

# Providing Grief Resolution as an Oncology Nurse Retention Strategy: A Literature Review

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Oncology nurses play a pivotal role in optimizing care provided to patients at the end of life (EOL). Although oncology nurses commonly provide EOL care and witness deaths of patients that they have maintained long-standing relationships with, they are frequently excluded from grief resolution endeavors. With a worldwide shortage of oncology nurses, retention is paramount to ensuring that the care patients with cancer receive is not jeopardized. Various strategies were identified to resolve grief and increase nurse retention, including creating supportive work environments, debriefing with colleagues, providing EOL and grief education, and altering patient care assignments. Future research on emerging technologies and their effects on oncology nurse coping and retention strategies also was suggested.

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Oncology nurses play critical roles in the care of individuals with cancer. Currently, cancer is ranked as the second-leading cause of death in the United States (Centers for Disease Control and Prevention, 2011). Because of early detection and improvement in treatments, patients are now living longer with their diseases (American Cancer Society, 2011), and the demands of oncology nurses have increased. Although oncology nursing is rewarding, it frequently involves providing end-of-life (EOL) care and, in turn, exposure to death. As a result, oncology nurses verbalize high rates of grief and stress (Hinds et al., 1994; Medland, Howard-Ruben, & Whitaker, 2004), which, when unresolved, can lead to nurses leaving the oncology specialty and possibly the nursing profession (Conte, 2011; Hinds et al., 1994; Lewis, 1999).

The current literature review aims to motivate oncology nurses to participate in grief resolution by identifying literature-supported coping strategies for nurses to adopt. The strategies identified encouraged nurses to work through the steps of Saunders and Valente's (1994) oncology nurse bereavement task model (BTM) with the aim of grief resolution. Strategies identified included creating a positive work environment, debriefing with colleagues, providing EOL education and grief training, and altering patient-care assignments. The review also outlines

grief terminology and manifestations, potential shortcomings, and future research recommendations.

The oncology specialty is vulnerable to retention issues (Hinds et al., 1994; Medland et al., 2004; Wenzel, Shaha, Klimmek, & Krumm, 2011). By providing motivation strategies for oncology nurses to resolve their grief following a loss, oncology nurses are more likely to remain in the specialty (Medland et al., 2004; Wenzel et al., 2011). With a current worldwide shortage of nurses, retention of oncology nurses is paramount to ensuring that patients with cancer receive the highest level of care (Medland et al., 2004).

## Background

### Grief Terminology

Grief is defined as a consequence to loss (Conte, 2011). Although grief often is referred to in response to a loss, grief also may be experienced in anticipation of a loss (Dunne, 2004) or delayed after a death (Brown & Wood, 2009). Bereavement is the state of experiencing a loss (Buglass, 2010).

Compassion fatigue (CF) is exhaustion that arises from becoming too emotionally attached to patients and families (Aycock & Boyle, 2009). Burnout arises from a cumulative, prolonged