**Module 6: Loss, Grief, Bereavement**
**Supplemental Teaching Materials/Training Session Activities Contents**

# Module 6: Loss, Grief, Bereavement
# Supplemental Teaching Materials/Training Session Activities

## Module 6
## Table 1: Types of Grief

| Type of Grief | Definition | Characteristics |
|---|---|---|
| Anticipatory Grief (Rando, 2000) | Anticipated and real losses associated with diagnosis, acute and chronic illnesses, serious illness and terminal illness.<br><br>Experiencing anticipatory grief may provide time for preparation of loss, acceptance of loss, finish unfinished business, life review, and resolve conflicts.<br>For a patient, anticipatory grief may include adapting to loss of their health, their decline and ultimate loss of life.<br><br>For a survivor, anticipatory grief provides time for preparing for life without deceased including preparation for role change.<br><br>For a partner/spouse, anticipatory grief may include mastering life skills such as paying bills and learning how to manage a checkbook. | With acute illness, chronic illness, accidents and other changes in health, a patient may experience loss of general health, loss of functionality, loss of independence, loss of role in the family (breadwinner, caretaker) and loss of lifestyle as a result of dietary or activity restrictions. Loss of a limb or body part (breast, uterus) may cause loss of self-confidence, changes in perception about body image.<br><br>Family members, significant others will also experience losses when patient is ill, including loss of role in the family, loss of relationship, loss of finances, loss of security, loss of companionship, loss of relationship, etc.<br><br>Many conditions can cause multiple losses over short periods of time, such as loss of a job, material possessions, body image due to changes in physical appearance, functionality, privacy (the secret is out), friends, partners, and social acceptance.<br><br>With diagnosis of a serious or terminal illness, additional losses may include loss of control (choice), loss of physical and/or mental function, loss of relationships, loss of body image, loss of future, loss of dignity, loss of life. |
| Normal Grief | Also known as uncomplicated grief.<br><br>Normal feelings, reactions and behaviors to a loss; grief reactions can be physical, psychological, cognitive, behavioral.<br><br>(Doka, 1989; Parkes & Prigerson, 2013; Worden, 2018). | Reactions to loss can be physical, psychological, spiritual, emotional and cognitive. |
| Complicated grief includes:<br><br>Chronic Grief<br><br>Delayed Grief | <br><br>Normal grief reactions that do not subside and continue over very long periods of time.<br><br>Normal grief reactions that are suppressed or postponed. The survivor | Those at risk for any of the five types of complicated grief may have experienced loss associated with:<br><br>• complicated relationships (physical, sexual, emotional abuse, financial exploitation)<br>• traumatic death<br>• sudden, unexpected death such as heart attacks, accidents |

| Type of Grief | Definition | Characteristics |
|---|---|---|
| Exaggerated Grief<br><br>Masked Grief (Brown-Saltzman, 2006; Corless & Meisenhelder, 2019; Loney & Murphy-Ende, 2009; Parkes & Prigerson, 2013; Worden, 2018) | consciously or unconsciously avoids the pain of the loss.<br><br>Survivor resorts to self-destructive behaviors such as suicide.<br><br>The survivor is not aware that behaviors that interfere with normal functioning are a result of the loss. | • suicide<br>• homicide<br>• dependent relationship with deceased<br>• mature person or those with chronic illnesses (survivor may have difficulty believing death actually occurred after years of remissions and exacerbations)<br>• death of a child<br>• multiple losses<br>• unresolved grief from prior losses<br>• concurrent stressor (the loss plus other stresses in life such as divorce, a move, children leaving home, other ill family members, financial issues, etc.).<br>• history of mental illness or substance use disorder<br>• patient's health condition was poorly managed including poor pain and symptom management, psychosocial and/or spiritual suffering<br>• poor or few support systems<br>• no faith system, cultural traditions, religious beliefs<br><br>Complicated grief reactions can include any of the normal grief reactions, but the reactions may be intensified, prolonged, last more than a year and/or interfere with the person's psychological, social, and physiological functioning. Other complicated grief reactions may include:<br><br>• severe isolation<br>• violent behavior<br>• suicidal ideation<br>• workaholic behavior<br>• severe deterioration of functional status<br>• symptoms of post traumatic stress disorder<br>• denial beyond normal expectation<br>• severe or prolonged depression<br>• loss of interest in health and/or personal care<br>• severe impairment in communication, thought or motor skills<br>• ongoing inability to eat or sleep<br>• replacing loss and relationship quickly<br>• social withdrawal<br>• searching and calling out for deceased<br>• avoidance of reminders of the deceased<br>• imitating the deceased<br><br>Survivors experiencing complicated grief should be referred to a grief and bereavement specialist/counselor. |
| Disenfranchised Grief | The grief encountered when a loss is | Those at risk for experiencing disenfranchised |

