

## Nursing Care Strategies for Grief and Bereavement

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### ABSTRACT

**Introduction:** Grief is a person's reaction to loss. Bereavement is a state of experience after loss that causes a great deal of distress and sorrow. Providing nursing care and support for patients and families is crucial. Nurses have key role for development and implementation of bereavement care in health care settings considering the negative health consequences associated with the complicated grief.

**Methods:** Sources of evidence are retrieved from a large number of databases and resources. A review of literature and journal publications was conducted by searching through various databases, including PubMed, Cochrane, and Google Scholar. Key terms "Grief" "Bereavement" "Anticipatory Grieving" "Nursing care for bereaved individual", "Nursing care for bereaved family" were used to search nursing care strategies for the bereaved individual and family members.

**Results:** The evidence shows a variety of nursing interventions for the efficient management of loss and grief includes acknowledging the loss, engaging in active listening, and allowing family caregivers to express their feelings, offering grief support counselling.

**Conclusion:** Grief and bereavement are a normal reaction after loss. Each individual has unique way to respond with loss of their loved ones. The majority of individuals adjust to the loss in their own way but very few may need professional consultation and treatment for the management of complicated grief.

**Keywords:** Bereavement, Grief, Nursing care

### INTRODUCTION

Death of a loved ones impacts on a person's well-being in terms of emotional, physical, behavioral, cognitive, social, spiritual, and financial. While grieving for each person after a loss is different, it causes persistent psychological discomfort. Bereavement care is an important component of nursing care particularly in the critical and end life care settings.<sup>1</sup> During the dying process, nurses working in these settings are particularly have key responsibilities to help the patient's family be prepared and accept the impending loss to lessen future grief and suffering. Nurses can better assist the individual needs of patients, their loved ones, and other healthcare team members by having a thorough understanding of the experience of loss, grief and bereavement.<sup>2</sup>

It's essential to recognize and respond to the distinctive symptoms of loss and grief in the early stage. It is crucial that the nurse establishes a connection with the patient and any family members who may be present before beginning this process. Encourage them to discuss their emotional and physical experiences of loss and symptoms of grief in an honest and open manner. Make use of active listening techniques and create a space that is non-judgmental.<sup>3</sup>

The purpose of nursing care is to provide the patient and their loved ones with the necessary resources to support the natural grieving process and to release them from difficult sorrow. It's essential that they communicate their actual emotions, ask for support, and seek out words to do so. They are more likely to be able to recognize their strengths and weaknesses when they do

this. In order for them to learn how to live their new life, it is critical that they make use of all the resources available to them to assist them in grieving and comprehending the significance of their loss.<sup>4,5</sup> The main objective of this review was to develop insight about nursing interventions on grief and bereavement.

## METHODS

Sources of evidence are retrieved from a large number of databases and resources. A review of literature and journal publications was conducted by searching through various databases, including PubMed, Cochrane, and Google Scholar. Key terms “Grief” “Bereavement” “Anticipatory Grieving” “Complicated Grieving” “Prolonged Grief Disorder” “Nursing care for bereaved individual” and, “Nursing care for bereaved family” “Grief Management” were used to search nursing care strategies for the bereaved individual and family members. The review involved a detailed analysis of electronic databases such as PubMed, Science Direct, and Google scholar. The chosen articles were sourced from relevant healthcare science journals. MeSH search parameters were applied to identify published studies including editorials, book chapters and overview articles.

This review article focuses on key concept of grief and bereavement, including grief response and bereavement care strategies with a particular focus on how nurses might provide appropriate and responsive care to the patient and their family members around the time of death.

## RESULTS AND DISCUSSION

Following extensive review of the related articles the key findings are documented below.

### Concept of Grief and Bereavement

Grief is a person’s reaction or responses to the loss and includes a range of emotions. It can happen before or after the loss of significant person or loved ones. Bereavement refers to the situation or state of having lost a significant person through death. Bereavement and grief are universal experiences that all most all

individuals must confront at some point in their lifetime.<sup>6</sup> Grieving is a process that takes time and is normal to experience grief response after many months or years after the death of family members. Approximately 80% to 90% of bereaved individuals experience normal grief,<sup>7</sup> but relationship with deceased, the circumstances of death, characteristics of bereaved individual, availability of interpersonal support received by bereaved person, and sociocultural factors may influence its adaptive responses or exacerbate distress.<sup>8</sup>

**i) Anticipatory Grief:** Anticipatory grief covers grief-like symptoms experienced by patients and families before the death of loved one.<sup>9</sup> For many individuals, anticipatory grief is a natural response to a terminal prognosis and the prospect of inevitable loss. Families may react negatively in situations of anticipatory grief as increasing hostility, anger, and poor communication lead to or exacerbate relationship dysfunction and conflict. Such families are at risk for psychosocial morbidity and may benefit from nursing interventions.<sup>10</sup>

