

When Professional Caregivers Grieve

Helping Yourself in the Loss

You might be like many professional caregivers when faced with the death of a patient or client with whom you have become quite close: “I must have been absent the day they talked about this in my training!” Most professional caregivers get little direction for how to manage our own emotions in the light of a patient’s death.

Making Sense of Your Grief

Grief, of course, is more than an emotion—it is a collision of every emotion a human can possibly feel, shaking us “from top to bottom.” Especially in the early part of the experience, you may sense the gamut of human emotion. Anger, guilt, sadness, loneliness, and fear are some of the common emotions of grief.

All these emotions and dozens of others are normal—but not everyone experiences all of the emotions. Grief is very personal so your experience will be somewhat unique from other people—both at work and at home.

While we often think of grief in emotional terms, it is also physical, social, mental, and spiritual. You may find yourself more fatigued than usual and dealing with sleep difficulties. Because people grieve differently from each other, we sometimes inadvertently expect our experiences to match those of other people. It rarely works that way.

Many people in grief report difficulty concentrating and “staying on task.” This blending of experiences is part of what makes it especially difficult when a patient dies, causing us to wonder how we could have done more to help.

For some professionals, the death of a patient or client creates difficulties beyond the support recommended here. You should certainly feel free to consult the Employee Assistance Program (EAP) or other resources available through your employer. Nevertheless, these practical ideas will give you a “starting point” as you manage the loss of a patient or client.



“I must have been absent the day they covered this in my training!”

Practice active grieving. Our society often implies that grief should end quickly, or in the case of caregiving professionals, that “You shouldn’t feel that way.” Even poorly-informed colleagues may say that the reason you are sad is because you don’t maintain good “boundaries” in your caregiving. Actually, nothing could be further from the truth.

Instead, it seems vital to allow yourself an opportunity to grieve the deaths of patients and clients. Keep a journal (with initials in place of names to protect confidentiality) and reflect on the ways these patients have touched your life. Attend funerals and memorial services when possible. You may even choose to make a small memorial contribution to your institution’s foundation or another charity.

Reevaluate the purpose of your work. You were undoubtedly drawn to professional caregiving because of particular “gifts” you possess or out of a sense you want to “give back.” The death of a patient can cause us to question motives and even suitability for caregiving. Now is a good time to reflect on the skills you have honed, the sense of “call” you have for this work, and the attributes of caregiving at which you do really well. Reading a book on caregiver stress such as Dale Larson’s *The Caregiver’s Journey* can also help you sort out why you want to do the work you do.

Resist the urge to create personal relationships with patients and their families. Caregiving professionals sense a call to this work because, as the name indicates, we care. However, sometimes, boundaries get blurred and we indicate more interest in a personal relationship than either prudence or professionalism can tolerate. Becoming a “friend” to patients usually ends up clouding the professional judgment he or she most needs us to offer.

Develop a life of balance. Eating right, sleeping adequately and exercising regularly are vital components of a professional caregiver’s well-being, but they are also attributes that are easily ignored. Emotional well-being and physical energy can be aided by even small adjustments to diet, replacing

some animal fat, sugar and caffeine with fresh fruits and vegetables. Also make sure you are making time for recreation—on your own or with other supportive people in your life.

Do not be ashamed to ask for help. Even though grief is normal and natural, you might still find help in talking with a mental health professional. Especially if you feel your sadness is becoming a full-blown depression, talk to someone. As mentioned above, your institution’s Employee Assistance Program (EAP) can be invaluable in helping you connect with helpful resources.

This article was written by William G. Hoy. A nationally-known educator and counselor in the field of bereavement, Dr. Hoy oversaw the clinical counseling program at Pathways Volunteer Hospice prior to his recent appointment to the Medical Humanities faculty at Baylor University. Copyright ©2013 by GriefConnect, Inc. All rights reserved.

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