Nurses grief, emotional experiences and emotion management When the patient dies

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Abstract:

Back ground: As health care professionals, nurses experience patient death as part of their paid work, personal narratives from nurses themselves suggest that they grieve the deaths of individuals for whom they have cared. **Aim of the study:** was to determine how nurses experience grief, explore the nurses' emotional reaction when a patient dies & examine the extent to which nurses' manage their emotion. **Subjects & Methods**: **Research design:** A descriptive cross-sectional research design was used to achieve the study aim. **Setting:** the current study was conducted at intensive care units in Zagazig University Hospitals. **Subjects:** The sample was composed of 145 female nurses. **Tool of data collection**: One tool was used for data collection: "Nurses and Grief questionnaire". **Results:** The study result indicated that studied nurses strongly feel tired, tens, and grief; moderately anxious; slightly depressed, and rarely feeling guilty, experience job burnout" chronic grief", 50.3% of the nurses reported that they feel every day" dread getting up in the morning and having to face another day on the job", and more than half of them 57.9% reported that every day their "work really puts a lot of strain on them", 43.4% reported that they usually experience "restlessness", and they mutually was used both suppressive and evocative emotion managements. **Conclusion:** It was concluded that when the patient die the studied nurses strongly feel tired, tens, and grief and rarely feeling guilty. They experience job burnout “chronic grief" and restlessness, and mutually was used both suppressive and evocative emotion managements. **Recommendations:** It is recommended that, the hospital need to provide more formal support services to health care professionals when a patient dies and attention to the management of grief-related emotion and the psychological toll it takes on nurses must be addressed if nurses are to remain in their careers long-term.

Key words: Nurses, grief, patient dies emotional experience, emotion management

Introduction:

At some point in life, everyone will experience the death of someone they know. As much as this experience is personal and separate from others, the emotions people feel when others die is commonly understood as grief. [(1)] Grief is a set of emotions felt in response to the loss of a relationship through death and is experienced within the feeling rules of any given society of people, it tend to last longer than other emotional states. Moreover, grief is a multi-faceted response to loss. Although conventionally focused on the emotional response to loss, it has physical, cognitive, behavioral, and social dimensions. [(2)]

As the largest segment of the medical community, nurses are confronted with the reality of death and dying as part of their profession and occupation, they spend most of their time with dying or patients at the end stages of life. [(3)] Dying patient is a person who is expected to die within a matter of months, weeks or days. [(4)]

Interacting with the dying patient and providing end of life care evoke some undesirable emotions and attitudes for nurses such as anxiety, grief, burnout fear, and frustration. Perhaps no subject in nursing arouses such an emotional response as care of terminally-ill patients. [(5, 6)]

Nurses who are impacted by issues concerning medical futility and patient death can suffer from distress. There is a range of cognitive, physical, emotional, and behavioral responses following a stressful event. Cognitive problems associated with distress include confusion, difficulty concentrating,

and memory lapses. Physical symptoms include fatigue, difficulty sleeping, gastrointestinal upset, muscle tension, and heightened autonomic activity. Emotional effects include anxiety, depression, denial, anger, and guilt. Behavioral manifestations include substance abuse, aggressive behaviors, social withdrawal, and restlessness. [7, 8]

Deaths that are anticipated and occur in older patients cause less intense grief while unanticipated deaths and deaths of younger patients have the highest potential for intense grief in nurses. Moreover, the length of a nursing career contributes to one's responses to and behavior with dying patients and their families. [9]

The nurse providing care for patients at the end stages of life often times is forgotten and may not have the time to contemplate their emotions and feelings. The nurse may feel, due to time constraints that there is no time to cry or to begin the grief process. Policies and procedures must be followed. The nurse needs to notify the nursing supervisor, the funeral home needs to be contacted, and the paperwork needs to be done, nurses may not always have the opportunity to reflect on the death of their patient whether the death is anticipated or unexpected. [6]

Nurses who viewed death as an opportunity to escape from a painful existence reported more years of nursing experience, accepted death as a reality in a neutral way, viewed death as the entry point to a happy afterlife (approach acceptance), and had lower levels of negative thoughts and feelings about death (fear of death) than nurses who did not view death as an escape. Nurses who reported more negative thoughts and feeling about death were more likely to avoid thinking about death (death avoidance) and did not view death as an entry point to a happy afterlife more often than nurses with less negative thoughts and feeling about death. Finally, nurses who viewed death as an entry point to a happy afterlife also accepted death as a reality in a neutral way more often than nurses who did not share this view. [10]

Nurses may be especially at risk for problems in coping with patient death if they believe they had some responsibility for it or didn't do enough to save the patient. Many intensive care unit and emergency department nurses become angry and upset after seeing very sick or elderly patients die in pain after extreme and futile treatments to prolong their lives. Some coping strategies, developed over time include: rituals to help the patient and family feel better, such as bringing the family food; attending funerals or posting obituaries; and praying or drawing strength from spiritual beliefs. Some nurses use exercise and relaxation therapies, such as a hot bath, to help ease stress caused by patient death. Talking with co-workers is probably the most helpful coping strategy in getting through a difficult death. [11]