| Type of Grief | Definition | Characteristics |
|---|---|---|
| (Doka, 2002) | experienced and cannot be openly acknowledged, socially sanctioned or publicly shared.<br><br>Usually survivor experiencing disenfranchised grief is not recognized by employers for time off for funeral/memorial service, grief. May not be recognized by biological family members and excluded from rites, rituals and traditions for loss. | grief include partners of HIV/AIDS patients, ex-spouses, ex-partners, fiancés, friends, lovers, mistresses, co-workers, children who experience the death of a step-parent and others persons close to the patient but not biological family members or recognized as family.<br><br>The mother of a stillborn delivery may also experience disenfranchised grief, as society often does not acknowledge a relationship between the mother and a child who experienced death prior to birth. |
| Children's Grief | Children mourn, grieve based on their developmental level. | Symptoms of grief in younger children:<br>• Nervousness<br>• Uncontrollable rages<br>• Frequent sickness<br>• Accident proneness<br>• Antisocial behavior<br>• Rebellious behavior<br>• Hyperactivity<br>• Nightmares<br>• Depression<br>• Compulsive behavior<br>• Memories fading in and out<br>• Excessive anger<br>• Excessive dependency on remaining parent<br>• Recurring dreams ...wish-filling, denial, disguised<br><br>Symptoms of grief in older children:<br>• Difficulty in concentrating<br>• Forgetfulness<br>• Poor schoolwork<br>• Insomnia or sleeping too much<br>• Reclusiveness or social withdrawal<br>• Antisocial behavior<br>• Resentment of authority<br>• Overdependence, regression<br>• Resistance to discipline<br>• Talk of or attempted suicide<br>• Nightmares, symbolic dreams<br>• Frequent sickness<br>• Accident proneness<br>• Overeating or undereating<br>• Truancy<br>• Experimentation with alcohol/drugs<br>• Depression<br>• Secretiveness<br>• Sexual promiscuity<br>• Staying away or running away from home<br>• Compulsive behavior |

References:


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Corless, I.B., & Meidenhelder, J.B. (2019). Bereavement. In B.R. Ferrell and J.A. Paice (Eds.), *Oxford textbook of palliative nursing*, 5th edition (Chapter 31). New York, NY: Oxford University Press.

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Worden, J. W. (2018). *Grief counseling and grief therapy: A handbook for the mental health practitioner*, 5th edition. New York, NY: Springer Press.

## Module 6
## Table 2: Normal Grief Reactions

| Physical | Emotional | Cognitive | Behavioral |
|---|---|---|---|
| • hollowness in stomach<br>• tightness in chest<br>• heart palpitations<br>• sensitivity to noise<br>• breathlessness<br>• weakness<br>• tension<br>• lack of energy<br>• dry mouth<br>• gastrointestinal disturbances<br>• loss of libido<br>• increase in appetite, loss of appetite<br>• weight gain or loss<br>• exhaustion<br>• tight throat<br>• vulnerable to illness<br>• restlessness<br>• headaches<br>• dizziness<br>• muscle aches<br>• sexual dysfunction<br>• insomnia<br>• tremors, shakes | • numbness<br>• relief<br>• emancipation<br>• sadness<br>• yearning<br>• anxiety<br>• fear<br>• anger<br>• guilt and self-reproach<br>• shame<br>• loneliness<br>• helplessness<br>• hopelessness<br>• abandonment<br>• loss of control<br>• emptiness<br>• despair<br>• ambivalence<br>• loss of ability for pleasure<br>• shock | • disbelief state of depersonalization<br>• confusion<br>• inability to concentrate<br>• idealization of the deceased<br>• preoccupation with thoughts or image of the deceased<br>• dreams of the deceased<br>• sense of presence of deceased<br>• fleeting, tactile, olfactory, visual and auditory hallucinatory experiences<br>• search for meaning in life and death | • impaired work performance<br>• crying<br>• withdrawal<br>• avoiding reminders of the deceased<br>• seeking or carrying reminders of the deceased<br>• over-reactivity<br>• changed relationships |

References:


Corless, I.B., & Meisenhelder, J.B. (2019). Bereavement. In B. R. Ferrell and J.A. Paice (Eds.), *Oxford textbook of palliative nursing*, 5th edition (Chapter 31). New York, NY: Oxford University Press.

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## Module 6
## Table 3: Stages and Tasks of Grief

| Stage of Grief | Tasks | Characteristics |
|---|---|---|
| Stage 1:<br><br>Notification and shock | Share acknowledgement of the reality of the loss by assessing the loss, recognizing the loss. | • Assists the survivor in coping with the initial impact of the death<br>• Survivor may have feelings of numbness, difficulties with decision making, poor daily functioning, emotional outbursts, denial, isolation, avoidance<br>• Feelings should eventually decrease and subside as the survivor moves onto the next stage |
| Stage 2:<br><br>Experience the loss emotionally and cognitively | Share in the process of working through the pain by reacting to, expressing and experiencing the pain of separation/grief | • Confrontation, anger, bargaining, depression<br>• Survivor may be angry at loved one who has died, "abandoned them," "left them behind"; anger may be directed at physician, nurse, other health care professionals, family members, friends<br>• Survivor may feel guilt based on perceptions that he/she or others did not do enough to prevent the death, he/she did not take good enough care of the deceased<br>• Survivor may ask questions, "What if …" "If only ..."<br>• Survivor may experience sadness, loneliness, emptiness, lack of interest in daily life, insomnia, loss of or increase in appetite, apathy, disorganization |
| Stage 3:<br><br>Reintegration | Reorganize and restructure family systems and relationships and reinvest in other relationships and life pursuits by adjusting to an environment without the deceased; relinquishing old attachments; forming new identity without deceased, adapting to new role while retaining memories | • Survivor may begin to reorganize their life, find hope in the future, feel more energetic, participate in social events, acceptance |

References:


Corless, I.B., & Meisenhelder, J.B. (2019). Bereavement. In B.R. Ferrell and J.A. Paice (Eds.), *Oxford textbook of palliative nursing*, 5th edition (Chapter 31). New York, NY: Oxford University Press.

