

Dealing with grief in veterinary practice, staff matter too.

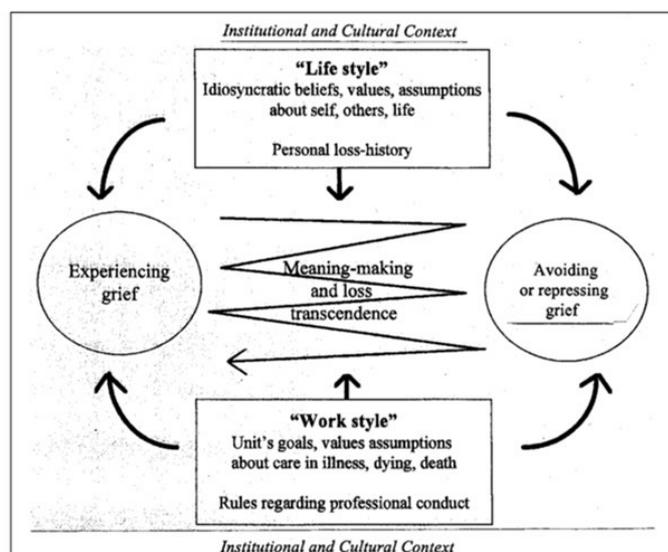
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When a human or animal patient dies, the predominant focus is usually on supporting the grief experienced by family members. More recently, attention has been directed to better understanding the unique grief that can be experienced by health care professionals following the death of patients in their care.¹ Although more extensively reported in human health care professions^{2,3}, emerging evidence suggests veterinary practice staff experience similar grief reactions associated with the death of animal patients.^{4,5}

Grief has been defined as psychological distress associated with loss.⁶ When a patient dies, health care professionals can experience different forms of loss;⁷ the loss of bond or connection formed with a patient under their care, identification with the pain and suffering of family members (vicarious bereavement), loss experienced as unmet goals and aspirations or professional identity, or loss associated with disrupted personal belief systems or assumptions about life. The grief experience may be influenced by the extent of personal investment in care, the degree to which a death was expected, previous unresolved losses and impending future losses.

Grief responses may include wanting to be alone, crying, feeling physically unwell, difficulty sleeping, feeling personal loss, self-questioning and sense of failure. Emotional reactions associated with grief might last for a few hours or persist for months and include feelings of sorrow, anger, guilt, despair, sadness, emptiness, frustration, dissonance and vulnerability. Health care professionals with a higher degree of responsibility such as doctors are more likely to grieve over an inability to fulfil their professional expectations and be inclined to suppress emotions, whereas nurses are more likely to seek support and express emotions with work colleagues.⁸ When the culture within a profession prevents work related grief from being openly expressed and discussed, grief becomes disenfranchised further contributing to feelings of isolation and sadness.⁹

Papadatou, (2000)⁷ proposed a model to capture the grieving process of health professionals.



This model involves an oscillation between experiencing and avoiding grief. Each individual's ability to express grief will be influenced by their unique values and experiences plus social context of the workplace. Strategies for repressing grief include focusing on technical tasks or avoiding contact with the patient or family members.

The processing of grief involves

- 1) creating meaning i.e. having a spiritual or religious explanation, creating conditions for a good death, knowing the best possible care was provided.
- 2) loss transcendence, i.e. to invest in life and living, reconnecting with oneself, others and the world around us.

When there is no oscillation between experiencing and repressing grief, with a lack of opportunities to process grief, individuals may become overwhelmed with emotion or detached due to emotions being suppressed. Unprocessed grief can become accumulative or complicated. Although not the same, health care provider grief is interrelated with and can contribute to compassion fatigue, burnout and moral stress.¹ Symptoms might be expressed as depression, anxiety or physical complaints, substance abuse, absenteeism and high staff turnover.

Interventions recommended for managing grief associated with patient death share similarities with interventions for compassion fatigue,¹⁰ involving both individual and organisational responsibilities.¹¹ A common theme across many interventions is 'the importance of connecting and sharing experiences with other providers and recognizing grief'^{1,p.302}. It is recommended that health care organisations provide a variety of interventions to cater for variation between individuals.¹²

Interventions for individuals include being aware of feelings associated with grief and loss, allowing time to grieve, replenishing activities such as music, yoga, relaxation, humour, reflective practice, maintaining physical health (exercising, eating well, adequate sleep) and work life balance.¹⁰ Often experiences cannot be shared with family and personal friends, therefore building positive professional relationships where individuals feel safe to openly discuss experiences is vital. The presence of unresolved personal losses outside of work also impact on the processing of grief and in some situations professional psychological support or counselling may be required.

Examples of organisational level interventions include providing time and space for staff to grieve, opportunities to diversify work, educating staff about grief, providing counselling and encouraging the development of professional support networks.¹⁰ Creating rituals associated with patient death can help promote feelings of compassion satisfaction.¹³ Preliminary evidence suggests that team-based reflections/debriefings which provide opportunities for staff to review case management and express emotions can result in improved staff well-being, but in reality can be challenging to implement.¹⁴

The emerging research literature indicates that the psychological well-being of veterinary staff can not only be negatively impacted through dealing with the emotional reactions of bereaved clients,¹⁵ but also their own grief responses. The well-being of veterinary practice staff would benefit from creating a culture where their own grief associated with the death of animal patients can be openly acknowledged. This also creates an opportunity for support seeking to be normalised and encouraged within the veterinary profession.

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