Nurses must have the ability to recognize for themselves, when there needs to be an intervention with either counseling or debriefing. When emotional turmoil is not recognized and addressed, the stress cascade begins and leads to "maladaptive coping skills, emotional distancing, anger, labeling of the nurse, decrease in staff morale, decrease in efficiency of care, decrease in customer service and increased turnover, increased cost to the hospital and nursing shortage". [12]

The death of a patient can have an impact on nurses both inside and outside their work environment and can affect their relationships with others. [13] The multiple effects of this distress can lead to nurses being less responsive to each other and to

patients [14], a matter which reflected negatively on the quantity and quality of care. [15, 16]

Significance of the study:

Nurses are within the medical field, have relationships with people who die as part of their job, and experience emotions that are not socially acknowledged or recognized as grief, nurses occupy a unique position within society's death system.[1] On the basis of this viewpoint, this research was aimed for assess the grief feeling among nurses who working with end-of-life patients, explore what nurses feel when a patient dies, and examine the extent to which nurses' manage their emotion

Aim of the study: The aim of the study was to**:**

- Determine how nurses experience grief when a patient dies
- Explore the nurses' emotional reaction when a patient dies
- Examine the extent to which nurses' manage their emotion.

Research questions:

- Do nurses experience grief when a patient dies?
- What is the nurses' emotional reaction when a patient dies?
- How do nurses manage their emotion after patients' death?

Subjects and methods:

Research Design:

A descriptive cross-sectional research design was used.

Setting:

The current study was conducted at intensive care units in Zagazig University Hospitals.

Subjects:

All nurses available in the previously mentioned setting (145), no age limit, all educational level was selected for this study.

Tools of data collection:

One tool was used for data collection "Nurses and Grief questionnaire", it was constructed by Grove [1] to assess a particular kind of loss (i.e. the death of a patient). It consisted of 3 subscales namely:

1. Organization work environment: It is divided into 5 items.
2. Personal information: It is divided into 5 items "subtitle is a close ended and MCQs. questions
3. Patient loss experiences: It is divided into 22 items was used to:

a. Assess grief of non-kin relationships
b. Assess emotions rather than behaviors
c. Assess emotional reactions and both positive and negative affect. Grief, job burnout (chronic grief), depressed mood, anxiety, available social support, and suppressive emotion management were used as dependent Variables and indicator of psychological distress among nurses.

Patient death characteristics and nurse grief: were used as dependent variables associated with grief intensity. It was measured using questions such revolve around " How many deaths of patients that you directly cared for do you experience in a typical month at work?, How long ago did the most recent death of a patient that you directly cared for occur while you were at work?, What characteristics do you recall about the last patient death you experienced? During this time that surrounded this most recent patient death, were you also dealing with any losses through death in your personal life? This subtitle is a close ended, open-ended and MCQs. questions, and During this time that surrounded this most recent patient death, would you agree or disagree that this was also a time of high personal life stress for you (i.e. stress outside of work)?

Respondents were asked to indicate whether they agree or disagree that this was also a time of high personal life stress. (1 =

disagree; 4 = strongly agree), with a higher score indicating a higher level of grief.

To measure the availability of formal and informal support services, respondents were asked, “Are any of the following services available to you at your place of employment for use after a patient death?” were dichotomized (1 = “service is available at work,” 0 = “service is not available at work”), with a higher score indicating a greater number of available formal and informal support services. To measure the availability of informal support resources, respondents were asked the same question as above.

Scoring system:

Grief" was measured using a 4-point Likert-type scale (1 = did not feel; 4 = felt strongly) with higher scores indicating higher grief intensity. Job burnout, "chronic grief", was measured using a 7-point Likert-type scale (1 = never; 7 = almost every day) with a higher score indicating a higher level of job burnout. Depressed mood was measured using a 4-point Likert-type scale with higher score indicating a higher level of depressed mood. Regarding same scale items (felt hopeful about the future; enjoyed life and felt happy; and felt that you were just as good as other people) were reverse coded, with lower score indicating a lower level of depressed mood. State anxiety", was measured using a 4-point Likert-type scale (1 = not at all; 4 = extremely). A higher score indicates a higher level of anxiety. Suppressive emotion management: the respondents asked how strongly they controlled their reactions and feelings at work, respondents were asked to circle a number from 0 to 4, with 0 = never and 4 = usually.

Content validity & reliability:

Content validity was established for face and content validity by expertise from nursing faculty - Zagazig University (psychiatric nursing and administration) who revised the tools for clarity, relevance, applicability,comprehensiveness to assess the study aims, understanding and ease for implementation and according to their opinion minor modification were applied. Reliability test was assessed by applying the questionnaire on 10 nurses using test-retest.