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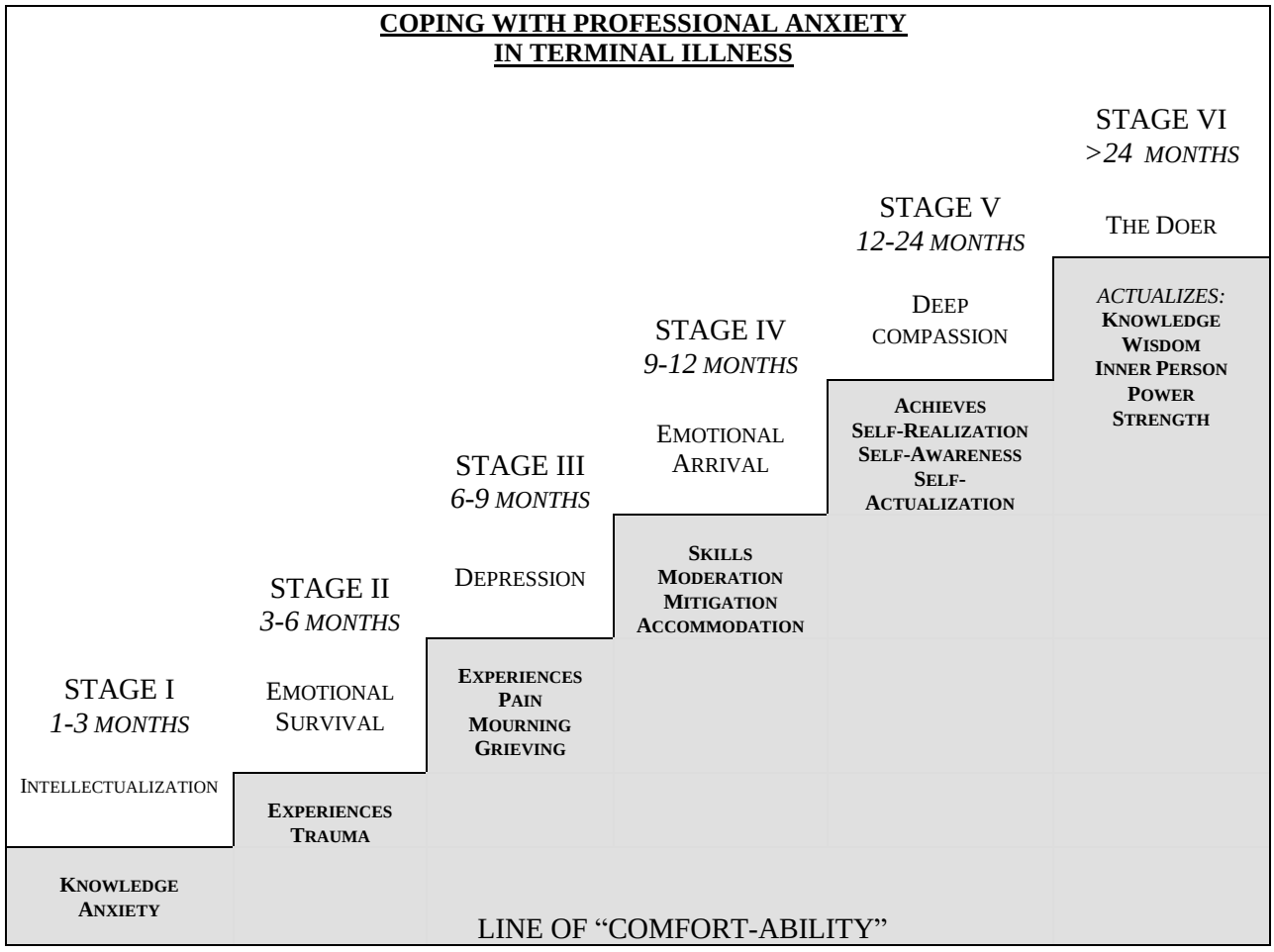
**Module 6**
**Table 4: Unhelpful & Helpful Comments in Speaking with the Bereaved**

| Unhelpful Comments | Helpful Comments |
|---|---|
| I know exactly how you're feeling. | I am sorry that you are going through this painful process. |
| I can imagine how you are feeling. | It must be hard to accept that this has happened. |
| I understand how you are feeling. | It's OK to grieve and be really angry with God and anyone else. |
| I'm always here for you, call me if you need anything. | I can bring dinner over either Tuesday or Friday. Which will be better for you? |
| You should be over it by now. It's time you moved on. | Grieving takes time. Don't feel pushed to hurry through it. |
| You had so many years together. You are so lucky. | I did not know _____, will you tell me about them? What was your relationship like? |
| At least you have your children. | It's not your fault. You did everything you could do. |
| You're young, you'll meet someone else. | What's the scariest part about facing the future alone without _____? |
| At least her suffering is over. He/She/They is/are in a better place now. | You will never forget _____, will you? |
| He/She/They lived a really long and full life. | It's not easy for you, is it? What about your relationship will you miss the most? |
| How old was he/she/they? | He/she/they meant a lot to you. |

Adapted:
Klein, S. (1998). *Heavenly hurts: surviving AIDS-related deaths and losses*. New York, NY: Baywood Publishing Company. Reprinted with permission.

**Module 6**
**Table 5: Coping with Professional Anxiety in Terminal Illness**




Source:
Harper, B. C. (1994). *Death: the coping mechanism of the health professional*. Greenville, SC: Southeastern University Press. Reprinted with permission.

