

Strategies for Teaching Loss, Grief, and Bereavement

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In the last 5 years, numerous projects have been initiated throughout the United States intended to improve end-of-life care, as well as promoting a peaceful, respectful death. Millions of dollars in funding have been awarded by the Soros Foundation and the Robert Wood Johnson Foundation to facilitate the actualization of these goals. The wide range of projects that they have funded places them as national leaders in the development of educational tools for health professionals regarding the provision of competent end-of-life care.

The End of Life Nursing Education Consortium (ELNEC) is a 3-million dollar project funded by the Robert Wood Johnson Foundation to investigators at the City of Hope Medical Center in collaboration with the American Association of Colleges of Nursing. This consortium of nursing organizations ensures that the ELNEC project brings together important nursing constituencies and expert clinicians and educators in palliative/hospice care to develop a curriculum to improve nursing care at the end of life. The ELNEC curriculum was developed through the work of project consultants with extensive input from the Advisory Board and reviewers. It was developed as a "Train the Trainers" course, with the intention that those trained in the ELNEC curriculum would be vital forces in its dissemination in undergraduate nursing and continuing education programs.

Over a 3-day program, 9 modules were presented in didactic and interactive learning training sessions. The topics of the 9 modules address the critical aspects of end-of-life care, as follows:

- Module 1: Nursing Care at the End of Life;
- Module 2: Pain Management;
- Module 3: Symptom Management;
- Module 4: Ethical/Legal Issues;

Teaching loss, grief, and bereavement to nursing students should be an interactive process to stimulate critical thinking and address the affective domain of learning. Lecture as a teaching methodology may be the easiest to prepare and deliver; however, used alone, it is ineffective in identifying perceptions, fears, and issues related to dying and death. Personal and professional experiences of loss, grief, and bereavement are central to student's learning of effective and compassionate care of the dying patient and their family. Strategies that explore such experiences allow students to move forward and focus on the cognitive retention of content related to loss, grief, and bereavement, as well as the ability to learn related psychomotor skills. The authors discuss pedagogical methods for teaching student nurses about loss, grief, and bereavement utilizing the End of Life Nursing Education Consortium (ELNEC) curriculum training materials.

- Module 5: Cultural Considerations in End of Life Care;
- Module 6: Communication;
- Module 7: Grief, Loss, Bereavement;
- Module 8: Preparation and Care for the Time of Death; and
- Module 9: Achieving Quality Care at the End of Life.

The ELNEC curriculum also includes several common threads integrated throughout all of the modules. The themes are as follows: the family as the unit of care; the important role of the nurse as advocate; the importance of culture as an influence at the end of life; the critical need for attention to special populations such as children, the elderly, the poor, and the uninsured; end-of-life issues impact all systems of care across all settings; critical financial issues influence end-of-life care; end-of-life care is not confined only to cancer or AIDS, but

rather is essential across all life-threatening illnesses and in cases of sudden death; and interdisciplinary care is essential for quality care at the end of life.

This article presents some of the strategies and resources to teach the ELNEC module entitled *Grief, Loss, and Bereavement*. This module addresses the challenging aspects of loss, grief, and bereavement of pa-

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tients and their families, as well as the loss experiences of nurses themselves. The 3 key messages that should be communicated to learners are as follows: (1) Even with the provision of excellent palliative care, losses—of one's own life, or that of a loved one—create intense grief. (2) Palliative care can facilitate adaptation to loss and greatly relieve distress and suffering. (3) Nurses also require support for their own grief in caring for the terminally ill. The objectives for this module are that participants will define loss, mourning, grief, and bereavement; distinguish between anticipatory grief, normal grief, complicated grief, and disenfranchised grief; describe the tasks of grief and list factors that may significantly affect the grief process; provide interventions that may be appropriate to facilitate normal grief; define personal death awareness and cumulative loss associated with professional caregiving; and identify systems of support the nurse can access to assist in coping with death anxiety and loss. This article includes pedagogical techniques and key content areas (Figure 1) for including the development of coping and support skills for loss, grief, and bereavement in the undergraduate nursing curriculum.

