



MONASH
University

EXPLORING GRIEF IN AUSTRALIAN PAEDIATRIC NURSES

EXPERIENCES, IMPACTS AND UTILISATION OF
SUPPORT STRATEGIES

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BACKGROUND

Paediatric palliative and **End-of-Life (EOL)** care involves extended periods of interaction with patients and families enduring significant suffering.

Paediatric palliative nurses at EOL care:



often suppress their emotional reactions to loss, leading to **disenfranchised grief**.



engage in a variety of **coping strategies**, including accessing institutional support.



RESEARCH AIM

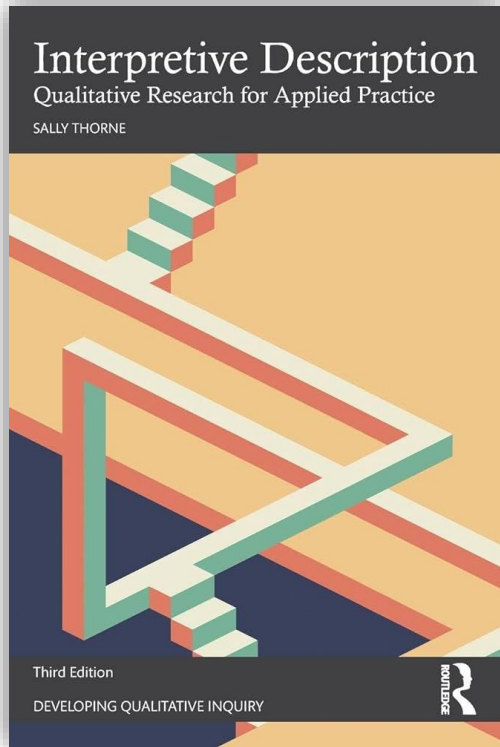


To explore the **experiences** of grief among Australian paediatric nurses involved in palliative and end-of-life care, the perceived **impact of grief** on professional practice, and the **utilisation of support strategies**.



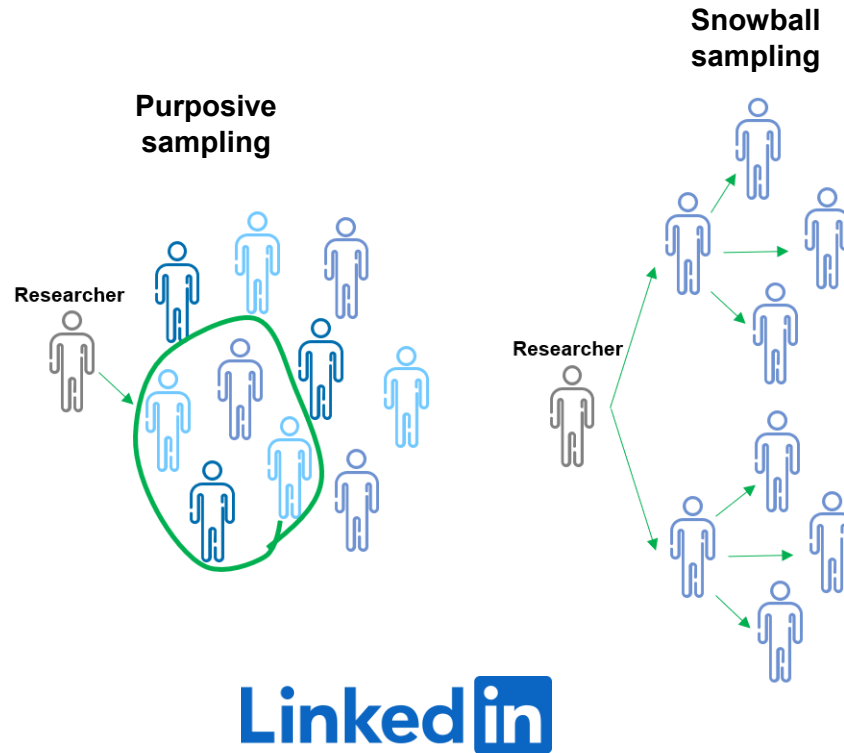
METHODOLOGY: Data Collection

Design



Interpretive Description (ID)
qualitative study (Thorne, 1997)

