HEALING OURSELVES WHILE HEALING OTHERS:

NURSING DURING THE CORONAVIRUS PANDEMIC

A Webinar Series with Tools and Resources for Professional Nurses

Donna Gaffney, DNSc, PMHCNS-BC, FAAN

Milagros Elia, APRN-BC

Anne Hofmeyer, PhD, MPHC, RN, MACN

Peg Pipchick, PhD, APN

Donna Gaffney, DNSc, PMHCNS-BC, FAAN

Donna is a psychotherapist, author and educator, has long addressed a wide range of life-altering experiences in the lives of children and families—loss, trauma, and stress. She has counseled professionals, young people and schools in the aftermath of individual and national tragedies — 9/11, Sandy Hook, and Hurricane Katrina. In addition to academic papers, Donna is the author of The Seasons of Grief, Helping Children Grow Through Loss. She taught at Columbia University and holds master's degrees from Teachers College, Columbia University; Rutgers University, and a doctorate from the University of Pennsylvania. Her post-doctoral work includes the Prudential Fellowship for Children and the News at Columbia Journalism School. Donna consults for the New York Life Foundation and the Resilient Parenting for Bereaved Families Program at Arizona State University.

Milagros Elia, APRN-BC

Millie is the founder of M. Elia Wellness, LLC, a service which offers Integrative Health Program Design within local cancer survivorship communities, larger healthcare systems and organizations. She is the proud recipient of the (SIO) Society for Integrative Oncology's 2019 Clinician Stakeholder Award for the impact her services have had, and continue to have, on the cancer survivorship community. She has twenty years of experience as a Nurse Practitioner and received her Master's of Arts from NYU in Advanced Practice Nursing. Additionally, she is a certified Health and

Wellness Coach and Yoga Instructor.

Anne Hofmeyer, PhD, MPHC, RN, MACN

Anne holds an Adjunct appointment with the SONM and is a Visiting Professor at Anglia Ruskin University, Cambridge, UK. She is a member of the Royal College of Nursing (RCN) UK and Australian College of Nursing. Her current research is on translating the social neuroscience of empathy and compassion in the context of culture, networks and leadership in nursing and healthcare. Anne holds a PhD and a Master's Degree in Primary Health Care (palliative care specialty) from Flinders University, Australia. Following completion of her PhD in 2002, she was recruited to the Faculty of Nursing, University of Alberta, Canada in 2003. In 2004, she completed an Intensive Bioethics Course at the Joseph P. & Rose F. Kennedy Institute of Ethics, Georgetown University, Washington DC.