Pilot study:

A pilot study was carried out before performing the actual study on10 percent of the targeted sample. The researcher asked participants to fill out the written questionnaire and to pay particular attention while they completed their surveys to; the nurses were asked to note any questions that were confusing or hard to answer and were asked to identify any survey questions that caused them emotional distress or discomfort. In order to test the validity and questions clarity and emotional distress as well as to estimate the time needed for data collection, both oral and written comments are provided. The necessary modifications were done; these participants were excluded from the sample.

Fieldwork:

The investigator met with nurses during regular working hours and invited them to participate after explaining to them the purpose and procedures of the study. Those who agreed to participate were interviewed individually by the researcher using the data collection tool. Each interview lasted for about 30 minutes. Data collection lasted for 3 months which started from June to September 2013.

Administrative and ethical considerations:

An official permission was granted to proceed in the study from the manager of intensive care units at Zagazig University Hospitals explaining the aim of the research to get the permission for data

collection. Clear instructions on how to complete the questionnaire were given and voluntary participation and confidentiality were ensured.

***Statistical analysis*:**

The collected data were organized, tabulated and statistically analyzed using SPSS software statistical computer package version 13. For quantitative data, the range, mean and standard deviation were calculated. Correlation between variables was evaluated using Pearson's correlation coefficient (r). Significance was adopted at $p<0.05$ for interpretation of results of tests of significance.

Results:

Table (1): Reveals that, the studied sample consisted of 145 female nurses, their mean age was 18.87±4.06, 97.9% of them aged between 18- 27, 50.3% and 37.2% were Secondary nursing education and Bachelor nursing respectively. As regard years of experiences 33.8%, 36.6% of them had 5 to less than 10 years and 10 and more years of experiences respectively with a mean 3.0345±.87729. Among Social support at place of employment after a patient death "debriefing" and "stress reduction workshop" represent the most formal support services were used by the studied nurses after a patient death.

Table (2): Shows the nurses grief experience, among "positive affect" majority of the studied nurses never feel " Happy, Pleased, Glad" "relaxed", and "Calm, Delighted"(98%,98% and 95% respectively). 28% slightly feel relieved and only 12.4% strongly satisfied. Generally: majority of sample haven't positive affect. As regard "negative affect" more than half of the studied sample never feel "guilty" (58.6%), about 40.7 moderately feel "anxious", less than half of them strongly feel "tired", "tens", and "grief" (37.2%,36.6% and 35.9% respectively). Generally: the nurses strongly feel tired, tens, and grief; moderately anxious; slightly depressed, and rarely feeling guilty. Regarding "agitated affect" less than half of the studied nurses moderately feel "afraid and annoyed" (44.8%), followed by feeling "excited" (31%).

Table (3): Presents the patient characteristics and nurses' grief, most of the studied nurses (76.6%) reported that less than 15 patients were died during the previous month, majority of them (80.7%) reported that most of recent deaths cases were occurred within less than 30 days. Among the characteristics of the last patient death, "Patient's family members" represented the larger characteristic (38.6%), followed by patient's age (21.4%).

Figure (1): Illustrates that, about half of studied nurses (49.70%) agrees that they suffer a high personal life stress at time of patient death.

Figure (2): Demonstrates that about two third of studied nurses were experience losses or death in their personal life during the most recent death (60.70%).

Table (4): It is clear that 50.3% of the nurses reported that they feel every day" dread getting up in the morning and having to face another day on the job", and more than half of them 57.9% reported that every day their "work really puts a lot of strain on them". Generally: the studied nurses experience job burnout" chronic grief".

Table (5): Reveals that about half of the studied sample reported that, they never experience "fearful feeling", and never" feeling tense or keyed up" (51.7%, and 49.7% respectively), and rarely feeling "faint, dizzy, or weak" (49.7%). Among anxiety reaction, 43.4% reported that they usually experience "restlessness"

Table (6): Shows the nurses' management of their emotion after a

patient dies, it is clear that more than half of the studied nurses usually "try to control their nonverbal reaction after patient dies" and usually "try to control what they say at work after a patient dies" (59.3%, and51.7% respectively). On the other hand the other half never "deny, ignore, or cover up feelings of grief at work over a patients' death"(55.2%), about two third of studied nurses were never "pretend to be more affected by a patients' death at work "(64.1%). Generally the nurses mutually was used both suppressive and evocative emotion managements**.**

Table (7): Presents that correlation coefficients were used to examine relationships between the major study variables. Job burnout /chronic grief was positively and highly correlated with positive grief experience and vice versa (P<0.001) , depression was positively and highly correlated with anxiety and vice versa (P<0.001) , emotional management was positively and highly correlated with agitation grief experience (P<0.001) , negative grief experience was positively and highly correlated with agitation grief experience (P<0.001) , and agitation grief experience was positively and significantly correlated with anxiety, emotional management, and negative grief experience (P<0.001).

Discussion:

Nurses represent the largest segment of medical health professionals. However bereavement theory and research has not yet acknowledged the role that nurses play in the dying experience of patients. [1] Therefore the present study contributes to determine how nurses experience grief when a patient dies and examine the extent to which nurses' manage their emotion.

