



# NMNEC Concept: **Grief**

**Mega-Concept:** Health and Illness

**Category:** Emotional Processes

**Concept Name:** Grief

**Concept Definition:**

Emotional and physical responses to the individual's perception of loss or death. Where an individual has similar phenomena that occur related to the loss without specific pattern or timeframe (Hospice Foundation of America, N.D., and National Hospice and Palliative Care Organization, 2020)

**Scope and Categories:**

**Scope**

The scope of grief ranges from resolution to complicated grief which is dynamic and individualized occurring over an unspecified time frame. The process is a non-linear, pervasive, social process which may be described in terms of stages or following a continuum

**Categories**

- Uncomplicated or Normal Grief- response to death or loss that follows a normal progression through grief process according to cultural and societal values.
- Acute Grief- result of unexpected death or loss that can exasperate an individual's preexisting health conditions
- Anticipatory Grief-awaiting an expected loss (death of a spouse); starts at the moment of diagnosis
- Disenfranchised Grief-inability to publicly recognize grief (abortion, married lover, boyfriend/girlfriend)
- Complicated Grief-unresolved grief; one's inability to come to terms with death/loss, impairs an individual's ability to function in prior roles related to their maladaptive coping (Long, 2017)

**Risk Factors:**

Grief occurs in all populations regardless of age and gender; certain persons are at risk for complicated grief related to death associated with violence or trauma.



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## **Populations at Risk**

- Mass casualty events
- Natural disasters
- Military
- Health care professionals

## **Individual Risk Factors**

- Life events (role change, divorce, death)
- Theft or natural disasters
- Critical incidents (terrorism or mass shootings)
- Declining health
- Loss of body part/function
- Terminal diagnosis
- Accident and/or suicide
- Congenital anomaly
- Fetal demise
- End of life

## **Processes and Consequences:**

- Individual variability-includes the difference between mourning and bereavement in the grief/loss process
  - Mourning: describes the individual's behavioral responses to loss or the social expression of their grief
  - Bereavement: describes the individual's subjective response or social experience to a loss
- Perception of the severity of the loss
  - Intrapersonal-within the individual,
  - Interpersonal-among two or more individuals,
  - Extrapersonal-within a community setting as with disaster episodes
  - Cultural values and beliefs - -appropriate cultural "norms" affect individual's, family's, and community's response
  - Religious and spiritual beliefs-identifying source of strength from religious and/or spiritual beliefs
  - Previous experience with loss and grief, past coping skills; types and number of exposure to loss/grief
- Factors that may affect grief responses



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- Socioeconomic factors (social support, resources)
- Developmental factors (cognitive levels of understanding)
- Physical and Mental condition at time of loss-immune response and coping abilities
- Chronic disability (length of illness)
- Life threatening episode
- Predictable versus sudden loss
- Self-awareness-individual strengths, past experiences, support systems

### **Consequences**

- Personal growth-attaining resolution and meaning of loss
- Adaptation-coping strategies (effective or ineffective/inadequate)
- Resiliency-abilities to maneuver through stress/loss
- Somatization-distress that presents as physical manifestation/complaints

### **Stages of Grief**

Elisabeth Kübler-Ross originally identified and defined five stages of grief (Kessler, 2013). Those stages are:

1. Denial
2. Anger
3. Bargaining
4. Depression
5. Acceptance

The stages are not described as a linear process, rather as a framework to learn to live with the loss.

Worden (1983-2001) used the 'phase model of bereavement' to develop a therapeutic model called 'the tasks of mourning':

- Task 1 – to accept the reality of the loss;
- Task 2 – to work through the pain of grief;
- Task 3 – to adjust to an environment in which the deceased is missing;
- Task 4 – to relocate the deceased emotionally and move on with life (Long, 2017)

Common phenomena experienced at some point in the grieving process (Long, 2017, p. 390)

- Shock and disbelief
- Denial
- Sensation of somatic distress
- Preoccupation with the image of the deceased



## NMNEC Concept: **Grief**

- Guilt
- Anger
- Change in behavior
- Reorganization of behavior directed toward a new object or activity
- Acceptance

### **Assessment/Attributes:**

**Subjective:** (Not all inclusive) also identified with “bereavement”

- **Psychologic:** Experiences from sadness and shock to anxiety, anger, and depression; developmental level, cognitive, and affective domains
  - Preoccupation w/death
  - Hopelessness
  - Acting out
  - Suicide ideation-risk of harm to self
- **Physiologic:** Relates to “mourning” and an individual’s behavioral responses to grief
  - Somatization: Grief expressed with physical signs and symptoms
  - Loss of appetite: Anorexia
  - Change in sleep pattern: Excessive or insomnia either in falling to sleep or disruption of sleep
  - Anergia: Depleted energy
- **Sociocultural:** Impact on the process of bereavement and mourning
  - Change in relationships-family dynamics, community
  - Role change-economic effects (from couple to single status)
  - Economic changes (possible two income family to single, lower income)
  - Spirituality assessment: HOPE Mnemonic as a guide
    - H: sources of hope and strength
    - O: Organized religion (if any) and role that plays in one’s life
    - P: Personal spirituality, rituals, and practices
    - E: Effects of religion and spirituality on care and end of life decisions  
(Kazanowski, 2018, p. 108)
- **Developmental:** Cognitive level of development plays a key role in the understanding and expression of grief/loss and the interventions to facilitate an individual through the process of grieving. The understanding of grief and loss is dependent on the cognitive level of development. Previous experiences with death and loss modifies the grief response (Hockenberry, 2018).