**ii) Normal Grief:** Normal grief reaction is characterized by a number of physical, emotional, cognitive and spiritual experiences. These include: i) Physical-Hollowness in stomach, tightness in chest, heart palpitations, insomnia, diarrhea, anorexia, fatigue, symptoms similar to the deceased, ii) Emotional- Anxiety, depressed mood, numbness, sadness, fear, anger, guilt, relief, apathy, iii) Cognitive-Disbelief, confusion, inability to concentrate, iv) Spiritual -Anger at or questioning god, searching for meaning of life and recover.<sup>1</sup>

### iii) Complicated Grief

After death due to natural causes, approximately 10% to 20% of bereaved survivors are unable to cope with debilitating grief. This prolonged experience and chronic distress is known as complicated grief or prolonged grief disorder (PGD).<sup>11,12</sup> The person with PGD usually experiences an unsettling and distressing desire, weakening, and longing for the deceased who remains elevated for 6 months or more after

death. They also noted the extreme difficulty of 'moving on' or 'getting stuck' in their lives and find it difficult to accept the death of a loved one. They have these symptoms many times daily and affect their ability to function normally and associated with considerably increased risk of suicide.<sup>13,14</sup> PGD has recently been added to the International Classification of Diseases, 11th edition and the Diagnostic and Statistical Manual of Mental Disorders 5.<sup>1</sup>

### Nursing Care for Bereaved Individual and Family

Nurses can make the grief process more bearable to survivors. Bereavement care should be considered as part of regular care in palliative and end of life care that could prevent, early detect and early management of grief reaction before causing significant damage to the health and quality of life of individual. Preparedness for the death of loved ones tends to decrease the risk of developing PGD<sup>1</sup>, hence the first task of nurses is to assess the manifestations, behavior and phase of the grieving being experienced by the individual. Involvement of family member in care of dying patient and end of life care decision and encourage them to say goodbye to their loved ones which have positive effect on patient's quality of life and family care giver's physical and mental health prior to death.<sup>15</sup>

Following the death, nurses should provide an opportunity for survivor/ family member to spend some time with body of deceased, when possible. This will facilitate the acceptance of death and help in overcoming denial and shock due to loss. A bereaved person should be encouraged to talk about the loss and acknowledge their feelings are normal. Instruct them about relaxation technique like deep breathing, progressive relaxation and guided imaginary to reduce the distress symptoms. Refer them to mindfulness based cognitive therapy as needed. Through mindfulness practice, grieving individual can reduce and manage emotional disruptions and accept the loss.<sup>16</sup>

It is normal to expect to exhibit some signs and symptoms associated with PGD during the first

few month following loss. In first couple of month post-loss, treating physician, unit nurse or other nursing staff might make a telephone call to offer condolences and also recommend a visit to evaluate the survivor's health care needs. During the visit, the discussion should be focused on the course of grief, their feelings, emotions, their worries and coping with loss and hope for the future. These types of intervention could prevent PGD.<sup>17</sup> Nurses can facilitate healing and minimizing the risk of PGD by encouraging bereaved individual to socialize, develop new routine and skills and maintain active life style and discourage for unhealthy behavior such as excessive drinking, smoking and eating.

Grief support is informal compassion and information from people who do not have professional bereavement training. Grief counseling or bereavement counseling must be provided by nursing professionals to counteract future mental health concerns. Accepting loss and dealing with the emotions that come with it can be a painful process. The overall goal of grief counselling is to help the bereaved people to accept the loss, reorient and restructure their lives after a loss. Support groups and bereavement counselor can provide psychosocial support throughout the grief process.<sup>16,17</sup>

Grief therapy includes a range of psychotherapies that are designed specially with the aim of reducing the symptoms of complicated grief and promoting restorative functioning. Grief therapy includes varying approaches to dealing with loss. The type of therapy or technique greatly depends on the severity of symptoms of PGD which can be provided by trained nurses. Therapy focusses on the unresolved social, attachment, and relational issues that may underlie the patient's grief symptoms.<sup>1,17</sup> Regardless of the various nursing care intervention for the management of grief reactions, very few survivor / family member develop PGD, so they need professional consultation and therapies for the treatment and management.<sup>1</sup>

## CONCLUSION

Bereavement and grief responses are normal reaction to the death of a loved one. Most individuals adjust to loss and develop a new sense of normalcy over time. However, few may have prolonged and complicated grief. Acknowledging the loss, engaging in active listening, and allowing family caregivers to express their feelings, offering grief counselling is crucial for grief and bereavement management.

## CONFLICT OF INTEREST: NONE

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