The current study demonstrated that, the majority of the nurses in the current study have a secondary education and years of experience at work setting more than 10 years. Previous study finding reported that more experienced nurses reported a larger number of coping resources and more positive consequences of patient death than less tenured nurses. [17] Similarly, the longer nurses practice the more accepting of death they become. [1] As more experienced staff become accustomed to grief and loss and report fewer grief-related symptoms. [18]

Social support was operationalized as the uses of formal and informal support services available within the hospital and from those with whom the nurse worked. Nurses in the current study reported that informal support resources were widely used, although formal support services were rarely used. This finding was supported by Rickerson et al., [18] who found that social support can serve as a buffer against distress. Previous researchers demonstrated that nurses are most likely to rely on informal support rather than formal services after a patient dies.[19] Contrary to expectation evidence from previous studies indicated that support service availability may increase the intensity of felt emotion because they encourage or demand a focus on the death for example when debriefing the patient death or reviewing the death was available to nurses, their grief was more intense. [18]

Nurses are professionals being paid to care for ill or hurt individuals, yet when those care for patient who dies; nurses are expected to experience positive, negative, and agitated affect.[1] The current study results indicated that majority of nurses never experience positive affect such as happy, pleased, glad; relaxed; and calm, delighted, this result was generally expected in the case of death. Among negative

affect, they experience a strong tense and grief when patients die, and moderately they experience anxiety, depression, and miserable, as regard agitated affect, they experience moderate afraid, annoyed, excited, and frustration. These findings are consistent with Grove [1] who suggested that bereaved individuals vacillate between positive and negative, and agitated affect reactions vary when the cause of throughout the grief experience. Also this result go on line with Benner [20] who reported that in the most cases of patient death experience, nurses felt emotions of sadness, grief, and depression while contradicting with Weiss [21] who claimed that non-familial relationships do result in grief when a death occurs. Moreover, Thiedke and Carolyn[22] have a contradicted point of view they reported that, when a patient dies, feeling positive affect like calm and at ease are expected from the nurse because they are in line with the professional identity of nursing practice.

The current study finding revealed that patient death characteristics contribute to nurses' experience of grief. "Patient's family members" represented the larger characteristic (38.6%), followed by patient's age (21.4%). This result is supported by Savett [17] who asserted that kinship is unnecessary for grief. Previous study finding reported that when a nurse strongly identifies with the deceased patient's family, her grief is more intense. [23] While Redinbaugh et al., [24] reported that mis-handled treatments can intensify grief among nurses. Another study result showed that death varies.[25] On the other hand, course of treatment taken with the patient made the death harder to deal with, they did not report feeling more intense grief, negative or agitated affect, or less intense positive affect in the most recent patient death experience.[26] Perhaps the most widely investigated patient characteristic is the age of the patient. Several studies have shown that the age of the patient impacts the grief reactions of nurses.[25]Different characteristics of the patient death influenced the various emotions that nurses experienced. For example, how a patient died was the most important characteristic influencing negative emotion, but the age of the patient had the strongest association with feeling positive emotion in the death. [27] On contrary, Hunt and Rosenthal [23] found that there is evidence suggesting that the length of the relationship between nurse and patient affects the grief reaction of the nurse when a patient dies.

Majority of the current studied nurses didn't experience any losses or death in personal life during the most recent patient death. Previous study indicated that the nurses' personal experiences of death outside work can contribute positively to their work situation if these have been well integrated into their lives. However if personal experiences of death are unresolved or there have been difficulties in accepting the death of a relative or close friend then this can result in nursing staff being more vulnerable when confronting the death of a patient.[19]

The present study result revealed that about half of the studied nurses agree that they suffer a high personal life stress at the time of patient death. This finding provided preliminary evidence that the nurses grief affect negatively on their general emotional reaction. [26] Moreover, the current finding demonstrated that nurses experience a variety of job burnout every day, they reported "I feel used up at the end of the workday, I dread getting up in the morning and having to face another day on the job, My work really puts a lot of strain on me,

I feel burned out from my work, My work puts too much stress on me, and I feel I'm working too hard at my job" in a considerable percent. This can be interpreted as nurses have relationships with the patients they care for, but these relationships are not expected to create grief in the nurse when the patient dies because the occupation norms lead to certain expectations within the job. This view supported by Savett [17] who stated that although nurses have written personal narratives illustrating that they feel grief ,their grief often goes unacknowledged because they are not related to those who die may contribute to job burnout " chronic grief". Additionally, hospital-wide support services may not be able to address the emotional needs of nurses that are specific to the units in which they work. [26]

Also in the occupation of nursing, the work environment does not provide the space or time for nurses to attend to their psychological or emotional needs as care providers a matter which increase the job burnout "chronic grief". [17]