Participant Recruitment



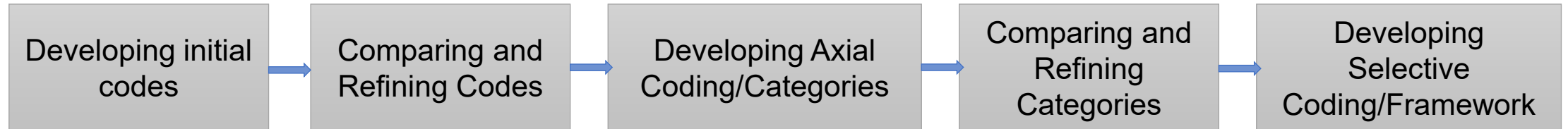
Data Collection



Semi-structured and in-
depth interview

METHODOLOGY: Data Analysis

➔ **Constant comparative method (Glaser & Strauss, 1965) for inductive and iterative coding and theme development**



➔ **Interview transcripts were analysed using the Microsoft Word table and a mind map of codes and themes**

➔ **Study Rigour (Burdine & Thorne, 2021):**

1. Reflexivity (e.g. journaling)
2. Independent scrutiny (e.g. supervisory meeting)
3. Audit trail (e.g. meeting notes)

Findings: Participant Demographic



10 completed interviews with registered nurses (RN)



All participants were **female**



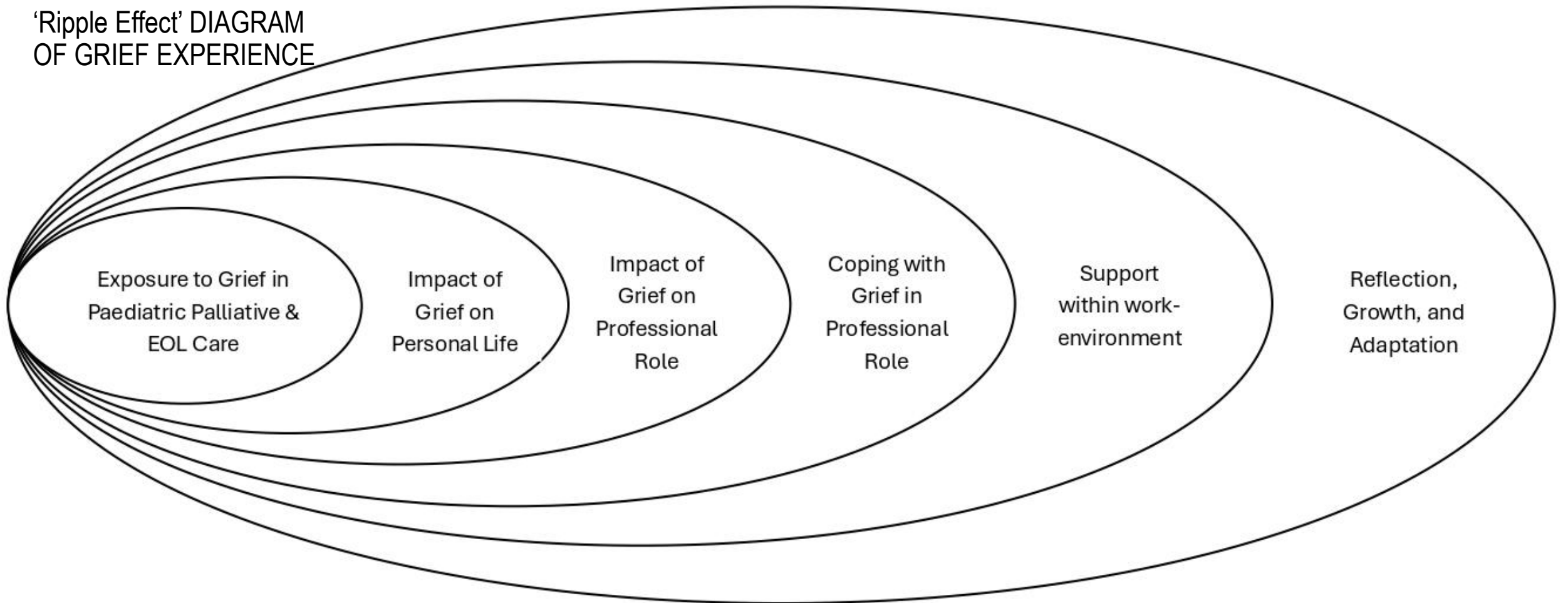
Nursing experiences between **5 to 22 years**