**Module 6**
**Table 6: Inventory of Complicated Grief**

PLEASE fill in the circle next to the answer which best describes how you feel right now:

1. I think about this person so much that it's hard for me to do the things I normally do …
○ never ○ rarely ○ sometimes ○ often ○ always

2. Memories of the person who died upset me …
○ never ○ rarely ○ sometimes ○ often ○ always

3. I cannot accept the death of the person who died …
○ never ○ rarely ○ sometimes ○ often ○ always

4. I feel myself longing for the person who died …
○ never ○ rarely ○ sometimes ○ often ○ always

5. I feel drawn to places and things associated with the person who died …
○ never ○ rarely ○ sometimes ○ often ○ always

6. I can't help feeling angry about his/her death …
○ never ○ rarely ○ sometimes ○ often ○ always

7. I feel disbelief over what happened …
○ never ○ rarely ○ sometimes ○ often ○ always

8. I feel stunned or dazed over what happened …
○ never ○ rarely ○ sometimes ○ often ○ always

9. Ever since s/he died it is hard for me to trust people …
○ never ○ rarely ○ sometimes ○ often ○ always

10. Ever since s/he died I feel like I have lost the ability to care about other people or I feel distant from people I care about …
○ never ○ rarely ○ sometimes ○ often ○ always

11. I have pain in the same area of my body or have some of the same symptoms as the person who died …
○ never ○ rarely ○ sometimes ○ often ○ always

12. I go out of my way to avoid reminders of the person who died …
○ never ○ rarely ○ sometimes ○ often ○ always

13. I feel that life is empty without the person who died …
○ never ○ rarely ○ sometimes ○ often ○ always

14. I hear the voice of the person who died speak to me …

○ never ○ rarely ○ sometimes ○ often ○ always

15. I see the person who died stand before me …

○ never ○ rarely ○ sometimes ○ often ○ always

16. I feel that it is unfair that I should live when this person died …

○ never ○ rarely ○ sometimes ○ often ○ always

17. I feel bitter over this person's death …

○ never ○ rarely ○ sometimes ○ often ○ always

18. I feel envious of others who have not lost someone close …

○ never ○ rarely ○ sometimes ○ often ○ always

19. I feel lonely a great deal of the time ever since s/he died …

○ never ○ rarely ○ sometimes ○ often ○ always

Source:

Prigerson, H. G., Shear, M. K., Frank, E., Beey, L. C., Silberman, R., Prigerson, J. et al. (1997). Traumatic grief: a case of loss-induced trauma. *American Journal of Psychiatry, 154*(7), 1003-1009. Reprinted with permission from the American Journal of Psychiatry, Copyright 1997, American Psychiatric Association.

## Table 7: Interventions for Grieving Children

Explanation of Death

- Silence about death (which indicates that the subject is taboo) does not help children deal with loss. When discussing death with a child, the explanation should be kept as simple and direct as possible. Each child needs to be told the truth with as much detail as can be comprehended at his or her age and stage of development. Questions should be addressed honestly and directly. Children need to be reassured about their own security (they frequently worry that they will also die or that their surviving parent will go away). Children's questions should be answered, making sure that the child processes the information.

Correct language

- Although it is a difficult conversation to initiate with children, any discussion about death must include proper words (e.g., "cancer," "died," "death"). Euphemisms (e.g., "passed away," "he is sleeping," "we lost him") should never be used because they can confuse children and lead to misinterpretations.

Planning Rituals

- After a death occurs, children can and should be included in the planning and participation of mourning rituals. As with bereaved adults, these rituals help children to memorialize loved ones. Although children should never be forced to attend or participate in mourning rituals, their participation should be encouraged. Children can be encouraged to participate in those aspects of funeral or memorial services with which they feel comfortable. If the child wants to attend the funeral (wake, memorial service, etc.) it is important that a full explanation of what to expect is given in advance. This preparation should include the layout of the room, who might be present (e.g., friends and family members), what the child will see (e.g., a casket, people crying), and what will happen. The surviving parent may be too involved in his or her own grief to give their child the attention needed, therefore, it is often helpful to identify a familiar adult friend or family member who will be assigned to care for the grieving child during the funeral.

References:

Fitzgerald, H. (1992). *The grieving child: a parent's guide*. New York, NY: Fireside.

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**Module 6:**
**Table 8: Supporting Grieving Families**

## General

- Stay with the family; sit quietly if they prefer not to talk; cry with them if desired.
- Accept the family's grief reactions; avoid judgmental statements (e.g., "You should be feeling better by now").
- Avoid offering rationalizations for the patient's death (e.g., "You should be glad your loved one isn't suffering anymore").
- Avoid artificial consolation (e.g., "I know how you feel").
- Deal openly with feelings such as guilt, anger, and loss of self-esteem.
- Focus on feelings by using a feeling word in the statement (e.g., "You're still feeling all the pain of losing a loved one").
- Refer the family to an appropriate self-help group or for professional help if needed.

## At the Time of Death

- Reassure the family that everything possible is being done for the patient.
- Do everything possible to ensure the patient's comfort, especially relieving pain.
- Provide the patient and family the opportunity to review special experiences or memories in their lives.
- Express personal feelings of loss and/or frustrations (e.g., "We will miss him so much," or "We tried everything; we feel so sorry that we couldn't save him").
- Provide information that the family requests and be honest.
- Respect the emotional needs of family members, including children, who may need brief respites from the dying patient.
- Make every effort to arrange for family members, including being with the patient at the moment of death, if they wish to be present.
- Allow the family to stay with the dead patient for as long as they wish.
- Provide practical help when possible, such as collecting the patient's belongings.
- Arrange for spiritual support, such as clergy; pray with the family if no one else can stay with them.

## After the Death

- Attend the funeral or visitation if there was a special closeness with the family.
- Initiate and maintain contact (e.g., sending cards, telephoning, inviting them back to the unit, or making a home visit).
- Refer to the dead patient by name; discuss shared memories with the family.
- Discourage the use of drugs or alcohol as a method of escaping grief.
- Encourage all family members to communicate their feelings rather than remaining silent to avoid upsetting another member.
- Emphasize that grieving is a painful process that may last for years.