Loss, Grief, and Bereavement Competencies in Nursing Education

Loss, grief, and bereavement can affect the patient, family, and nurse. Each survivor and professional caregiver experiences grief in their own way, and with their own coping skills. Grief is experienced within the context of the individual's cultural norms, belief systems, faith systems, and life experiences, and affects survivors physically, psychologically, socially, and spiritually.¹

The American society is a death-denying society. As such, Americans often deny the need to express grief and feel the pain that accompanies a loss, which are both beneficial to healing. The nurse's role includes facilitating the grief process by assessing grief and assisting the survivor to feel and express the loss, and complete the tasks of the grief process.

<p>Grief, Loss, and Bereavement Module Content</p> <p>Introduction</p> <p>1. Patient, family, and nurse</p> <p>2. Nurse's role</p> <p>The Grief Process</p> <p>1. The process</p> <p>2. Loss, mourning, grief and bereavement</p> <p>a. Loss</p> <p>b. Mourning</p> <p>c. Grief</p> <p>d. Bereavement</p> <p>e. Cultural considerations</p> <p>3. Types of grief</p> <p>a. Anticipatory grief</p> <p>b. Normal grief</p> <p>c. Complicated grief</p> <p>i. Types</p> <p>ii. Risk factors</p> <p>iii. Complicated reactions</p> <p>1. Disenfranchised grief</p> <p>2. Children's grief</p> <p>a. Based on age and developmental level</p> <p>b. Symptoms of grief in younger children</p> <p>c. Symptoms of grief in older children</p> <p>i. Stages and tasks of grief</p> <p>ii. Factors affecting the grief process</p> <p>Grief Assessment</p> <p>1. Who</p> <p>2. When</p> <p>3. Nursing assessment of grief</p> <p>a. Type of grief</p> <p>b. Grief reactions</p> <p>c. Stages and tasks of grief</p> <p>d. Factors that affect the grief process</p> <p>e. Assessment</p> <p>f. Bereavement assistance</p> <p>Bereavement Interventions</p> <p>1. Plan of care</p> <p>2. Attitude</p> <p>3. Cultural practices</p> <p>4. What to say</p> <p>5. Anticipatory grief</p> <p>a. Emotional support</p> <p>b. Encourage verbalization</p> <p>c. Assist with role change, education and/or resources</p> <p>d. Encourage life review</p> <p>e. Educate the patient/family about dying process</p> <p>f. Encourage patient/family to complete unfinished business</p> <p>g. Provide presence, active listening, touch and reassurance</p> <p>h. Decrease sense of loss</p> <p>6. Grief interventions</p> <p>a. Presence, active listening, touch, silence</p> <p>b. Identify and facilitate support systems</p> <p>c. Use of bereavement specialists, bereavement resources</p> <p>d. Normalizing grief process and individual differences</p> <p>e. Actualizing the loss and facilitating living without the deceased</p> <p>f. Identifying and expressing feelings</p> <p>g. Disenfranchised grief-acknowledgment</p> <p>h. Public funerals, memorial services, rites, rituals and traditions; private rituals</p> <p>i. Spiritual care</p> <p>j. Identifying need for additional assistance and making referrals</p> <p>7. Bereavement interventions for children and parents</p> <p>8. Completion of the grieving process</p>
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Figure 1. Grief, Loss, and Bereavement Module Content.

(Continues)

Nurses should utilize an interdisciplinary team (nurses, social workers, volunteers, grief and bereavement counselors, physician) to facilitate the

grief process of patients experiencing life-limiting illness as well as that of their family. Each discipline can contribute expertise to the plan of care