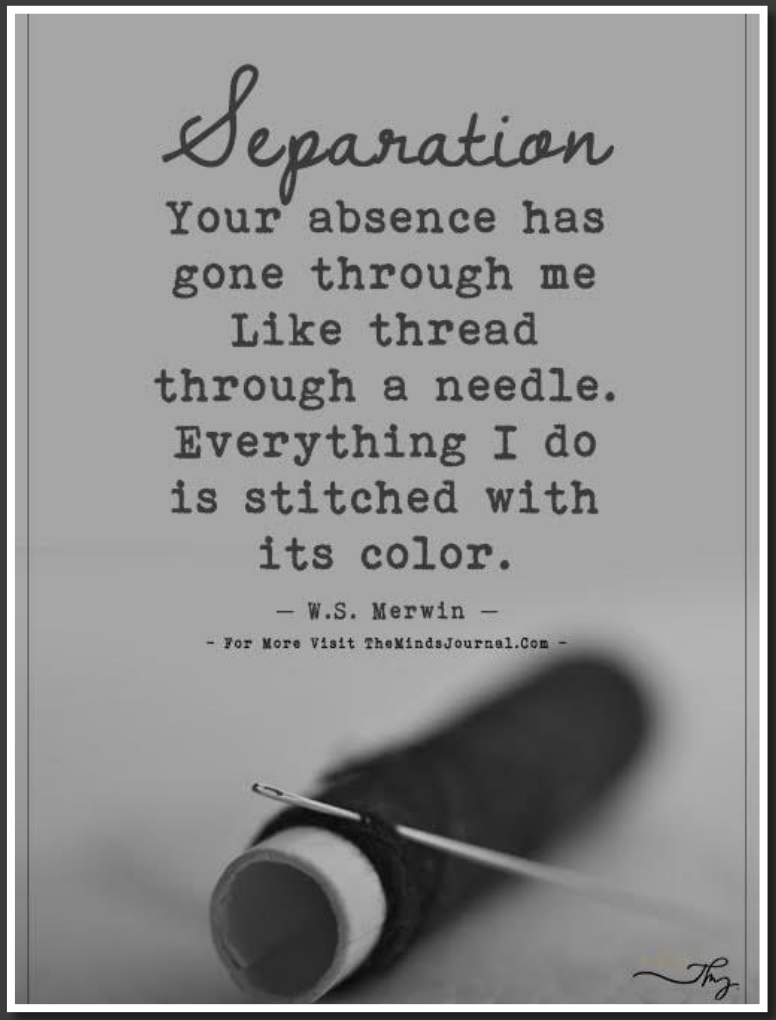
Peg Pipchick, PhD, APN

Peg is an Advanced Practice Psychiatric Nurse and licensed Marriage and Family Therapist. She works with children, individuals and families to help them become more aware of themselves and others through talking and experiencing their feelings. As a Disaster Crisis Counselor and therapist, Peg has counseled individuals after 9/11, hurricanes Rita, Floyd and Sandy. Peg has served as Adjunct Faculty and Guest lecturer in several nursing programs and taught family therapy at Drew University. As a facilitator for the Recovery and Monitoring Program (RAMP), Institute for Nursing, Peg helped nurses whose practice was impaired by drugs, alcohol or other issues. She has a Masters of Arts from NYU in Psychiatric Nursing, is a Graduate of Blanton-Peale Graduate Institute and earned a PHD from Union Institute and University. Peg has a private practice in Cranford, NJ and is a Certified Holotropic Breathwork Facilitator.

Facing Grief and Grieving

GOALS

- Discuss the use of videocalls and cell phones as a way of saying Goodbye *with* Patients.
- Recognize your role in a family's mourning.
- Discuss loss, grief, and grieving colleagues.
- Recognize vicarious grief.



W. S. Merwin, “Separation” from *The Second Four Books of Poems.* Port Townsend, Washington: Copper Canyon Press, 1993.

GRIEVING LOSSES. . . BUT NOT DEATHS

- Unable to go back to the way things were, the world has changed, the world you once knew and experienced, is no longer there. (loss of our assumptive world)
  - These losses occur in our lives, our families and our practices
  - Loss of our assumptive world- what we believe our nursing practice to be.

"Relearning the world or coming to terms with the loss of our assumptive world is primarily about learning new ways of acting and being in the world. It is a matter of coming to know how to go on in the world where so much of what we have taken for granted in the emotional, psychological, social, soulful, and spiritual dimensions of our lives is no longer supportable or practicable"

Attig, 2002, p. 64

Bill Oxford

DEFINING GRIEF, BEREAVEMENT AND MOURNING

- *Bereavement* "To lose someone we care about or love through death. It is a state of deprivation, not a reaction or response. The event of death happens in another's life, and, as a consequence of our caring about him or her, bereavement happens to us. This deprivation redefines and limits our life circumstances and possibilities." Attig, P. 343

- *Grief* is the multi-faceted reaction to the death of a person in one's life. It encompasses the *emotional, cognitive, physical, functional, and behavioral reactions* to the death. Therefore, *grief* is one's reaction to loss and bereavement. Gaffney et al., 2016

  – Grief refers to the emotional experience of the psychological, behavioral, social, and physical reactions the bereaved person might experience as a result of this death.

Boerner, K., Stroebe, M., Schut, H., & Wortman, C. B., 2015

Karim Manjra

MOURNING

Museums Victoria

- The socio-cultural and religious activities established by a family, society, culture or religion to commemorate occurrences of death.
- After someone close to us dies, there is a process of mourning.
- Mourning is work and can be expressed through the written word, music or art.
- Public mourning can take many physical forms, spontaneous shrines, services, formal or informal monuments.
- Mourning can be expressed through signage and social media.

  - #Je Suis Charlie

Rosenblatt, P. C., 2013

DEFINING GRIEF

"Can't confuse one element of a **complex phenomenon** for the entire thing."

- Not simply physical labor (food, shelter, & closeness others)
- Nor is it only emotional expression and adjustment.
- Nor is it entirely psycho-dynamic accommodation, including revival of self-esteem and self-confidence and modification of identity.
- Nor is it simply meaning reconstruction,(cognitive adjustment and spiritual accommodation).
- Nor is it merely behavioral modification (adjusting desires, motivations, habits, and life patterns to new reality).
- Nor is it entirely family or community adjustment to loss, reassignment of roles, and shared meaning-making.

Attig, 2004

VICARIOUS GRIEF

- One feels vicarious grief for a mourner.
- The very sharing of another's sorrow serves as a reminder of our own losses and thus re-activates our own unfinished grieving.
- Mainstream and social media, particularly the televised media, serve as a catalyst of vicarious grieving.