The current study findings demonstrated that nurses feel a variety of emotional reaction when a patient dies, about two thirds reported that they sometimes experience signs and symptoms indicates that they experience depression and anxiety, this result may be reflecting the professional socialization of nurses that ties certain emotions to their professional identity as a nurse. This finding was supported by Hinds [28] who reported that a reciprocal relationship between nurses emotional reaction and patient loss and expectations regarding emotion allow individuals to reflect on their emotion within the larger context of society. Feeling agitated emotions, like frustration and anger, may have an impact on how depressed and anxious nurses are after the death of a patient because nurses are not supposed to feel these kinds of emotion at work. [27] Also other research results suggest that all patients are not the same and thus, their deaths do not create the same emotional reaction in nurses. [29]

As the study finding demonstrated, nurses in this study managed their felt emotions when patient dies, about half of them oscillated between suppressing and evoking of their emotion. "Try to control their nonverbal reactions at work after a patient dies", was the most likely emotions to be suppressed, or hidden from others, it reported by more than half of the studied nurses, this results may be interpreting fact of within the profession of nursing, emotional appropriateness has been equated with professionalism and nurses are socialized, both formally and informally, to keep their emotions "in check" at work to perform their role competently as a caregiver within the professional field. This result is supported by Exley [30] who mentioned that managing the felt emotion can be central to maintaining the identities of individuals at work. Nurses manage their grief-related emotion used two types of emotion management suppressing or hiding felt emotion and evoking, or creating an absent emotion. However, managing emotion can be good for employees because it can lead to better work performance, increased job satisfaction, self-esteem and efficacy, and/or decreased stress.[31] This finding also consistent with previous work on emotion management among nurses, it revealed that when nurses are busy at work, they often do not have time to express emotion; in addition the results showed that nurses were more likely to suppress their grief-related emotion as the demands on their time increased. [17] As nurses felt more intense negative or

agitated affect after a patient death, they were more likely to suppress these emotions. [31]

The intensity and duration of grief experiences depend on the extent to which emotion can be freely expressed. [18] Also, managing emotion can lead to strain and distress that contribute to job burnout, depression, and anxiety.[32] The current research findings show that Job burnout /chronic grief was positively and highly correlated with positive grief experience and vice versa, this study finding is supported by Aiken et al., [33] who found that as nurses reported more intense grief, they were more burned out. On the contrary, the present study finding disagrees with Weiss [21] who found that the loss of non-kin relationships in death result in grief rather than burnout. Also, agitated affect was positively correlated with job burnout. [25]

Findings of current study also point to agitation grief experience was positively and significantly correlated with anxiety, emotional management, and negative grief experience. This finding is consistent with Grove [1] who found that the intensity of agitation was significantly positively related to anxiety. Furthermore, Weiss [21] found that as agitation increased, nurses showed higher levels of depressed mood and anxiety, the agitated affect, such as feeling afraid, angry, annoyed, or astonished that were associated with depressed mood and anxiety.

Findings of current study point to a positive and significant correlation was present between nurses' emotional management and agitation. This study finding is in the same line with Aiken et al., [33] who found that when nurses suppressed their grief-related emotion, they were more burned out, showed higher level of agitation and was more anxious. More broadly death is inevitable and grief is the emotional response we have to death. This does not make death or grief bad "things" to be avoided. It simply acknowledges the social nature of relationships and legitimates the emotions we may feel when no one expects us to feel anything.

Conclusions:

Regarding grief experience, the nurses strongly feel tired, tens, and grief; moderately anxious; slightly depressed, and rarely feeling guilty. They experience job burnout and chronic grief as well. As regard emotional reaction, less than half of the studied sample reported that they usually experience "restlessness"**.** Generally: the nurses mutually was used both suppressive and evocative emotion managements.

Recommendations:

- Nurses should be allowed, supported, and encouraged to grieve their patients.
- Examining the grief of nurses longitudinally would further allow researchers to make causal inferences between grief and other variables that influence the experience of grief.
- The hospital need to provide more formal support services to health care professionals when a patient dies.
- Attention to the management of grief-related emotion and the psychological toll it takes on nurses must be addressed if nurses are to remain in their careers long-term.
- Hospitals can make meetings and workshop to allow nurses to express their grief reaction and acquire stress resolution.

Table (1): Nurses personal information and organizational work environment (n=145)

Variable		Frequency	%
▪ **Age in years**	▪ 18-	142	97.9
	▪ 28-	2	1.4
	▪ 38-48	1	.7
	Mean±SD	18.87±4.06	
▪ **Educational qualification**	▪ Secondary nursing education	73	50.3
	▪ Bacuulare of Nursing	54	37.2
	▪ Master degree in nursing	13	9.0
	▪ Doctorate degree in nursing	5	3.4
▪ **Years of experience at work setting**	▪ >1	5	3.4
	▪ 1-	38	26.2
	▪ 5-	49	33.8
	▪ ≥10	53	36.6
	Mean±SD	3.0345±.87729	
▪ **Social support at place of employment after a patient death**	▪ Formal support groups	5	3.4
	▪ Talking with your co-workers	30	20.7
	▪ Stress-reduction workshops	37	25.5
	▪ Debriefing or review of death	41	28.3
	▪ Rotation away from patient care	16	11.0
	▪ Meeting with a social worker/bereavement counselor	1	7
	▪ Talking with your supervisor	5	3.4
	▪ Taking a break to yourself	10	6.9