Adapted from:

Hockenberry, M., & Wilson, D. (2018). *Wong's nursing care of infants and children*, 11th edition. St. Louis, MO: Mosby/Elsevier Health Sciences. Reprinted with permission.

**Module 6**
**Figure 1: Personal Loss History**

1. The first death I can remember was the death of:

2. I was age:

3. The feelings I remember I had at the time were:

4. The first funeral (wake or other ritual service) I ever attended was for:

5. I was age:

6. The thing I most remember about that experience is:

7. My most recent loss by death was (person, time, circumstances):

8. I cope with this loss by:

9. The most difficult death for me was the death of:

10. It was difficult because:

11. Of the important people in my life who are now living, the most difficult death for me would be the death of:

12. It would be the most difficult because:

13. My primary style of coping with loss is:

14. I know my own grief is resolved when:

15. It is appropriate for me to share my own experiences of grief with a client/patient when:

Source:
Worden, J. W. (2018). *Grief counseling and grief therapy: a handbook for the mental health practitioner*, 5th edition. New York, NY: Springer Publishing Company, Inc. Used by permission.

**Module 6**
**Figure 2: Loss Exercise**

LIST YOUR ...

| 5 Most prized possessions (material things) | 5 Favorite activities | 5 Most valuable body parts | 5 Values that are most important to you | 5 People you love the most |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

As I tell you this story, cross out as many items as I tell you.

Imagine: It's a lovely spring day – one of the first days when the flowers are blooming, the birds are singing, and the skies are bright. You are young, successful, and happy with your life, and your bowels are moving well. Life is good!

A few days later, things have changed. You're still young and successful, but your bowels aren't working so well. You feel full because you've become quite constipated.

**Cross out 1 item.**

A few days and several laxatives later and your bowels are moving again and you're happy once more. But a few weeks go by and the constipation has returned and now you also feel bloated.

**Cross out 1 item.**

More laxatives, more prunes, and the threat of dynamite and your bowels get moving again. This time, though, there's a streak of blood in the toilet. You tell yourself it's probably just from all the straining with the hard stool, but something nags at you to call the health care team and make an appointment.

**Cross out 1 item.**

The clinician examines you and orders a colonoscopy and then says, "I'm sure it's probably just your hemorrhoids bleeding, let's take a look and then we'll know for sure."

**Cross out 1 item.**

You go for the colonoscopy the next week. You're a little worried, but everyone around you assures you that everything will be okay.

**Cross out 1 item**

You go for the colonoscopy and awaken feeling groggy but fine. You doze off intermittently waiting for the physician to come in. When she does, she's not smiling. She slowly and deliberately pulls up a chair close to your gurney. "You have a large mass in your rectum." She says some more things but you hear nothing beyond the word "mass."

**Cross out 3 items**

Surgery is scheduled for the next week. Once again, all your friends and relatives are telling you that everything's going to be all right. You want to believe that too, but instead you just feel numb.

**Cross out 1 item**

After the surgery, you pull yourself up through the fog in the recovery room and you feel the bandages on your abdomen and realize that you have a colostomy. Your worst fears have been confirmed.

**Cross out 4 items.**

You recover, learn about ostomies and care that you'd rather not ever have to know about – cares which at times are annoying and even embarrassing. But the physician said that she thought she got all of the tumor and that scans for metastases are clear. You just need to do some chemotherapy to make sure.

**Cross out 1 item.**

Slowly you recover and life returns to normal – almost. It's spring again – 2 years later. You notice that the waist of your pants has been getting tighter, even though you've been losing a little bit of weight. You have a doctor's appointment in 2 months, so you think you'll let it wait until them, but meanwhile you have a hard time sleeping because you can't breathe well when lying flat and you're grumpy all day.

**Cross out 1 item**

You call the physician and go in 2 days later. She tells you what you already suspect. The cancer has spread to the liver.

**Cross out 3 items.**

Your world is upside down again. Denial just won't make it go away. You begin a new experimental chemotherapy. It makes you sick, weak, and angry. You lash out at your family, health care team, friends. You want to live, but you can't eat.

**Cross out 2 items.**

One morning, you don't have enough energy to sit in a chair and the physician tells you the chemo's not working and she wants to stop it.

**Cross out 3 items.**

It seems like life goes on around you in slow motion now. Days and nights blur. How odd you think, staring at your bony jaundiced hands. Your spirit seems to be withdrawing. You wonder if it's the pain medication or if it's the first taste of death, but you don't have the energy to ask anyone.

**Cross out the last 2 items.**

Adapted from:
Fauser, M., Lo, K., & Kelly, R. (1996). *Trainer certification program* [Manual]. Largo, FL: The Hospice Institute of the Florida Suncoast. Reprinted with permission.

## DISCUSSION QUESTIONS FOR LOSS EXERCISE:

1. Break into groups.
2. Try to get in touch with your most predominant feelings during exercise.
3. What was it like to have to select and cross off items?
4. What did you cross out first? Last?
5. Was it harder to cross out as you went or did you give up?

**Module 6**
**Figure 3: Opportunities for Reminiscing**

## Reminiscing

In addition to sharing pictures, items, and favorite stories about your loved one, the following questions offer an opportunity for personal reflections and sharing about the meaning and purpose of a loved one's life.

What will you never forget about _____?

What did you like most about _____?

What was unusual or out of character for _____?

What was the favorite expression of _____?

What was a favorite song or type of music of _____?

