

Oncology Nurses' Grief: A Literature Review

Christina Brown, RN, BSN, FNP, and Angela Wood, RNC, PhD

The oncology practice setting can be a highly emotional workplace because nurses provide care to many of the same patients and their families over time. Comparing and contrasting nurses from different clinical settings would provide insight into the more common themes of nursing grief and might give guidance on how to educate nurses about this in different practice settings. One way in which management could support the grieving nurse is by limiting the number of comfort care patients one nurse is assigned.

In 2009, 562,340 people in the United States were expected to die of cancer (American Cancer Society, 2009). Cancer deaths affect patients, families, and the oncology nurses and others who care for them. Although the area of patient and family grief has been studied extensively, little is known about the grieving process that oncology nurses experience when one of their patients dies. This article will summarize literature on how nurses working in oncology practice settings as well as other practice settings grieve.

Grief is the “emotional suffering caused by or as if by bereavement” (Merriam-Webster, 2004, p. 138). When a person grieves, he or she feels sorrow related to the loss (Merriam-Webster). Grief is frequently described as a process. In a landmark study, Lindemann (1944) found that grief from acute loss may appear soon after the death, be delayed, or appear that the person does not grieve at all.

Theoretical Conceptualizations of Grief

A review of the literature revealed that many theorists have conceptualized the grief process as stages, points, tasks, or themes. Given the complexity of grief, perhaps it is presented in such a way for ease of understanding. Lindemann (1944), one of the first to publish

on the topic of grief, conceptualized “points of grief.” The points consist of “somatic distress, preoccupation with the image of the deceased, guilt, hostile reactions, and loss of patterns of control” (p. 142).

Kubler-Ross's (1969) theory on the stages of grief is one of the most recognized theories and is taught by many schools of nursing. Kubler-Ross presented her pioneering work on grief in five stages “denial and isolation, anger, bargaining, depression, and acceptance” (p. 9). One of the reasons that Kubler-Ross's theory is used so frequently is because her theory is applicable to the dying and the bereaved.

Carter (1989), a nurse researcher, based her grief research in nursing experience and expertise and developed a theory consisting of themes of grief. The themes include “being stopped, hurting, missing, holding, seeking, change, expectations, inexpressibility, and personal history” (pp. 355–357).

Worden's (1991) theory is used by clinicians all over the world. Worden, a psychologist, presented the Tasks of Grief Model in his book *Grief Counseling and Grief Therapy*. The tasks of the grief are “accepting the reality of the loss, to process the pain of grief, to

adjust to a world without the deceased, and withdrawing emotional energy from the deceased and reinvesting it in another relationship” (pp. 39–50).

In general, the theories imply that the bereaved person is working through the grief process. All of the theories also are guidelines because people are not expected to experience the emotions of the tasks, points, themes, or stages in a linear fashion. Some similarities and differences exist among them. Kubler-Ross's and Worden's theories include the idea that the bereaved will eventually come to accept the death. Lindemann describes hostile reaction as one of his five points, which is similar to Kubler-Ross's anger stage. The major difference among the theories is that Kubler-Ross's theory may be applicable to the person who is dying and those who are bereaved. In contrast, Lindemann, Carter, and Worden's theories are directed toward those who have experienced the death of a loved one.

In 1994, Saunders and Valente developed a task model describing how oncology nurses grieve. The Bereavement Task Model proposes four tasks that oncology nurses generally undertake when experiencing the loss of a patient. The four tasks are “finding meaning,

Christina Brown, RN, BSN, FNP, is a family nurse practitioner at Kingston Health Associates, and Angela Wood, RNC, PhD, is an associate professor in the Department of Nursing at Carson-Newman College in Jefferson City, both in Tennessee.

Digital Object Identifier: 10.1188/09.CJON.625-627