The Nurse: Death Anxiety, Cumulative Loss, Grief

- 1. Death anxiety**
 - 2. Defenses**
 - 3. Personal death awareness**
 - 4. Cumulative loss**
 - 5. Stages of adaptation for the nurse**
 - 6. Factors influencing the nurse's adaptation process**
 - a. Professional training
 - b. Personal death history
 - c. Life changes
 - d. Support systems
 - 7. System of support**
 - a. Balance
 - b. Assessing support systems
 - c. Formal support systems
 - d. Preplanned gatherings
 - e. Postclinical debriefing
 - f. Ceremonies, programs
 - g. Informal support
 - h. Instructor support
 - i. Spiritual support
 - j. Education
 - k. Individual facilitated support
 - i. Acknowledge limitations
 - ii. Ask for help
 - iii. Journal writing
 - iv. Exercise
 - v. Relaxation
 - vi. Socialization
 - vii. Hobbies
 - viii. Play
- Conclusion**

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Figure 1. (Continued) Grief, Loss, and Bereavement Module Content.

for those experiencing grief and bereavement.

The definitions, assessment, and interventions related to loss, grief, mourning, and bereavement are fundamental in most nursing curricula and comprehensively outlined in this ELNEC module (Figure 1). Although these foundations are at least minimally laid in most undergraduate nursing curricula, the issues of death anxiety, grief, and cumulative losses experienced by nurses throughout their careers should also be addressed; they are the focus of this article. In most healthcare settings, nurses care for patients with life-threatening illnesses and experience the death of many patients over the course of their professional careers. Working with dying patients can trigger the student's awareness of personal losses and fears about their own death and mortality. Death anxiety can occur when the student nurse is confronted with their fears about death and has few re-

sources or support systems to explore and express thoughts and emotions about dying and death.²

When overwhelmed by death anxieties, the student may use defenses to allay fears, including focusing only on physical care needs of their patients, evading emotionally sensitive conversations with patients and families, speaking only when spoken to by patients, and talking only about topics that are comfortable for them. These behaviors result in emotional distancing, avoidance, and withdrawal from dying patients and their families at a time when patients at the end of life need intensive interpersonal care and active involvement from their nurse. Student nurses should have educational opportunities where they become aware of their own feelings, responses, and reactions to death so they can provide touch; convey caring, acceptance, and respect for patients and families; and communicate effectively.³

Cumulative loss is a succession of losses experienced by nurses who work with patients with life-threatening illnesses and their families, often on a daily basis. Nurses can experience anticipatory and normal grief before and after the death of a patient. Not only is loss painful, but when the nurse is exposed to death frequently, he/she may not have time to resolve the grief issues of one patient before another patient dies. Nurses new to working with dying patients need to be emotionally and spiritually adept at caring for the terminally ill.⁴

According to Vachon,⁴ there are 4 primary factors that influence the nurse's emotional and spiritual reformation in providing competent nursing care to terminally ill patients. First, the educational process influences early professional development socialization. In the past, healthcare professionals were often told to control emotions and to distance themselves emotionally from patients and families. As educators, we must help our students to realize that patients at the end of life require intense interpersonal involvement and compassionate care. Verbalizing feelings and expressing emotions helps the nurse process loss and grief and provide quality care at the end of life.

Second, the students' past experiences with death on a personal and/or professional level and possible unresolved grief issues can influence their professional ability to cope with the care of dying patients and their families. Third, the student nurse should be aware of anticipated and ongoing changes in their lives. Life changes may include a death in the family, caring for elder parents, separation from loved ones, children leaving home, divorce, and illness. These changes may signify losses, trigger grief responses, and make it difficult for them to provide effective and compassionate end-of-life care. Lastly, the presence or absence of support systems can influence the students' ability to move through the stages of adaptation. Emotional supports provided by peers, family, coworkers, and instructors greatly increase the capacity to adapt to and cope with the care of the dying patient and their family and the resulting bereavement issues.

Teaching and Support Strategies

Consequently, faculty should incorporate strategies necessary to develop a system of support as a part of professional role development. These strategies include finding balance, development of support systems, and education in end-of-life care. Balance is the ability to find equilibrium between the stresses of providing compassionate, quality care to dying patients and their families, and finding the personal satisfaction and rewards in this work. The purpose of a system of support is to reduce the effects of death anxiety and cumulative loss by assisting the student nurse in exploring and expressing feelings associated with anxiety, loss, and the grief experienced when caring for dying patients and their families.⁴

Utilization of formal support systems can include preplanned gatherings where students can express feelings in a safe environment. Post-clinical debriefing after the death can help relieve anxieties by allowing the student to relate the emotion to the experience and explore and express feelings related to dying and death. Ceremonies and programs to acknowledge and express grief, such as planned memorial services for all patients who have died, are formal support rituals that the student nurse can share, not only with each other, but also with the professional nursing staff and bereaved family members.