What was _____ favorite way of doing things?

What qualities of _____ would you like to have?

What do you hope that others will always remember about _____?

If _____ were face to face with you now, what would you say or do?

How would you describe _____ to a stranger?

Source:
Humphrey, G.M., & Zimpfer, D.G. (2008). *Counseling for grief and bereavement*, 2nd edition. Thousand Oaks, CA: Sage Publications. Permission granted by Sage Publications Ltd. in the format of Copy via Copyright Clearance Center.

**Module 6**
**Figure 4: Self-Care Assessment**

## Self-Care Assessment

Take a moment to consider the frequency with which you do the following acts of self-care. Rate using the scale below:

*4 = Often*
*3 = Sometimes*
*2 = Rarely*
*1 = Are you kidding? It never even crossed my mind!*

### Physical Self-Care

__ Eat regularly (no skipping meals)
__ Eat healthfully
__ Exercise at least 30 minutes five times a week
__ Sleep 7–9 hours per night
__ Schedule regular preventative health-care appointments
__ Take time off when feeling sick or ill
__ Get massages or other body work, if that is something supportive to you
__ Do enjoyable physical work

### Psychological Self-Care

__ Read a good book, story, poem or literature unrelated to your work
__ Write in a journal
__ Develop or maintain a hobby
__ Make time for self-reflection or quiet time
__ Seek the services of a counselor or therapist
__ Spend time outdoors
__ Say “no” to extra responsibilities when stressed
__ Allow the gift of receiving (instead of just giving)

### Emotional Self-Care

__ Stay in contact with people important to you
__ Spend time with the people whose company is most comfortable
__ Practice supportive self-talk; speak kindly in internal thoughts
__ Allow both tears and laughter to erupt spontaneously

__ Play with children and animals

__ Identify comforting activities and seek them out

__ "Brag" to a trusted friend or family member; be proud of accomplishments

__ Express anger in a constructive way

## Spiritual Self-Care

__ Make time for regular prayer, meditation, and reflection

__ Seek community among friends, neighbors, or other gatherings

__ Cherish optimism and hope

__ Contribute to or participate in meaningful activities of choice

__ Be open to inspiration

__ Use ritual to celebrate milestones and to memorialize loved ones

__ Be aware of the nontangibles of life

__ Listen to or create music

## Workplace Self-Care

__ Take time for meal breaks

__ Address both the physical and emotional needs of clients

__ Take time to chat and laugh with co-workers

__ Seek regular supervision and mentoring

__ Set limits with residents, families, and colleagues

__ Participate in a project or task that is exciting and rewarding in which to be involved

__ Decrease time spent comparing work performance to others

__ Seek a support group – even if it is only one other person

Results:

| | |
|---|---|
| 121-160 | You're a self-care guru! Share the wisdom with everyone around you. |
| 81-120 | You're on the right track. Get creative in the areas of least scoring. |
| 41-80 | Uh-oh. There's some work to do. Hunker down and focus on yourself. |
| ≤ 40 | Are you still reading this? You're about to self-destruct. Call 911! |

Adapted from: Saakvitne, K.W., & Pearlman, L.A. (1996). *Transforming the pain: a workbook on vicarious traumatization*. New York, NY: Norton Professional Books.

**Module 6**
**Figure 5: Mindfulness and Self-Care**

## Mindfulness and Self-Care

- When you awaken, express gratitude for your home … your work … your family or friends…your health or movement toward health.
- Say "thank you" and "you're welcome" frequently.
- When caught up in a stressful situation, ask yourself: "What is the most important thing right now?"
- Take mini-stretch breaks throughout the day.
- Be willing to say, "I don't know."
- Ask for help and support when you need it.
- Create a personal mission statement for your work.
- Place a post-it at your work space, nursing station, or computer that says *BREATHE*.
- Try substituting water or fruit juices for carbonated sugar beverages. Monitor your intake of caffeine, alcohol, salt, and sugar.
- Take a technology break—spend one day at home without answering the phone, email, or fax.
- Take a media break—spend one day at home without listening to the radio news, watching TV, or reading the newspaper.
- Place photos or pictures of things or people who bring you joy in your workspace.
- For four hours, try and do one thing at a time; avoid multi-tasking.
- Keep a humor file.
- If you feel a little too busy … stop and take 5 conscious, deep, diaphragmatic breaths.
- If you feel moderately busy … stop and take 10 conscious, deep, diaphragmatic breaths.
- If you are excessively busy and feel overwhelmed … stop, sit down, close your eyes, and take 10 conscious, deep, diaphragmatic breaths. Quiet your thoughts and gently remind yourself that you are capable of moving through this situation. Repeat. This will take < 5 minutes, and will help to restore your perspective and energy.
- When you go to bed at night, express gratitude for the day you were given … for your home … your work … your family or friends … your health or movement toward health.

Adapted from:

Kraybill, K. (2003). *Creating and maintaining a healthy work environment: a resource guide for staff retreats.* Available at www.nhchc.org/wp-content/uploads/2019/08/ResourceGuideforStaffRetreats.pdf [Accessed July 28, 2022]. Used with permission.

**Module 6**
**Figure 6: Self-Care Strategies for Nurses**

## Self-Care Strategies for Nurses

The goal of this session is to increase awareness of the impact of chronic stress on health care professionals and to give a brief overview of interventions or well-being behaviors that can reduce stress. Much of the following information and exercises are taken from *Self Care Strategies for Healthcare Professionals* section of The Nursing Wellness Program developed in the Department of Nursing Research and Education, City of Hope, Duarte, CA.

