



# VOICES

PERSONAL STORIES FROM THE PAGES OF NIB

---

## Stories about Grieving on the Job:

### A Teaching Guide for Healthcare Providers

By Taylor Abboushi

Edited by Heidi A. Walsh

The stories referenced in this study guide can be downloaded for free. Please see the “Grieving on the Job: Stories from Healthcare Providers” volume of VOICES <https://nibjournal.org/voices/>

Art Frank has written a short reflection piece on learning from narratives for NIB. To download the piece, please see the Narratives Page under the Education tab on the NIB website.

#### General Questions:

1. How have your experiences of grief changed throughout your time as a healthcare provider? The stories in this issue range from those first starting their careers to those who have been working in the field for some time. How have time and exposure to patients changed what causes grief and what you do to process that grief? How has grief gotten easier or more challenging to work through or hold as you have progressed in your career?
2. Many of these authors write about their experiences of guilt, shame, or embarrassment over the emotions they experience. Why do you think so many healthcare providers experience shame over their emotions and grief? What can be done in medical education or hospitals to better support healthcare provider’s experience of grief? What support have you received from co-workers, mentors, supervisors, or from your workplace that has been helpful?
3. Several of these stories are from the height of the COVID-19 pandemic. What impact did working through the pandemic have on you? In what ways do you experience grief differently because of the pandemic?
4. Many stories point out that healthcare providers don’t just grieve the loss of life of a patient, but many “smaller” tragedies encountered in their day-to-day lives—from what they thought medicine would be to managing insurance needs or being unable to provide comfort to a patient. They grieve for the injustices and pain their patients and families experience. What are some of the more unexpected sources of grief you have experienced while caring for patients?

## Story Questions:

### Being the Difference

*Jake Beery*

1. While preparing to take the USMLE STEP 2 exam, Beery receives the heart-wrenching news that his mother, who has been battling cancer, is entering hospice care. She dies shortly after. During a subsequent rotation in palliative care, Beery encounters a patient whose situation mirrors his mother's, which deepens his understanding of patient-centered care. Beery's experience reinforces the lesson that medicine is about treating people, not just diseases, and inspires him to strive to make a meaningful difference in the care he provides as a physician. How has grief in your personal life affected your role as a healthcare provider? In what ways has it changed how you interact with patients?
2. Beery recounts how his interactions with his patient, Ms. J, impacted him, and he writes that "the change Ms. J had brought to me as a human in medicine was permanent." When you think about your career as a healthcare provider, was there an interaction with a patient that changed you permanently? Describe the patient and experience. Why do you think that experience has stayed with you and changed you?

### Grieving One More Time

*Neethi Pinto*

1. Pinto, a pediatric intensive care unit (PICU) physician, reflects on the profound grief she experienced after the death of one of her patients—a critically ill child. The case involved a malpractice lawsuit, which exacerbated Pinto's grief. She was unable to speak about her feelings with anyone while the case wound through the courts, which caused Pinto to feel isolated. What role does isolation play in the grief you experience as a healthcare provider? Even if you can talk about your grief to others, unlike Pinto in this case, do you feel understood by the people you speak with?
2. In her narrative, Pinto reveals that she experienced three distinct waves of grief: one for the child, one for the family, and later one for herself. When Pinto receives the subpoena for the malpractice lawsuit, she writes, "I found myself grieving a fourth time—grieving for the loss of joy—joy that had been central to my identity as a physician." What does this statement mean to you? Have there been times in your role that you have grieved the loss of joy you once got from being a healthcare provider? How did you manage to find that joy again?

### Echoes of Grief: Tales from an Emergency Medicine and Critical Care Nurse

*Marcia King*

1. King tells her patient's devoted husband that he should be fine to leave the hospital while his wife is resting and pain-free so that he can grab the mail and get a shower. During that time, the patient dies, and King is devastated for the husband and over the fact that she told him he could leave. The nature of medicine and patient care can be unpredictable. How are you able to delineate what you are "responsible" for and what you're not in a field with so many unknowns? How does that impact your grief?
2. When King's close friend, Auntie Helen, is brought into the ER after a critical fall that causes a fatal head injury, King must keep on working her shift. She writes, "There was no going home early, no time to mourn, no time to grieve for my friends or her family." As a healthcare provider, how often do you have to put your grief "on hold" to maintain professional composure? What

strategies do you find helpful for times when you feel grief but need to “move on to care for the next patient,” as King writes?

