



Grief & Bereavement Literacy Series
Session 22: “Experiencing Grief as a Health Care Provider”

Aug 28, 2025: 12pm-1pm PST

Agenda Item	Discussion
Introduction & Objectives	<p>Presenter: Laura Finkler-Kemeny RN, MSN</p> <p><u>Overview</u></p> <ul style="list-style-type: none">Minimal research and discussion exist around healthcare providers’ experiences of grief, especially in palliative care.The session was used as a platform to normalize discussions about grief and explore:<ul style="list-style-type: none">How individuals and systems can support healthcare workers through grief.Gaps in policy and practice.Practical strategies at personal, interpersonal, and systemic levels.
Presentation Key points	<p><u>Definition & Nature of Professional Grief</u></p> <ul style="list-style-type: none">Distinct from Personal Grief:<ul style="list-style-type: none">Professional grief is the cumulative emotional toll of repeated patient deaths or losses in a professional capacity. Unlike personal grief, professional grief often goes unacknowledged or is disenfranchised.Unique Challenges:<ul style="list-style-type: none">Healthcare workers are expected to continue working despite grief. Often no time for mourning between losses (e.g., several deaths in a day) which leads to risk of complicated or prolonged grief. <p><u>Conceptual View on Grief</u></p> <ul style="list-style-type: none">Grief ≠ Problem to Solve:<ul style="list-style-type: none">The presenter emphasizes that grief is a natural part of being human. Encourages accepting grief rather than trying to “fix” it.While recognized in DSM as a disorder in some cases, it doesn’t always require medical treatment. <p><u>Factors That Influence Professional Grief</u></p> <p>Grouped into three levels:</p> <p>1. Individual Factors</p> <ul style="list-style-type: none">Early-career professionals are more vulnerable.Personal life stressors or concurrent losses add to the burden. <p>2. Interpersonal Factors</p> <ul style="list-style-type: none">Depth and duration of patient-provider relationships matter.<ul style="list-style-type: none">Example: Long-term care workers may experience deeper grief due to ongoing bonds with patients and families. <p>3. Systemic/Contextual Factors</p> <ul style="list-style-type: none">COVID-19 pandemic:<ul style="list-style-type: none">Disrupted death and mourning rituals.Increased complexity of grief due to isolation and visitor restrictions.Organizational Culture:<ul style="list-style-type: none">Some cultures suppress acknowledgment of grief.Workload & Staffing Constraints:<ul style="list-style-type: none">Heavy demands leave no room to process emotions. <p><u>Common Experiences & Emotional Responses to Grief</u></p> <ul style="list-style-type: none">Reported feelings:<ul style="list-style-type: none">Sadness, numbness, guilt, relief.Numbness often linked to having to suppress emotions and move on quickly.Need to “push down emotions” and carry on with tasks leads to emotional fatigue.