Sullender, 2010

TRAUMATIC LOSS

Few things in life are as painful as the sudden, traumatic death of a loved one.

The entire world has been shattered in a single second.

Reactions to this type of loss are as unique and varied as there are cultures and belief systems.

The confluence of loss and trauma is a continuing presence.

Jillbert Ibrihami

TRAUMATIC LOSS

- Occurs suddenly or without warning, providing no opportunity to say goodbye.

- Approximately 60% of the population will experience the sudden traumatic death of a loved one at some time in their lives.

  – People feel as though their entire world has been shattered in a solitary moment.

  – Communities are shaken, resources and networks are disrupted.

- The world which once offered security, safety, and predictability, has now revealed a darker side; one that is painful, frightening and out of control.

AT THE BEDSIDE

Kelly Sikkema

When you are *the one* to share a patient’s last moments.

Suddenly thrust into the most important moment of a patient’s life and their family's life.

You are the link, the connection, bringing the family’s heart and spirit to their loved one.

And as for grief,

as for missing people who are gone,

dedicating time and emotion to thinking

about what that missing is, and

how that missing relates to the way

that you are in love, or parenting, or working.

I refuse to let it lie.

Isn't it time you stopped thinking

about X?

and moved on?

No, no, no, no, no.

The thinking is the moving and it is a howling living story which is on words, not as a train moves forward, but as a plant grows.

Max Porter, April 3, 2016

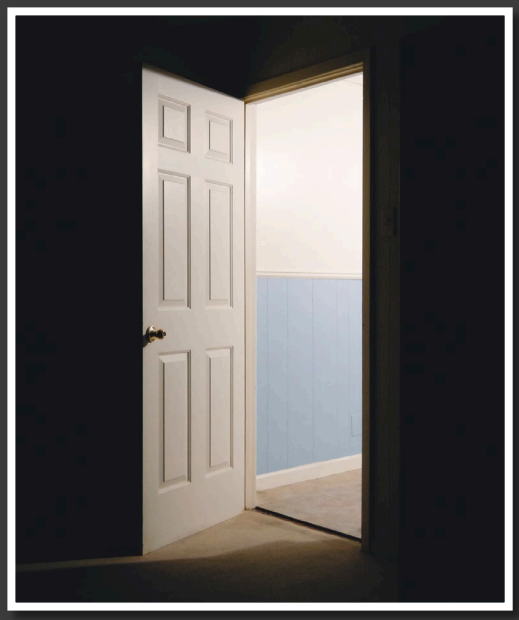
CONTROVERSIES AND CAUTIONARY TALES

- Grief can not be organized in categories or stages.
- Phases or staging suggests there is a prescribed, optimum way to work through the process.
- Stages and phases suggest a linear model where one can move forwards or backwards.
- The grieving process is more circular, much like a feedback loop.
    - There are some factors that can facilitate the process and others that can impede it.

Goh Rhy Yan

~~"CLOSURE"~~

"The act of closing or condition of being closed."



- Frequently used in conjunction with death, loss and grieving.
- In some situations "closure' is represented by visiting the site of death or rituals.
- Consider that the word "Integration" may be more suitable,
  - "to make into a whole by bringing parts together" "to unify."
- Rituals and visitation are a beginning.
  - The reality of the person's death is recognized, but the real work of integration is just beginning.

HOW WE GRIEVE

- Grieving, traumatic or otherwise, requires a systems view of the world.

- There is not one starting point nor is there a final endpoint.

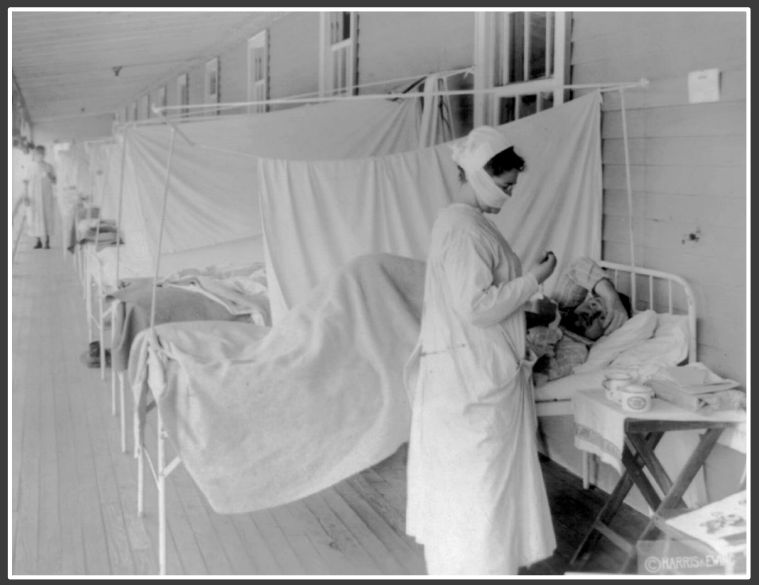
- The grieving process is shaped by a number of factors:
  - previous loss experiences,
  - attachment to significant others,
  - the nature of the loss experience,
  - social supports.