Informal support is one-to-one sharing of experiences with the nursing staff, peers, instructor, pastoral care workers, and physicians. Instructor support occurs via the presence of a supervisor, mentor, or faculty during the care of the dying, when a family member visits, and/or at the time of the patient's death. This supportive presence can greatly decrease anxiety and provide immense support to the student nurse; the student will often find comfort in knowing she/he is not alone. Spiritual support from pastoral care workers and/or spiritual advisors can assist the student in spiritual reflection, exploration, and spiritual replenishment. Failure to effectively support a student's grieving can be a factor in attrition. Lastly, student nurses cannot practice what they do not know;

knowledge and skills in end-of-life care promote competence and self-confidence, which decreases anxiety in caring for patients at the end of life and supports them through the process of loss, grief, and bereavement.

Recognizing the cultural, educational, and age diversity of nursing students, and modeling compassionate care are vital to the success of learning experiences. The didactic and experiential presentation of the ELNEC teaching materials is augmented with literature, exemplars, and case studies. As faculty, our experience has taught us that experiential learning and role modeling are equally as important as the didactic content that is presented.

At the very start of the ELNEC educational session, participants are reminded that there will always be someone in their audience who has experienced a recent death and/or may have unresolved grief issues. To illustrate, participants are asked to raise their hands in response to a series of questions (with the option of participating or not). These questions include whether they have lost a close friend or family member to death, how long ago this death was, how many are experiencing an anniversary of the death, and how many were taught in their basic educational program about the grief process.

Throughout the didactic presentation various teaching strategies are utilized. During the discussion about children's grief, *The Fall of Freddie the Leaf* by Leo Buscaglia⁵ is read, starting from the section about "fall" to the end of the story. This story can raise strong emotional reactions in learners, and faculty should be prepared to support students who have an emotional response to the story.

When the focus of the content turns to the nurse's grief and bereavement issues, interventions for faculty to help the beginning nursing student process these feelings is discussed. Figure 2 offers specific suggestions that faculty can use to support the student through the learning process.

Cumulative loss exercises may provide exploration and expression of the feelings associated with loss and grief. A loss exercise (Figure 3) can be a powerful methodology to assist the participant in identifying these feel-

ings and evoke compassion and empathy for those who have experienced loss. In a loss exercise, participants are asked to identify and make a list of things, people, hobbies, body parts, and/or values that are important to them. Then, a scenario of a patient with a life-limiting illness is read. At intervals when the patient experiences decline, the participant is asked to cross out several items, eventually leaving them with nothing on the page. It is important for a discussion session to follow this exercise. In small groups, students should be asked to try to get in touch with their most predominant feelings during the exercise. What was it like to have to select and cross off items? What did they cross out first? Last? Was it harder to cross out as they went through the exercise, or did they give up? Even though this is a paper-and-pencil exercise related to loss, students conceptually experience loss as it relates to them and can better connect with their patient's experiences.

The loss history and the loss exercise can trigger emotions in participants and memory of resolved, unresolved, or imagined losses. Adults tend to prefer an informal, nonthreatening learning environment, and sometimes loss exercises can be threatening. It is crucial that a qualified leader with strong grief and bereavement background and group process skills facilitate this exercise to minimize associated threats. These exercises should be introduced to participants with an understanding of the responses that might be felt, and with the knowledge that someone will support them if needed. Adequate debriefing of thoughts, feelings, and attitudes should also be done after completion of the exercise.