### **Searching for Peace in Death**

*Laura Wachsmuth*

1. Wachsmuth, a hospital chaplain, shares her experience with “Ellen,” a pregnant woman recently diagnosed with terminal cancer. When Ellen decides to stop chemotherapy to protect her unborn child, she asks Wachsmuth if she thinks she is making the right decision. What is it like for you when patients who are facing life-and-death decisions ask if you think they are making the right decision? How do you handle the situation when you feel they are not making the right decision, or their decision goes against your personal values? How much do you feel it is your job to give a patient or their family your opinion versus affirming the patient’s choice?
2. Wachsmuth describes how the story of her Aunt Cathy’s cancer and death ended up giving her peace over Ellen’s death and helping her to find hope that Ellen could find peace. Have you found peace over the deaths of patients you have cared for? If you have, what helped you?

### **“I’d Love to go Off the Grid and Never Come Back”**

*Alisha*

1. Alisha, a nurse, faced unprecedented emotional and physical challenges during the COVID-19 pandemic. In her role, she was responsible for the hospital morgue, dealing with the overwhelming number of deaths and ensuring proper identification and handling of decedents. One evening, Alisha meets a friend for dinner who is a clinical social worker. Alisha’s friend tells her that she thinks Alisha has PTSD from her time working in the morgue. It is a breakthrough moment for Alisha when she realizes she needs help. When has someone helped you to realize, or you realized on your own, that you may need help to process the grief you had experienced? Were you able to get the help you needed?
2. Alisha writes about her work's impact on herself and her relationships with friends and family. Despite the emotional toll, she states that she would have done it again all over because she knows she was able to be there for people in their time of need. Alisha has changed from “the old Alisha” to “the pandemic Alisha” and is still learning who the “new Alisha” is. How has your work and grief changed the person you are today, professionally and personally? Knowing what you know now, do you have regrets about your decision to go into healthcare? Why or why not?

### **“A Mother’s Love”**

*Katie L. Gholson*

1. S is a 38-year-old mother diagnosed with incurable ovarian cancer with whom Gholson—a palliative care chaplain—forms a deep connection. Despite her initial resistance to palliative care, S opens up about her profound fears and grief with Gholson, which entail her not being there for her children. Deeply moved by S's situation, Gholson helps organize a legacy project for S to complete with her daughter, but S is discharged to hospice before Gholson can give her the supplies. Gholson feels a great sense of loss for not being able to get to S in time, and writes that the experience taught her, “the importance of sharing my vulnerability at work.” Describe a time when you showed vulnerability at work—either to a patient, a patient’s family or friends, or a colleague. What was the experience like for you?
2. In the story, Gholson reflects on the deep connection she felt with S, whose care she was involved with for some time. How does forming such personal connections with patients impact your ability to grieve? Do you prefer to form connections with patients, or would you rather maintain an “emotional distance” from them?

## **Tiny Person, Big Impact**

*T.S. Moran*

1. Moran, a new pediatric oncology social worker, meets J, an 8-month-old baby with serious health issues who has spent much of his short life in the hospital. Eventually, J's mother takes him home, where he passes away. The news of J's death deeply affects the hospital staff, who had grown emotionally invested in his care. Despite years of experience working in adult hospice, Moran is surprised by self-feelings of grief. Recognizing the need for support, the chief of the department organizes a debriefing for the team where Moran provides grief education for the team and encourages them to practice self-care. Have you participated in a team debrief after a difficult experience at work? What was helpful? What could have been better? Drawing on your experiences, what are the most helpful things you can do for grieving colleagues? Do you feel comfortable talking about your experiences of grief with your colleagues? Why or why not?
2. Moran writes that the team caring for J treated him with obvious compassion and cared for him very much, holding him, playing with him, and singing him lullabies. Describe a time when you saw a colleague or team show great compassion and caring for a patient before their death. What role does compassion play in your role as a healthcare provider? How, if at all, does experiencing or witnessing compassion change your experiences of grief?

