"Putting Your Nurse Face On": Nurses Managing Grief in the Workplace

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Purpose: As nurses represent a large proportion of the Australian healthcare workforce working in the acute hospital setting, identifying and understanding how nurses recognise and manage their own grief when a patient has died, may present an opportunity for individual nurses and organisations to review best practice strategies in maintaining professionalism and managing their own responses to a patient death within the workplace. Nursing practice is driven by compassion especially in areas whereby your relationship with patients and their families is emotionally driven, such as the death of a patient. To date, there is limited empirical research exploring nurses’ experiencing grief after the death of a patient in their direct care. Developing processes to help nurses cope with the intensity and the emotional labor of caring for dying patients may be of benefit to the current and future nursing workforce.

Methods: Using a constructivist grounded theory methodology (Charmaz, 2006), intensive interviews were conducted from February - November 2017 of registered nurses who currently work in an acute hospital environment whom had looked after a patient that had died in their direct care.

Results: The poster presents the preliminary findings of a tentative category "Putting your nurse face on". This includes exploring focused codes of "doing your job", "screaming silences", "its not my job to grieve", "getting on with it" and "its all part of the shift".

Conclusion: When nurses lack experience, professional support, have an increase in workload or are exposed to repeated patient deaths, the emotional toll and or burden to nurses can be overwhelming and problematic. Learning from each death experience through effective grief identification and processing may allow nurses to reconstructing new meanings or views of death and the dying process. As health care professionals, nurses could be professionally inhibited by complications or the suppression of grief reactions after a patient has died in their care, which could have a detrimental effect on them personally, professionally and psychosocially.

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**Abstract Summary:**

When nurses lack experience, professional support, have an increase in workload or are exposed to repeated patient deaths, the emotional toll and or burden can be overwhelming and problematic, personally and professionally. Exploring how nurses experience and manage grief reactions is an area that needs further research and educative support.

**Content Outline:**

Grief is a unique and active process where we make choices in how to react to loss. How do we know what choices to make at what time when we are grieving personally? There is no definitive answer to this as when we process and cope with loss through the motions of active grieving, we make ongoing choices of how to behave, react, feel, express, involve others and the time it takes to acknowledge the change that has occurred in our lives. For a job related loss, inherently trying to make meaning of the grief process, nurses may fluctuate from “experiencing loss and grief” to “avoiding or suppressing loss and grief” (Papadatou, 2009). As nurses represent the largest proportion of the Australian healthcare workforce working in acute hospital settings, identifying and understanding how to recognise and manage their own grief may present an opportunity for nurses to be more culturally appropriate, emotionally aware and potentially increase their capacity to provide better quality care when a patient has died.

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