Case studies provide a more complex learning experience; they can involve patient, family, or survivor grief and bereavement-related scenarios. The participant can be asked to do a bereavement assessment, identify signs and symptoms of anticipatory grief, describe losses experienced by a patient, discuss bereavement interventions, and/or determine normal versus complicated survivor grief reactions. A case study allows the educator to stimulate critical thinking, match the case to the

Student nurses need support when patients are imminently dying, at the time of death, and after the death. The following suggestions may help to provide experiences to support them.

- Knowledge about end-of-life care and what to expect during the dying process can promote confidence and decrease anxiety when caring for a dying patient. Instruct students on the physical, psychosocial, and spiritual signs and symptoms of the dying process, common questions asked by patients and families, signs of death, and postmortem care procedures. Provide practice, preferably through role-play, regarding “what to say” to a dying patient and/or the patient’s family.
- Encourage the student to ask questions at any time.
- The student may fear being alone with a dying or dead patient. Students may fear not knowing what to do or be concerned about how they will react. Provide reassurance that someone is always available. Simply knowing they are not alone can be enough support. The presence of the preceptor, mentor, or pairing with another student in the care of the dying can also greatly decrease fear and anxiety.
- The student may feel as though he/she does not have the expertise to meet the needs of a dying patient. Encourage the student to ask for help as needed. Offer and encourage the support of other members of the team, including the social worker, spiritual care provider, and/or volunteer.
- The student’s first experience of the death of a patient and subsequent exposure to dying and death can provoke deep emotion. Provide presence and active listening before, during, and after the death of the patient.
- Allow time for postclinical debriefing to assist the students in exploration and expression of feelings of anxiety, loss, and grief. Be sensitive to the student’s need to tell the story of the death and express feelings related to the experience.
- Give the student the opportunity to experience and express feelings about the death in his/her own way. Follow the student’s lead in providing presence after the death. The student may choose to participate in group discussion, one-on-one discussion with a preceptor, a peer, mentor, and/or spiritual care provider, and/or choose self-reflection.
- Remember that tears can be a normal, nonverbal expression of feelings related to loss. Providing a private place for students to cry may be helpful.
- Plan activities that can assist the student in expression of loss and grief. Activities can include creating and taking part in a ceremony/memorial service for patients who have died in their care and/or journaling reactions and feelings about the death of a patient.

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Figure 2. End-of-Life Nursing Education Consortium (ELNEC) Grief and Bereavement Suggestions for Support.

goals of the training, and provide a controlled environment in which the participant can practice skills learned.

One case study presented in the ELNEC module is about Brenda, a 14-year-old girl who was baby-sitting her

3-year-old brother while her parents attended a church function. Brenda discovered her brother had gone outside and crossed the street, where he was petting a neighbor’s dog. Brenda ran across the street to get him, and

was hit by a truck; she was thrown 100 yards and sustained multiple fractures, head injury, and extensive internal injuries. Her parents were informed on arrival at the ER that her chances for survival were extremely low. She was taken to the operating room, but after 3 hours of surgery with uncontrollable bleeding and several resuscitation attempts, she died in the operating room. Discussion questions for this case study are as follows: How is grief from this sudden death likely to differ from grief over a death resulting from chronic illness? What communication strategies would be helpful with her parents on their arrival at the ER? While she is in surgery? At the time of her death? What care could be provided to this family to facilitate their immediate and long-term grief?

Storytelling, testimonials, poetry, and pictures can also be used as affective-type teaching methodologies. Patient stories related to anticipatory grief and loss and survivor testimonials about how they felt at various stages in the grief process are helpful to learners, evoking emotional responses and a connection to real patients and survivors. Stories and testimonials can be delivered via readings and videos. Poetry has the added benefit of encouraging self-reflection and promoting critical thinking through analysis of the poem. Pictures of those experiencing grief can be powerful alone, and showing a picture followed by group discussion can stimulate critical thinking. Facilitated discussion might include asking the group what they think the person is feeling; this can be a teaching strategy for nonverbal communication related to grief assessment.