TRAUMATIC GRIEF

- A complex interplay between trauma and loss by traumatic means; a sudden, unanticipated and shocking death(s).
- Those who experience traumatic loss have to cope with the trauma and any resulting stress in addition to the death and the grieving process.
- Having to deal with posttraumatic stress as a result of a traumatic loss can interfere with the grieving process.
- Grieving a traumatic loss requires additional work:
    - Decreasing arousal
    - Recognizing the interaction of trauma and grief responses
    - Reframing traumatic reminders.

Neira & Litz, 2010

THE IMPACT OF A PATIENT'S DEATH



LOC 1918 Influenza

- Nurses do grieve for their patients
- The quality of the patient's death, their suffering and loss of dignity, have been significantly associated with emotional distress in nurses.
- Caring for dying patients prompts us consider their own mortality.
- Nurses fulfil many roles confidante, educator, advocate, cultural liaison, and translator, at times attempting to mitigate conflict, and those roles

Endacott, R., 2019

THE IMPACT OF A COVID PATIENT'S DEATH

- There is limited time to 'know' your patient.
- Caregiving has escalated to a new level of intensity.
- There is not enough time.
- Touching the patient is stopped by layers of paper and fabric.
- Communication may be difficult or nonexistent.
- The family is absent but they require more contact —fear & anxiety.
- The quality of the patient's death, their suffering and loss of dignity, deteriorates rapidly.
- Caring for patients dying of COVID-19 not only prompts consideration of one's mortality but is traumatizing as well.

THE PAUSE

- Pausing for a moment of reflection after a patient's death reconnects caregivers to the mission of healthcare.

- It reconnects patients, family members, and providers with the essence of healthcare: humanity.

- "During one of our intense resuscitations, I had noted that when we were done, we kind of just walked away from the situation," Bartels. "I realized that we had lost a ritual of honoring."

- Inspired by the actions of a hospital chaplain who once requested the care team stop and pray after an unsuccessful resuscitation.

Melissa Askew

THE PAUSE

- The Pause poses minimal risk and has considerable benefits.

Benefits include:

- Increased perceived team cohesion,
- A moment for reflection, and a method by which to honor a deceased patient.
- Allows nurses to feel more present to meet the needs of the next patient they care for during a shift.

Cunningham, 2019

Felip Pelaquim

Univ of VA

"Could we stop and honor this patient who was alive prior to coming in here, who was loved by others, who loved others, who had a life—and also take the moment to honor all the efforts we put into caring for the patient? I ask that we hold the space, to honor this patient in your own way and in silence." This allows staff to own the practice and honor a patient's last rite of passage when a chaplain is not available, he says.

Silence for one minute.

Thank you.

Bartels, 2009

HEALING FROM TRAUMATIC GRIEF

- Psychoeducation, a universal & crucial component of traumatic grief treatment
- Normalize symptoms as well as help grieving individuals anticipate potential triggers for trauma and grief-related symptoms
- Tailored to each individual, depending their own unique symptoms and circumstances.
- Connecting and gaining support from others in a support group
  - Social support is known to be a critical element in decreasing stigma.
  - Founded on the key principle of respect, shared responsibility, and mutual agreement.
  - Mutual aid.

Rheingold & Williams, 2018

GRIEVING WITH PEERS

- Embrace the power of presence
  - A respectful empathic engagement with peers

- Provide a safe and healing setting to:
  - Assess one's needs,
    - Especially related to the death & traumatic grief.
  - Create a safe "relational container" for a "re-telling" of the story of a patient's death.
    - Listen to the narratives of the death to more fully take in the unspoken meaning of one's grief.
    - Not the 'details' but the story.
  - Help integrate the loss event into the larger narrative of life and work, in our practice.
  - Therapeutic change is initiated in moments of experiential intensity (not discussion).

- Self-care and being in touch with one's emotions and the full spectrum of responses.

Robert Neimeyer, 2012, *Techniques of Grief Therapy*

And now. . . .

Time for . . .

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Let us know how you are doing!

HealingOurselves@DonnaGaffneyDNSc.com

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