Healthcare settings ranged from paediatric hospice care to the Paediatric Intensive Care Unit (PICU) in tertiary hospitals in Australia

FINDINGS

'Ripple Effect' DIAGRAM OF GRIEF EXPERIENCE



“Ripple Effect: the continuing and spreading results of an event or action.” (Cambridge Dictionary)

THEMES

1. Exposure to Grief in Paediatric Palliative & EOL Care

*“You're just literally with a family whose world has been ripped apart... There's so much emotion. It's just **devastating** to watch and to be **witness** to that, no matter if you have that real connection or not, it's always impacting you” (P2)*



THEMES

2. Impact of Grief on Personal Life



*“..it will then show **in other areas** of my life.. a little more **dysregulated..** more emotional in areas that could just be my **personal life..** not realising that it’s actually linked back to work.” (P9)*

THEMES

3. Impact of Grief on Professional Role

*“Instead of feeling the grief you normally would and being as **empathetic** to the family as you might want to be, you just **did not quite have enough to give..**”*

(P5)



THEMES

4. Coping Strategies for Survival

Avoidant Coping

*"I was pretty cold-hearted and shut off because I had to be in order to survive... **harden up or get out**—that's what we were taught.." (P10).*



*"I am not sick, I do not want to **waste my sick leave**" (P8)*

Constructive Coping



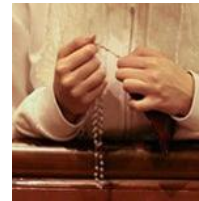
*"..I try to **compartmentalise** it and remind myself that **I did the best** I possibly could for my patient... I kept the child comfortable and supported the family in the **best way we could**." (P7).*



*"My **family** has always been there for support.." (P7)*



*"..go out in **nature**. I find going for walks are really helpful." (P2)*



*"I'm going to Catholic Church.. I always find that bit of a **closure** for me.. around the grief and the loss." (P4)*

THEMES

5. Support within work-environment

*"I work with great great **teams**.. we just support each other." (P4)*

*"I had a really great support network of **colleagues**." (P1)*

*"The **manager** offered to drive us home.. It was all very **supportive** and genuinely **caring**" (P5)*

*"It was really nice. Just to feel a bit **validated** by the doctors and have a big group **debrief**." (P9)*

*"we do like a **reflective space** basically once a week.." (P2)*

*"We always run a **debrief** at work.. really helps to clinically **unpack** some of the information" (P7)*



THEMES

5. Support within work-environment



Challenges

*“But the **relationship** between the staff and the EAP facilitator sometimes **isn't there**.. do I trust this person, am I allowed to tell them this..” (P6)*

*“..I find that whole process very tick box, very **rehearsed**..” (P10)*

*“..people can get complacent, as in managers. They might just think, well, this is the work we do. So just **get over it**..” (P2)*

DISCUSSION

Experiencing the weight of grief

- Nurses in paediatric palliative and EOL Care experience:
- Emotional connections with the patient and managing expectations of 'death'
 - Vulnerability to compassion fatigue and burnout

Grief → occupational hazard

Navigating professional challenges

- No 'one-size-fits-all' support
- Compassionate leadership and peer support → key in creating a work environment that is psychologically safe for nurses to be vulnerable.

Goal: How to deliver the support effectively?

Transforming through reflection

- Nurses find meaning and growth through their grief experience → Dual Process Model (Stroebe & Schut, 1999) & Meaning-Making Theory (Neimeyer, 2006).
- Death as a source of learning and reflection → Post-Traumatic Growth (Tedeschi, 2018)

Goal: How can we support nurses to find growth in grief?

CONCLUSION

1. Lived grief experience forms a ripple effect throughout nurses' personal and professional lives, yet unrecognised as an occupational hazard

2. Compassionate, context-sensitive leadership is key to support psychologically safe work environments for grief expression and processing.

3. Calls for future studies to explore training and education on nurses' grief, reflection, and emotional regulation, and co-design an effective grief support mechanism from the leadership and frontline perspectives.



“You do not get to realise how much love you have until you grieve. I have been able to grieve for people I loved, including those children, and that has shown me that I did love them and that I do love dearly.”

(P10)

THANK YOU