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### **Objective:**

- Weight changes-related to inappropriate intake secondary to changes in appetite and eating behaviors.
- Crying and expressions of sadness
  - Cultural variations may impact grief behaviors
- Alterations in functionality and self-care-unkept, possibly disheveled appearance
- Suicide ideation-thoughts of harm to self

### **Diagnostic Tests:**

- Inventory of Complicated Grief - Revised (Jacobsen, et al, 2010)

### **Clinical Management - Interdisciplinary:**

Collaboration of different disciplines to create a holistic person/family plan of care in order for the person/family to adapt to the impact and effects of loss in order restore usual or improved state of wellness and/or function (Long, 2017)

### **Primary Prevention (Health Promotion):**

- Patient education about grief process

### **Secondary Prevention (Screening):**

- Early identification of grief-verbal/non-verbal cues
- Anticipatory grief counseling

### **Tertiary Prevention (Treatment):**

- Therapeutic presence: active listening, acceptance of individuals loss and permission to grieve
- Psychotherapy: brief and time limited to address complicated grief
- Support groups/counseling groups for specific disease or disorder, spiritual belief, or grief counseling group
- Critical incident debriefing (Healy & Tyrrell, 2013)
- Counseling-resources from “Employee Assistance Programs,” hospice counselors, private counseling
- Psychoactive medications-dependent on presenting signs/symptomology; individual response and length of time following loss
- Treatment of symptoms-somatic, overt/covert emotional responses
- Psychotherapy-Interpersonal psychotherapy (IPT); complicated grief therapy (CGT)



## NMNEC Concept: **Grief**

- Identify stressors, appropriate coping strategies and support prioritization and compartmentalization of tasks associated with loss
- Adaptation and resolution-time sensitive variable related to individuality of personal experience
- Education to equip for future occurrences-complicated and disenfranchised grief work may be difficult to express

### **Interrelated Concepts:**

- Stress and Coping: An individual's coping strategies influence their response to grief.
- Mood and Affect: Depression is a normal response to loss.
- Comfort: Grief and loss can be somaticized as physical pain.
- Ethics: Ethical dilemmas and value conflicts may impact the grieving process.

### **New Mexico Nursing Education Consortium (NMNEC) Required Exemplars:**

- End of Life
  - Palliative comfort care
    - Individualized holistic care
      - Optimal relief of discomfort without cure of illness or prolongation of life
      - Promote coordinated management of symptoms common to disease
      - End-of-life comfort measures
      - General focus of hospice staff
  - Focus is on quality of life versus length of life
  - Advocacy: advance directives, durable power of attorney, health care proxy

### **Optional Exemplars:**

- Healthcare professionals dealing with loss/death



## NMNEC Concept: **Grief**

### **References:**

Hockenberry, M. (2018). Impact of chronic illness, disability, or end-of-life care for the child and family. In S. Perry, D. Lowdermilk, K. Cashion, K. Alden, M. Hockenberry, D. Wilson, & C. Rodgers (Eds.) *Maternal child nursing care* (6<sup>th</sup> ed., pp. 995-1023). Elsevier.

Healy, S., & Tyrrell, M. (2013, March). Importance of debriefing following critical incidents. *Emergency Nurse*, 20(10), 32-37. <https://doi.org/10.7748/en2013.03.20.10.32.s8>

Hospice Foundation of America. (N.D.) *What is grief?* Retrieved from [https://hospicefoundation.org/Grief-\(1\)/What-to-Expect](https://hospicefoundation.org/Grief-(1)/What-to-Expect)

Kazanowski, M. (2018). End-of-Life Care Concepts. In D. Ignatavicius, L. Workman, and C. Rebar (Eds.) *Medical surgical nursing concepts for interprofessional collaborative care* (9<sup>th</sup> Ed., pp. 103-116). Elsevier.

Kessler, D. (2013). The Five Stages of Grief. Retrieved from <https://grief.com/the-five-stages-of-grief/>

Long, C. (2017). Care for the dying and those who grieve. In E. Varcarolis (Ed.) (3<sup>rd</sup> Ed.) *Essentials of psychiatric mental health nursing* (3<sup>rd</sup> ed., pp. 388-403). Elsevier.

National Hospice and Palliative Care Organization. (2020). Grief and loss. Retrieved from <https://www.nhpco.org/patients-and-caregivers/grief-and-loss/>

### **Resources:**

Mitchell, A. M., Sakraida, T.J., & Kameg, K. (2003). Critical incident stress debriefing: Implications for best practice. *Disaster Management Response* 2003, 1(2), 46-51. [https://doi.org/10.1016/s1540-2487\(03\)00008-7](https://doi.org/10.1016/s1540-2487(03)00008-7)