Table (2): Descriptive Statistics for the Nurses Grief Experience

Item	Never		Slightly		moderately		Strongly	
	No	%	No	%	No	%	No	%
Positive affect								
▪ Calm,Delighted	95	65.5	29	20.0	17	11.7	4	2.8
▪ Happy,Pleased,Glad	98	67.6	25	17.2	17	11.7	5	3.4
▪ Relaxed	98	67.6	36	24.8	8	5.5	3	2.1
▪ At Ease Relieved	79	54.5	41	28.3	18	12.4	7	4.8
▪ Satisfied	64	44.1	43	29.7	20	13.8	18	12.4
Negative affect								
▪ Tense	25	17.2	32	22.1	35	24.1	53	36.6
▪ Grief	23	15.9	23	15.9	47	32.4	52	35.9
▪ Anxious	39	26.9	29	20.0	59	40.7	18	12.4
▪ Depressed	40	27.6	51	35.2	33	22.8	21	14.5
▪ Miserable	47	32.4	47	32.4	39	26.9	12	8.3
▪ Guilty	85	58.6	31	21.4	24	16.6	5	3.4
▪ Tired	32	22.1	19	13.1	40	27.6	54	37.2
Agitated affect								
▪ Afraid, Annoyed	33	22.8	17	11.7	65	44.8	30	20.7
▪ Excited	33	22.8	42	29.0	45	31.0	25	17.2
▪ Aroused	55	37.9	40	27.6	40	27.6	10	6.9
▪ astonished	58	40.0	40	27.6	34	23.4	13	9.0
▪ Frustrated	49	33.8	36	24.8	46	31.7	14	9.7

Table (3): Patient death characteristics and nurse grief

Variable		Frequency	%
▪ **How many deaths of patients that you directly cared for do you experience in a typical month at work?**	▪ No	5	3.4
	▪ <15	111	76.6
	▪ 15-	14	9.7
	▪ 30-	15	10.4
▪ **How long ago did the most recent death of a patient that you directly cared for occur while you were at work?**	▪ >30 days	117	80.7
	▪ 30	22	15.2
	▪ 60-	6	4.1
▪ **characteristics do you recall about the last patient death you experienced**	▪ Patient's age	31	21.4
	▪ Patient's cause of death	25	17.2
	▪ Patient's family members	56	38.6
	▪ Course of treatment	13	9.0
	▪ Action taken in the patient's care	16	11.0
	▪ Others.............	4	2.8

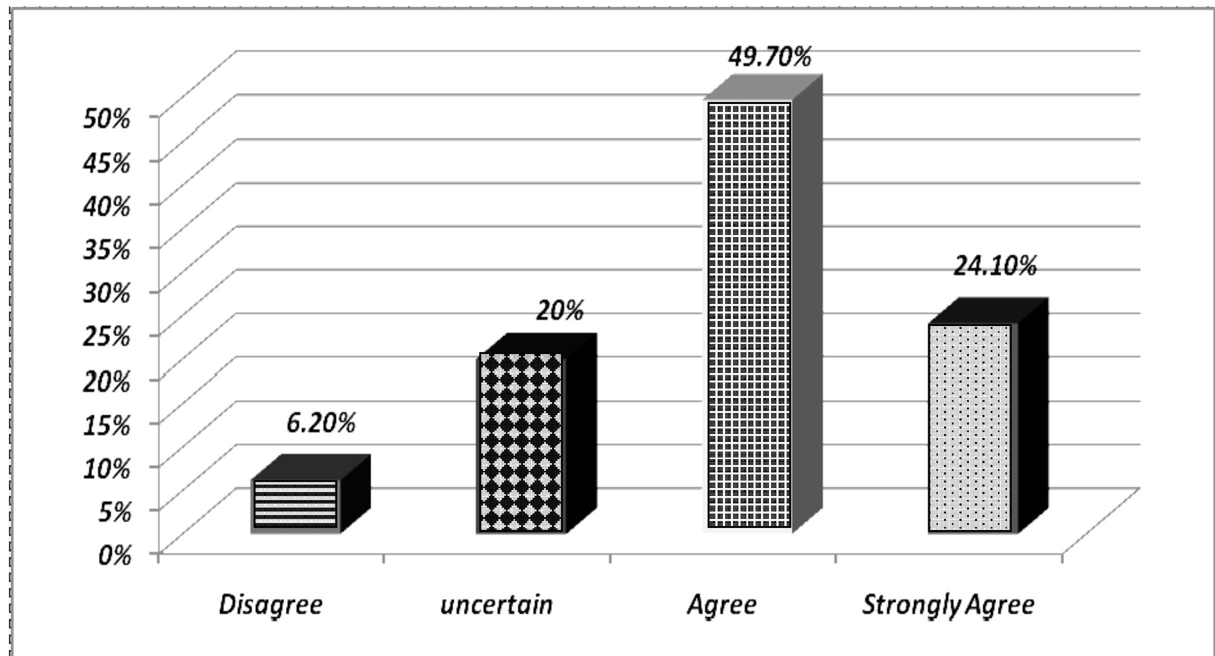

Figure (1): Distribution of the nurses' experience of personal life stress at the time of Patient death