Teaching methodologies related to grief and bereavement can be used in preceptor/mentor programs and the development of clinical competency. In the clinical setting, the learner can practice facilitating the grief process, complete a grief and bereavement assessment with a survivor, and sit in or participate in a support group. Clinical competencies allow learners to gain knowledge in the real work setting, at their own pace and independently. Although these methods are best paired with other classroom-based methodolo-

First, list...

- your 5 most prized possessions (material things)
- your 5 favorite activities
- your 5 most valuable body parts
- the 5 values that are most important to you
- the 5 people whom you love the most

Next, as I tell you this story, cross out as many items on your list as I tell you.

Imagine it is a lovely spring day-you know the kind, one of the first days when the snow has melted and the flowers are blooming up north or down here the temperatures are comfortable and the birds are singing. You are young and successful and happy with your life. You step in the shower anxious to get on with the day. While you soap yourself you discover a small lump on your neck and another in your breast.

Cross Out Two Items

Probably swollen glands from your recent cold (premenstrual changes) you think, and ignore it and go on with your life. Two and one-half weeks later it is still there.

Cross Out Two Items

Probably cold returning-you've been busy, not resting. You've had cystic breasts, you rationalize, and life goes on; but, something keeps nagging at you so you make an appointment to see your doctor.

Cross Out One Item

The doctor, after examining you and ordering a mammogram, says, "I'm sure it's nothing but I'd like to biopsy it just in case, so we'll schedule you for surgery the end of the week."

Cross Out Three Items

You decide to have a biopsy (frozen section) done, and to go ahead with a mastectomy if the lump is malignant (though everyone assures you that it is not).

Cross Out Two Items

You pull your way up through the fog in the recovery room and feel the mass of bandages on your chest. Your worst fears have been confirmed!

Cross Out Four Items

You recover and have radiation treatment, just in case.

Cross Out Two Items

Slowly you recover your strength and life returns to normal-almost. It is spring again, 2 years later. You have a cold. You ignore it as usual but it doesn't go away; one morning, to your surprise, you find it difficult to breathe.

Cross Out Two Items

Lung metastasis. You feel your world turn upside down again. That wonderful defense mechanism of denial must be let go. You begin chemotherapy and are very sick, weak, and angry. You lash out at your family, doctors, and friends. You want to live but you cannot eat.

Cross Out Two Items

One morning you do not have enough energy to sit in a chair; the doctor tells you the chemotherapy is not working and he wants to stop it.

Cross Out Three Items

It seems like life goes on around you in slow motion. Days and nights blur. How odd you think, staring at your bony hand, as your body deteriorates your spirit seems to be withdrawing also. You wonder if it's the pain medication or if it's the first taste of death, but you do not have the energy to ask anyone.

Cross Out The Last Two Items

Figure 3. Loss Exercise. Reprinted with permission from Fauser M, Lo K, Kelly R, Trainer Certification Program [Manual]. Largo, FL: The Hospice Institute of the Florida Suncoast, 1996.

gies, they are valuable because they allow for skill practice in the best learning environment: the real world.

Conclusion

As of July 2002, 646 nursing faculty participants and 277 continuing education faculty received ELNEC training during a total of 10 courses. The in-

structive and practical presentation of the teaching materials related to loss, grief, and bereavement was augmented with literature, assessment techniques, and case studies. Personal and professional experiences of loss, grief, and bereavement are central to student nurses' learning of effective and compassionate care of the dying patient and their family. Strategies that

explore such experiences allow participants to move forward and focus on the cognitive retention of content related to loss, grief, and bereavement, as well as the ability to learn related psychomotor skills.

Nursing care and responsibilities to the dying patient and their family do not end with the death of the patient. Potential loss and grief issues should be assessed upon admission of the patient, and bereavement care should continue after their death. Like all healthcare professionals, nurses must recognize and respond to their own grief in order to provide quality palliative care to the dying patient and their family.

We encourage educators in all settings to attend an ELNEC training course to learn more about all 9 of the end-of-life nursing education topics. The ELNEC Web site (www.aacn.nche.edu/el nec/) will also help educators gain information about future ELNEC courses and to identify others in their state who have been ELNEC trained and to collaborate with them in planning educational activities.

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