	<p><u>Current Coping Strategies in Practice</u></p> <p>Informal Coping (Most Common):</p> <ul style="list-style-type: none">• Quick debriefs with colleagues.• Moment of silence alone.• Talking with friends or peers.• Issue: These supports are not available to everyone equally (equity concern). <p>Limitations of Informal Coping:</p> <ul style="list-style-type: none">• Not sustainable or protective in the long term.• Lack of formalized, structured supports (e.g., peer support, grief counseling, structured debriefs).• Leads to inconsistent support and outcomes. <p><u>Gaps in Support and Policy</u></p> <p>Measurement & Research Gaps</p> <ul style="list-style-type: none">• No standardized tools exist to measure professional grief among healthcare providers.• Existing tools are limited or inconsistent.• Need for more research, especially Canadian context-specific (e.g., BC, palliative care). <p>Personal Reflection on Grief (encouraged reflection or chat responses)</p> <ul style="list-style-type: none">• Participants were asked how grief manifests in their own lives as healthcare workers.• Responses included:<ul style="list-style-type: none">○ Fatigue, heaviness, isolation, emotional numbness, compassion fatigue.○ Desire to advocate more strongly emerged as a meaningful outcome for some. <p><u>Understanding Grief Among Healthcare Providers</u></p> <ul style="list-style-type: none">• Grief is a universal but personal experience: Everyone processes grief differently, shaped by personal, cultural, and contextual factors.• Healthcare providers experience unique forms of grief: Often due to repeated patient deaths, particularly in palliative and critical care settings.• This "professional grief" is distinct from personal grief, yet under-recognized in healthcare systems. <p>Grief as an Occupational Health Concern</p> <ul style="list-style-type: none">• Repeated exposure to death in healthcare settings can:<ul style="list-style-type: none">○ Affect emotional well-being.○ Lead to burnout, compassion fatigue, and withdrawal.○ Increase errors and poor decision-making.○ Result in higher turnover and reduced care quality.• Professional grief should be viewed as a legitimate occupational hazard, requiring formal recognition and support structures. <p>Policy Gaps in Bereavement Support</p> <ul style="list-style-type: none">• Current bereavement policies typically:<ul style="list-style-type: none">○ Apply only to personal loss (e.g., death of a family member).○ Exclude professional loss (e.g., death of patients, especially repeated ones).• There is no consistent provincial or national policy (at least in British Columbia) addressing professional grief in healthcare.• Most policies lack structured leave, time off, or emotional support mechanisms for staff grieving professional loss. <p>Why Addressing This Matters</p> <ul style="list-style-type: none">• Unaddressed grief leads to:<ul style="list-style-type: none">○ Isolation and fatigue○ Emotional disengagement○ Reduced quality of patient care• Acknowledging and supporting professional grief is essential for:<ul style="list-style-type: none">○ Workforce well-being○ Workplace safety○ Promoting a healthy organizational culture <p>National Action Plan & Priority Areas (Post-COVID-19)</p> <ul style="list-style-type: none">• In 2021, the BC Centre for Palliative Care identified key priorities:
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	<div><div><div><div><div><div>1. Enhancing grief and bereavement literacy for healthcare providers.</div><div>2. Increasing availability and accessibility of grief supports.</div></div></div><div><div><div>• The goal is to integrate grief awareness into education, workplace policy, and professional development.</div></div></div></div></div><div><div><div>The Role of Narrative in Processing Grief</div><div><div><div>• Narrative approaches (e.g., reflective writing, storytelling) help healthcare providers:<div><div>○ Normalize and contextualize grief.</div><div>○ Provide emotional release and reflection.</div></div></div><div>• Stories act as a tool for emotional processing and resilience-building.</div></div></div></div><div><div><div>Personal Reflection and Narrative Example</div><div><div><div>• The presenter shared a deeply personal story of caring for a dying patient during a night shift:<div><div>○ The patient was a young father dying of occupational-related cancer.</div><div>○ The grief was compounded by the lack of immediate family presence at death.</div></div></div><div>• Through reflection, writing, peer connection, and a follow-up call with the patient's wife, the presenter found a way to process grief.</div><div>• They emphasized the metaphor from Rumi:<div><div>"The story is like water that you heat for your bath... it cleans you."</div><div>○ Suggesting stories "carry the fire" of grief in a way that's less overwhelming.</div></div></div></div></div><div><div><div>Moving Forward: Opportunities for Structural & Cultural Change</div><div><div><div>Suggested Actions</div><div><div><div>• Advocate for professional grief leave and flexible time off.</div><div>• Introduce organizational rituals for communal processing (used in some hospices).</div><div>• Incorporate grief literacy in medical and nursing education.</div><div>• Conduct further research on grief interventions that are effective and equitable.</div></div></div></div><div><div><div>Cultural Shifts</div><div><div><div>• Normalize grief as a shared, human part of healthcare work.</div><div>• Move from isolated self-care models to community-based support systems.</div></div></div></div></div></div></div></div></div></div></div></div>
Discussion	<div><div><div><div><div><div>Reflections from Participants</div><div><div><div>Themes and Issues Raised</div><div><div><div>• Importance of Naming and Sharing Grief:<div><div>○ Advocated for openly acknowledging grief as a means to truly support oneself and others.</div></div></div><div>• Organizational Suggestions:<div><div>○ Move beyond policy to include intentional processes:<div><div><div>▪ Provide grief resource packages.</div><div>▪ Assign a point-person to check in after a loss.</div><div>▪ Offer more than the standard 3-day bereavement leave.</div><div>▪ Allow flexible grief leave (e.g., on anniversaries, triggering patient cases).</div><div>▪ Normalize grief as a routine part of the work.</div></div></div></div><div>• Inadequate Training in Grief Literacy<div><div>○ Expressed frustration over lack of formal grief policies in many workplaces. Most healthcare education lacks dedicated grief support or literacy content.</div><div>○ Self-care is taught but doesn't fully prepare professionals for the emotional toll of grief. Agreed that self-care is not a sufficient substitute for grief-specific education.</div></div></div><div>• The Role of Ritual & Mindfulness<div><div>○ Participants highlighted the healing potential of small rituals, mindfulness, and silence as personal coping mechanisms.</div></div></div><div>• The Boundary Between Professionalism and Humanity (Cultural Shift Needed):<div><div>○ Debate on whether it's appropriate for healthcare providers to cry or show emotion. Emphasized that many in healthcare are trained to "put on a brave face" and push through, without processing their grief.</div><div>○ Consensus: Emotions like crying can be validating and human, but the provider should not burden the patient/family with their own grief.</div></div></div><div>• Emotional Toll and Isolation<div><div>○ Many healthcare workers feel alone in their grief.</div></div></div></div></div></div></div></div></div></div></div></div></div></div>

	<ul style="list-style-type: none">○ Emphasis on community, acknowledgment, and validation to counteract isolation.• Need for Structural Change<ul style="list-style-type: none">○ Shift from individual coping to organizational responsibility for grief.○ Policies should reflect the reality of emotional labor in healthcare, including:<ul style="list-style-type: none">▪ Flexible leave policies.▪ Ongoing grief support programs.
Resources	<ul style="list-style-type: none">• Virtualhospice.ca/learninghub• Mygrief.ca• Web article: https://tjm.scholasticahq.com/article/142164-working-through-grief-exploring-the-relationship-between-organizational-support-on-employee-engagement-satisfaction-and-loyalty• https://aboutgrief.ca/2nd/professionals-volunteers/• Presenters’ contact: Email: lfinkler-kemeny@bc-cpc.ca Web: www.bc-cpc.ca
Closing, Future Sessions	<ul style="list-style-type: none">❖ Video recording❖ Upcoming Session: Sept 23rd session: <i>Grief in Systematically Oppressed Communities: Building Compassionate Relationships as a First Step</i> Register❖ Past sessions: https://www.bc-cpc.ca/echo-project-new-home/echo-project-past-series-and-resources/#1694021429157-e9440b18-3da4❖ Action Plan: https://www.bc-cpc.ca/about-us/activities/new-projects/bereavement-study/grief-and-bereavement-support-in-bc-a-collaborative-improvement-action-plan/❖ Other Links: Joshua’s podcast link: https://www.griefdreams.ca/