Nursing care of geriatric patients and patients at the end-of-life can be complex and requires nurses to use professional interventions and personal coping strategies in order to be effective. Professional self-care is a skill set that can be learned, and is just as important as all other nursing skills sets. This exercise is to assist nurses to think about personal coping strategies that support a healthy life style and to offer education on self care to fellow nurses and staff such as nursing assistants and others.

*"When we attend to ourselves with compassion and mercy, more healing is made available for others."*
*--Wayne Muller*

## Significance of Self-Care

Nurses are excellent at nurturing their patients and taking care of others. Even when nurses are experiencing burnout symptoms, they do not lose empathy for their patients (Kash, et. al., 2000). Recently, the term "compassion fatigue" has been used (Figley, 2012) to describe physical, spiritual, and emotional exhaustion in healthcare and others such as firemen, rescue workers, and other deeply caring individuals. However, nurses are not always as good at nurturing themselves, and can become physically and emotionally exhausted. Nurses often deal with stressors in the work environment at the expense of their own health. For example, there is a high frequency of smoking among nurses and nurses are at risk for obesity. Nurses are also at risk for low back pain, depression, suicide, alcohol and drug abuse (Sarna et al., 2005).

It is ideal to have nurses and others practice healthy, ongoing self-care while successfully continuing to care for others. Self care that leads healing begins by employing such simple practices as regular exercise, healthy eating habits, enjoyable social activities, journaling, and restful sleep. You can find more information at http://www.compassionfatigue.org/ [Accessed February 10, 2021].

**Stressors and Nurses:**
Nursing practice exposes the nurse to many different stressors. French et al. (2000) identified 9 workplace stressors that seem to affect nurses. These include:

- Conflict with physicians
- Inadequate preparation
- Problems with peers
- Difficulty with supervisors

- Discrimination, workload
- Uncertainty concerning treatment
- Dealing with death and dying
- Patients and their families

These potential stressors exist within the workplace and do not begin to describe the stressors that may exist for an individual outside the workplace and in the home. The consequences of prolonged and/or unmitigated stress include the development of burnout, deterioration in over all health as well as the use of coping mechanisms destructive to the individual (i.e., smoking and overeating).

The nursing profession attracts individuals who are interested in caring for others and helping people in times of great stress. Nurses find themselves attached to patients and, when those patients become terminally ill, often find it difficult to manage the physical and emotional impact. These physical and emotional consequences can lead to compassion fatigue or burnout (Kash et.al., 2000). Nurses frequently deal with this stress at the expense of their own health, as illustrated by the frequency of smoking found in the working nursing population (Sarna, 2005). Nothing in the usual curriculum in nursing schools or orientation programs in hospitals is directed toward helping nurse's deal with job-related stress. Burnout is described as a state of profound physical, emotional, and mental exhaustion. There are three principle symptoms of burnout identified by Maslach and colleagues (2009). They are emotional exhaustion, depersonalization and decreased feelings of personal accomplishment.

The literature suggests that programs that use the personal approach to wellness may be more successful than those that attempt to modify environmental factors (Kash et al., 2000). By facilitating the individual's preparation of a wellness strategy, the impact of stressful professional circumstances can be mitigated.

## Proactive Choices for Well Being

It is important to identify your own wellness strategies and think about how to maximize your well being to prevent the debilitating effects of chronic stress. Chronic stress leads to burnout, which includes physical and emotional exhaustion, decreased empathy, decreased sense of accomplishment and staff turnover (Kash et al., 2000). Waiting until you are already on the verge of burnout can lead to health problems, resignation, or disability. High stress leading to burnout also contributes to staff turnover.

**Intervention - Daily Stress Diary:**
Self-monitoring helps change behavior. Awareness, which is increased with self-monitoring, leads to change and growth. Keeping a "stress diary" can help with self-monitoring and planning for changes to promote self-care.

**Stress Diary**
Keeping a stress diary for a week or two can help you identify the types of situations that are stressful for you and your responses to them. You may identify a pattern of behavior that you want to change.

Example:

| Time | Stressful Event | Symptoms |
|---|---|---|
| 8:30 | Rushing, late to work | frustrated |
| 9:30 | Change in schedule | mild headache |
| 11:00 | Difficult patient | anger; neck tense |
| 3:00 | Traffic; accident on freeway | moderate headache |
| 6:00 | neck & shoulder pain | anger |
| 7:00 | Child not doing homework | frustration, depressed |

## Daily Stress Response Diary

Fill in the stress diary below for one week. Complete one row for each stressful situation you experience daily. You may want to make copies of this form for additional diary entries.

NOTE: The Root Cause column may be somewhat difficult at first. This piece of data is to capture your learning history that contributes to the current situation. For example, if you are feeling anxious talking to your boss (the stressor), the root cause of this anxiety may be anxious feelings you have had in the past with authority figures such as a parent or teacher. If you can't think of a root cause, skip this column and go on to complete the rest of the worksheet. You can always go back and fill this in if you have an insight.

| **Date** | **Symptom of the Stress** (How it was felt in your body) | **Stressor** (Cause or Situation) | **Root cause** (Underlying Reason) | **Action** (What you did to make the situation better) | **Past Behavior** (What did you do in the past?) | **Options** (What will you do differently in the future?) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Girdano, D.A., Dusek, D.E., & Everly, G.S. (2013). *Controlling stress and tension*, 9th edition. Boston, MA: Benjamin Cummings.

## The Wellness Plan

Learning about your unique stress patterns can help you create a **plan of care**. This care plan – your wellness plan – is a **living document** that will change as you change. It is a **tool** that you will modify as you learn what works and doesn't work for you over time.