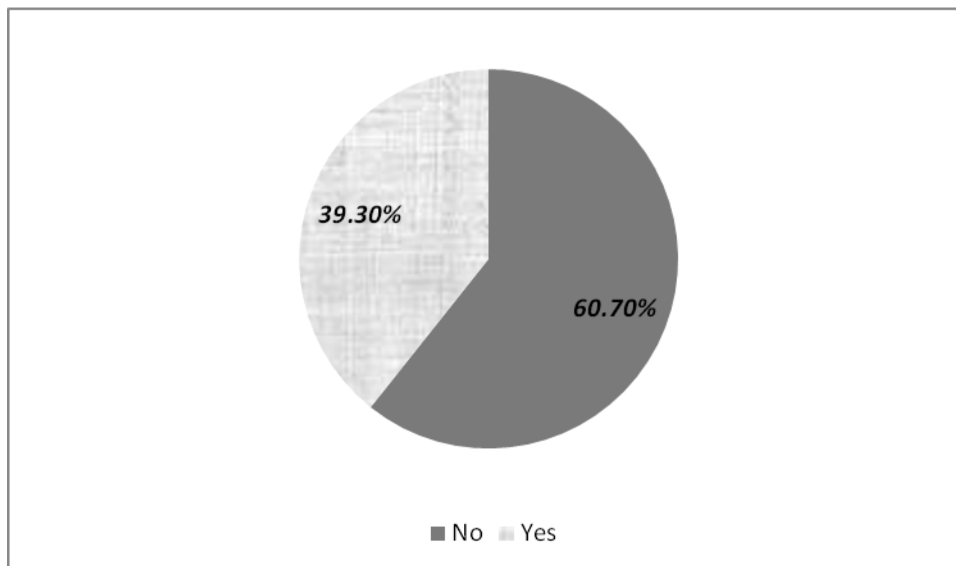

Figure (2): Distribution of the nurses' experiences of losses or death in personal life during the most recent patient death

Table (4): Descriptive Statistics for the job burnout" chronic grief"

Item	Never		less one time/month		one time/ month		Sometimes /month		one time/ week		Sometimes /week		everyday	
	No	**%**	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**	**No**	**%**
▪ I feel emotionally drained from my work	18	12.4	13	9.0	14	9.7	29	20.0	18	12.4	17	11.7	36	24.8
▪ I feel used up at the end of the workday.	5	3.4	5	3.4	8	5.5	17	11.7	13	9.0	25	17.2	72	49.7
▪ I dread getting up in the morning and having to face another day on the job.	11	7.6	7	4.8	6	4.1	12	8.3	7	4.8	29	20.0	73	50.3
▪ My work really puts a lot of strain on me.	9	6.2	1	.7	10	6.9	9	6.2	7	4.8	25	17.2	84	57.9
▪ I feel burned out from my work.	14	9.7	2	1.4	13	9.0	15	10.3	18	12.4	27	18.6	56	38.6
▪ My work puts too much stress on me.	11	7.6	4	2.8	7	4.8	13	9.0	17	11.7	32	22.1	61	42.1
▪ I feel energized by my work.	21	14.5	14	9.7	11	7.6	14	9.7	8	5.5	31	21.4	46	31.7
▪ I feel I'm working too hard at my job	14	9.7	7	4.8	8	5.5	11	7.6	10	6.9	25	17.2	70	48.3

Table (5): Descriptive Statistics for the nurses emotional reaction when a patient dies

