, especially nurses and other oncologists was the most common. Other strategies were38% performed their hobbies, 38% exercised, 47% spent time outdoors, 24% focused on research, 21% turned to their faith, 6% took vacation, 5% used alcohol and 31% avoided thinking about patients unless at work.[11]

V. CONCLUSION

The study highlights the importance of understanding nurses' experiences of grief following patients' deaths. It is more likely that nurses from other nations who encounter grief have suffered similar feelings and emotions. Nonetheless, more research is advised to explore these issues. Understanding nurses' grief from a holistic perspective provides important insights for nursing practice, research, leadership, administration, and education.

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