Start thinking today about how you can create a personalized wellness plan that you can adhere to over time. Applying your strategies **consistently** is key to preventing stress overload and resulting burnout. Now is the time to make a firm commitment to take good care of you!

You might think about how you answered your self-care history form. What has worked for you in the past? Wellness strategies can include:

- Exercise/sports
- Deep breathing and relaxation skills
- Art therapy techniques
- Classical music
- Social support
- Meditation/prayer
- Hobbies
- Humor
- Positive self-talk and reframing
- Church/Temple/Mosque and community activities
- Family fun time
- Learning something new of interest
- Massage
- Yoga
- Playing with children/pet

It is helpful to think of strategies that will work for you in these **5 domains**:

**The Five Domains of Wellness**

- Physical (e.g., walking, swimming, dancing)
- Mental (e.g., learning something new; positive self-talk)
- Emotional (e.g., expressing feelings through art or journal)
- Social (e.g., connecting with family, friends regularly)
- Spiritual (e.g., prayer/meditation; being in nature)

On the next page is a poem about self-care. You are invited to read this poem, and then write a self-reflection on how the poem applies to you.

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## *Grace*

Give me the **grace**
To care
Without neglecting my needs,
The **humility**
To assist
Without rescuing,
The **kindness**
To be clear
Without being cold,
The **mercy**
To be angry
Without rejecting,
The **prudence**
To disclose
Without disrespecting my privacy,
The **humor**
To admit human failings
Without experiencing shame,
The **compassion**
To give freely
**Without giving myself away**
--Source unknown

**Self-Care Exercises to use with the poem, *Grace*:**

**Written Self-Reflection Exercise:**
After reading the poem *"Grace"* write about the parts of the poem that apply to you.
*OR*
**Art Reflection Exercise**:
Using any media of your choice, create an art reflection that expresses your response/emotions to the poem *"Grace."*

**Remember these KEYS TO SUCCESS:**

- Self-monitoring creates awareness. Awareness plus a plan of action leads to behavior change.
- The *Wellness Plan* is a living document that will change as you learn about yourself.
- The *Five Domains of Wellness* is a key feature of the *Wellness Plan* to help you create a balanced approach to wellness.
- Journaling (written reflections) and art reflections are both excellent ways to help you gain insight into your needs.

This resource "Self-Care Strategies for Nurses" was adapted from City of Hope, *Self Care Strategies for Healthcare Professionals*, Department of Nursing Research and Education, Kate Kravits, RN MA, Principal Investigator. Supported by a grant from the UniHealth Foundation.

**Module 6**
**Figure 7: Exercise & Spiritual Practice for Stress Reduction, Health and Well Being**

**Exercise**:
When you are in a stressed "fight or flight" state, exercise is a natural outlet to help restore your body to its normal state. "Good" chemicals, such as endorphins are released.

*Physical movement and exercise, such as walking, biking, dancing and swimming:*
- Strengthens your cardiovascular system
- Increases your stamina
- Helps regulate blood pressure
- Helps regulate blood sugar
- Helps you work off "emotional steam"
- Relieves chronic tension
- Decreases feelings of depression and anxiety
- Helps you sleep better (caution: aerobic exercise should not be done 2 hours before bedtime; exercise in the morning, afternoon or early evening)

*Flexibility and balance, such as yoga, tai chi, qi gong, Pilates, or general stretching:*
- Promotes relaxation
- Relieves chronic tension
- Decreases feelings of depression and anxiety
- Improves your circulation
- Increases your muscle strength and tone
- Helps with joint mobility
- Helps you sleep better if done before bedtime

*Integrate exercise into weekly schedule:*
- Commit to a schedule of at least 3 times per week.
- Decide what days and times are best.
- Use music or podcasts to help motivate you.
- Exercise with a friend or group with a similar for motivation and support.
- Consider interest levels, intensity levels of friends and groups

*Familiar challenges and solutions to include exercise within one's life:*
- I'm too tired – while tiring, exercise improves energy. Exercise with a friend or group is also energizing.
- Exercise is boring – Choose an activity you enjoy (Zumba or gardening). Mix up activates and do not do the same thing. Try a new activity. Exercising with a friend can also make it more enjoyable.
- I walk a lot at work. – Consider how to walk to and from public transportation or vehicle. Consider using the stairs rather than the elevator as that is a good work out. Walk during breaks and meals.
- I start and stop a regimen. – Find a positive accountability buddy with whom you can create a workable program.

**Spirituality and Well Being:**
Spirituality means feeling centered, connected with a higher power or feeling that life has meaning and purpose. It may include religious practices or rituals. It usually includes some type of quiet time. We all have a need to express ourselves spiritually. However, the manner in which we do so is very individual.

Think about what is important to you and how you may already be experiencing meaning and purpose. Think about what would be helpful to you in expressing your spirituality consistently.
*Examples of Spiritual Practice:*

- Prayer
- Spiritual, religious, or inspirational reading
- Quiet reflection time – may be in nature or a quiet space
- Meditation/Meditative walking
- Worship services
- Visible icons
- Bible/Quran/Torah study group
- A home altar
- Singing/chanting
- Drumming
- Spiritual Dance
- Yoga

**Serenity Prayer:**
The Serenity Prayer can be a helpful prayer for many:

*God grant me the serenity to*
*Accept the things I cannot change*
*Change the things I can*
*And wisdom to know the difference.*

Reinhold Niebuhr, 1951

Adapted from:
*Self Care Strategies for Healthcare Professionals,* Department of Nursing Research and Education, City of Hope, Kate Kravits, RN MA, Principal Investigator and supported by a grant from the UniHealth Foundation.