Item	Never		rarely		Sometimes		usually	
	No	%	No	%	No	%	No	%
▪ **Depression**								
▪ Become bothered by things that don't usually bother you	39	26.9	63	43.4	13	9.0	30	20.7
▪ Not felt like eating or you had a poor appetite	36	24.8	56	38.6	14	9.7	39	26.9
▪ Had trouble keeping your mind on what you were doing?	31	21.4	66	45.5	22	15.2	26	17.9
▪ Felt depressed?	35	24.1	63	43.4	21	14.5	26	17.9
▪ Felt that everything you did was an effort	17	11.7	58	40.0	28	19.3	42	29.0
▪ Slept restlessly?	18	12.4	53	36.6	33	22.8	41	28.3
▪ Felt that people were unfriendly	28	19.3	61	42.1	40	27.6	16	11.0
▪ Had crying spells?	77	53.1	52	35.9	7	4.8	9	6.2
▪ Felt sad?	35	24.1	58	40.0	33	22.8	19	13.1
▪ Felt that people disliked you?	53	36.6	59	40.7	22	15.2	11	7.6
▪ Not seemed to be able to "get going"?	39	26.9	63	43.4	21	14.5	22	15.2
▪ Felt that you could not shake the blues even with help from family and friends?	88	60.7	45	31.0	6	4.1	6	4.1
▪ Thought your life had been a failure?	28	19.3	51	35.2	32	22.1	34	23.4
▪ Felt fearful?	28	19.3	60	41.4	22	15.2	35	24.1
▪ Talked less than usual?	90	62.1	31	21.4	15	10.3	9	6.2
▪ **Anxiety**								
▪ Suddenly scared for no reason	44	30.3	59	40.7	20	13.8	22	15.2
▪ Feeling fearful	75	51.7	32	22.1	33	22.8	5	3.4
▪ Faint, dizzy, or weak	36	24.8	72	49.7	29	20.0	8	5.5
▪ Nervousness or shakiness inside	50	34.5	47	32.4	30	20.7	18	12.4
▪ Heart pounding or racing	25	17.2	36	24.8	43	29.7	41	28.3
▪ Trembling	57	39.3	32	22.1	30	20.7	26	17.9
▪ Feeling tense or keyed up	72	49.7	36	24.8	28	19.3	9	6.2
▪ Headaches	37	25.5	40	27.6	36	24.8	32	22.1
▪ Restlessness; can't sit still	19	13.1	33	22.8	30	20.7	63	43.4

Table (6): Descriptive Statistics for the nurses management of emotion

Item	Never		Rarely		Sometimes		Usually	
	No	%	No	%	No	%	No	%
▪ How often do you deny, ignore, or cover up feelings of grief at work over a patients' death?	80	55.2	18	12.4	26	17.9	21	14.5
▪ How often do you pretend to be more affected by a patients' death at work than you actually feel?	93	64.1	17	11.7	26	17.9	9	6.2
▪ How often do you conceal true feelings of grief at work from co-workers?	49	33.8	39	26.9	41	28.3	16	11.0
▪ How often do you pretend to be unaffected by a patients' death while at work?	70	48.3	36	24.8	31	21.4	8	5.5
▪ How often do you try to look sad or upset at work when interacting with a patients' family after a death?	63	43.4	16	11.0	39	26.9	27	18.6
▪ How often do you try to control what you say at work after a patient dies?	20	13.8	16	11.0	34	23.4	75	51.7
▪ How often do you try to control your nonverbal reactions at work after a patient dies?	14	9.7	16	11.0	29	20.0	86	59.3
▪ How often do you try to control your feelings at work so that nobody knows how you really feel after a patient dies?	27	18.6	22	15.2	63	43.4	33	22.8
▪ How often do you try to look sad or upset at work when interacting with your needed co-workers after a death?	61	42.1	25	17.2	48	33.1	11	7.6
▪ How often do you try to hide your feelings at work so that nobody knows?	42	29.0	34	23.4	59	40.7	10	6.9
▪ How often have feelings over the death of a patient made you feel like you needed to change where you worked (i.e. units/clinical settings)?	32	22.1	21	14.5	47	32.4	45	31.0
▪ How often have feelings over the death of a patient made you feel like you needed to change your career choice?	40	27.6	23	15.9	49	33.8	33	22.8

Table (7): Correlation matrix of Job burn/chronic grief, emotional reaction (depression &anxiety), emotional management, and grief experience (agitation, negative, positive)

Items		Job burn/ chronic grief	Emotional reaction (depression)	Emotional reaction (anxiety)	Emotional management	Grief experience (agitation)	Grief experience (negative)	Grief experience (positive)
▪ Job burn/chronic grief	R		.073	.090	.045	.151	.125	.402(**)
	p-value		.382	.284	.592	.069	.135	.000
▪ Emotional reaction (depression)	R	.073		.457(**)	.108	-.017	.051	.099
	p-value	.382		.000	.197	.839	.543	.236
▪ Emotional reaction (anxiety)	R	.090	.457(**)		.148	.169(*)	.102	.021
	p-value	.284	.000		.076	.042	.222	.798
▪ Emotional management	R	.045	.108	.148		.287(**)	.136	.016
	p-value	.592	.197	.076		.000	.104	.846
▪ Grief experience (agitation)	R	.151	-.017	.169(*)	.287(**)		.470(**)	.025
	p-value	.069	.839	.042	.000		.000	.767
▪ Grief experience (negative)	R	.125	.051	.102	.136	.470(**)		-.018
	p-value	.135	.543	.222	.104	.000		.827
▪ Grief experience (positive)	R	.402(**)	.099	.021	.016	.025	-.018	
	p-value	.000	.236	.798	.846	.767	.827	

*** Correlation is significant at the 0.01 level (2-tailed) * Correlation is significant at the 0.05 level (2-tailed)*

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