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Working Through Grief and Loss: Oncology Nurses' Perspectives on Professional Bereavement

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The global demand for highly skilled, experienced oncology nurses continues to grow because of increased disease incidence and improved cancer survivorship. However, predicted oncology workforce shortages may negatively affect both the quantity and quality of cancer care, including related areas such as research, healthcare access, and survivorship in the 21st century. To date, staff and faculty shortages have decreased the number of nurses receiving specialized oncology education and training (Institute of Medicine, 2009).

In spite of growing evidence that experienced oncology nurses contribute to high-quality cancer care and improved patient outcomes, administrators in oncology settings commonly face multiple challenges to nurse retention, including inadequate staffing levels, high patient acuity requiring complex care delivery, and long work hours (Buerhaus, Donelan, DesRoches, Lamkin, & Mallory, 2001). Caring relationships fostered by oncology nurses also may be associated with emotional burden (Showalter, 2010; Walton & Alvarez, 2010; Yoder, 2010) that can be exacerbated by increased workloads, heightened client acuity and complexity, and repeated contacts with patients who are suffering. This burden may become overwhelming during situations in which nurses lack experience, skills, or sufficient professional and social support to manage their own psychological health (Sabo, 2008). Nurses providing care to patients who are suffering or actively dying also may experience trust issues, loss of independence, and decreased capacity for intimacy, as well as loss of control (Figley, 1995), anxiety, anger, and irritability (Lerias & Byrne, 2003). Stressful events experienced by nurses caring for patients in life-threatening situations also can lead to *intrusive imagery*, defined as “fragments of specific autobiographical events or imaginal extensions of such events that predominantly possess sensory qualities

Purpose/Objectives: To determine facilitators and barriers to managing patient loss from the combined perspectives of oncology nurses and to extract essential components of a supportive intervention.

Research Approach: Qualitative, descriptive.

Setting: The comprehensive National Cancer Institute–designated cancer center of a mid-Atlantic university teaching hospital.

Participants: 34 nurses from inpatient and outpatient adult and pediatric oncology units.

Methodologic Approach: Focus groups were held with oncology staff nurses to identify challenges regarding work-related bereavement, current support for managing grief and loss, and how to support interpersonal functioning and resiliency.

Main Research Variables: Work-related bereavement, bereavement support, and interventions and management strategies for bereavement and loss.

Findings: Two primary themes emerged: dimensions of work-related loss and working through bereavement. Participants also provided many concrete suggestions for the creation of a supportive self-care environment.

Conclusions: Support issues were numerous, multilevel, and varied. However, addressing those concerns can improve job satisfaction and decrease compassion fatigue. The findings lay the foundation for appropriate interventions to assist nurses in managing those situations.

Interpretation: Administrators, managers, and individuals interested in furthering the multifaceted goals of oncology care, including nurses themselves, are challenged to create and maintain mutually supportive environments for providing optimal care to patients and families.

and enter awareness suddenly and unintentionally” (Boelen & Huntjens, 2008, p. 217). Therefore, nurses may relive and re-experience traumatic events repeatedly in their minds. Those psychological disturbances can have personal and professional consequences