

Grief and Resiliency

How can grief and being resilient go together in your life, you ask? The question may seem more about “How do I stay strong for my family and my patients?” Or “When do I have time to grieve when I am in the middle of a busy shift or workday?” Yet, don’t we learn about how to counsel our patients to embrace life-changing health events? Healthcare teams are designed to have social work and chaplaincy to offer patients and families support for losses they experience.

As the professional at the center of the healthcare team, privy to both the primary care provider, other healthcare providers and disciplines, and the patient, we are educated to support all aspects of patient care, including grief and loss experiences. So, the question is if you support your patient, how can you not support your own grief and loss?

“Grieving such losses is important because it allows us to ‘free-up’ energy that is bound to the lost person, object, or experience...Until we grieve effectively, we are likely to find reinvesting (that energy) difficult...Grieving is not forgetting,” (University of Washington, 2020).

As a nurse, we are taught to start with an assessment! Assess how you are doing! Do you experience difficulty sleeping, sleeping too much, not eating well, unexplained physical pain, headaches, trouble concentrating or remembering things? Do you experience frustration and anger, guilt, feelings of isolation? Seeking assistance of a primary care provider, mental health professional, or your employer’s Employee Assistance Program (EAP) are confidential ways to sort out and begin to address feelings of unresolved grief.

Feeling like you need to vent, cry, or provide some healthful outlet for your grief.

1. Start a debriefing session during your regularly scheduled staff meeting! Start with a short introduction about a shared experience. Bring a related journal article. Just begin the conversation. Feelings are often shared among healthcare professionals. Being open to vulnerability should be introduced as a shared strength and resilience opportunity!
2. Have tissues! Our patients cry, and we run for a box for them. Have a pocket pack handy. Keep them in the breakroom. When a moment is clear for you to hand off your patients or even on the walkout to the car, the physical reward will feel like a weight off your shoulders and (after your sinuses are cleared) the chance for a really deep, cleansing breath.
3. Take the long way to the car or a quick stroll before you go into your home. Exercise has so many benefits. Focus on the grief event or feelings, talk out loud (or in a whisper) about what you felt good about, challenged by, or just need to find out more about (especially with something like a traumatic patient death) and then before you return home to face the rest of your day (or night), look around and take notice of your surroundings. Anything will do. The tree in your yard. The sounds of the neighborhood. Wave to a neighbor.

“Grief is not a disorder, a disease, or a sign of weakness. It is an emotional, physical, and spiritual necessity, the price you pay for love. The only cure for grief is to grieve.”
Dr. Earl A. Grollman (1995).

What have you done in your time of grief that helped you grieve in a way that promoted resiliency? Do you have a tradition, a self-care ritual, or do you like to talk-it-out when your grieving?

Mary Ellen Levine, MSN/Ed, RN, and the Healthy Nurse Healthy New Jersey team

References

Grollman, E. (1995). *Living when a loved one has died* (3rd ed.). Beacon Press: Mass.

University of Washington. (2020). *Counseling center: What is grief?* Retrieved from <https://www.washington.edu/counseling/resources-for-students/healthy-grieving>