## **Night Shift**

*Calvin R. Gross*

1. Gross, a second-year resident in the cardiac intensive care unit, recounts a particularly challenging night shift when he was the only doctor present. Despite being surrounded by experienced nurses, Gross felt the weight of responsibility, having limited experience working without supervision. During the night, the nurse of a young, critically ill patient noticed a patient's pupils were uneven, indicating a serious issue. Gross, uncertain and nervous, wakes the fellow on call who advises Gross to order a CT scan. The scan reveals a dire prognosis, and Gross is tasked with calling the patient's father to deliver the heartbreaking news in the middle of the night that there is no hope for recovery. Describe a time when you had to relay tragic news about a patient to someone whom you had never met in person or spoken to before. What are some strategies that you find helpful in delivering terrible news to family or other close people that no one wants to hear?
2. After telling the young man's father about his brain bleed, Gross writes, "I want to stay, meet his parents, and process with the day team, but they have work to do, and my desire to go home and sleep is far more powerful. I leave, holding it all inside." If you have experience working the night shift, how does the night shift, with its lack of sleep and fewer colleagues to help, impact your emotional well-being?

## **Cracked Armor**

*Joanne Alfred*

1. Alfred shares the story of Nate, a young patient diagnosed with leukemia, whom the author has known since his initial diagnosis. Nate's condition worsens, leading to his transfer to the PICU. Alfred struggles with the impending sense of doom and tries to learn everything she can to help Nate. Despite her efforts, Nate ends up in critical condition and Alfred experiences overwhelming grief and denial as she assists during Nate's resuscitation attempt, which ultimately fails. Alfred writes that after Nate died, she grieved the "loss of innocence" that she carried during training. What does it mean to you to grieve for the loss of innocence, or for a time before you were exposed to death, illness, and grief regularly?

2. Alfred writes about having gratitude for all that she learned from caring for Nate during his illness. Describe an experience caring for a patient that left you with gratitude for the lessons you learned. Are there any ways in which you feel gratitude for your grief?

### **Who Tells the Story**

*Cindy Bitter*

1. During a rural medicine rotation, Bitter encountered an elderly patient with mild COPD who came in for a flu shot but was found to have asymptomatic new-onset atrial fibrillation. The attending physician's decision to give a calcium channel blocker, which Bitter knew was not indicated, led to the patient's pulse and blood pressure dropping dangerously low, and eventually leading to the patient's death. Bitter grappled with feelings of moral culpability, self-doubt, and questioned her choice of going into a career in medicine, feeling for the first time that medical interventions had harmed, rather than helped, a patient. Have you ever felt that a patient would have been better off without your (or your team's) interventions? How do these feelings influence your emotional well-being, grief, and self-reflection? How did you overcome these feelings?
2. What impact do experiences with moral injury have on feelings of grief?

### **Navigating Hard Situations that Medical School Cannot Prepare You For**

*Jenna Bennett*

1. Bennett writes, "In school, we had modules and lectures about tragedy, but only in the context of death and adults. How, if at all, do you grieve differently when the patient is a child?"
2. Describe an experience in your career where your experience of grief made you wonder whether you should continue to stay in the field of healthcare. What was it about the experience that made you want to leave the field? What made you stay?

### **The Wish**

*Nadia Khan*

1. Khan, a new medical student, recounts her first clinical experience with grief, which was far from what she had envisioned it would be like. While rotating with pediatric hospitalists, Khan encounters a child who had been violently sexually assaulted. Overwhelmed with emotions, Khan retreats to the bathroom to cry, questioning her ability to handle such tragedies in the future and worrying that "everyone else would be callous and cold" about the situation. However, when Khan returns from the bathroom, she witnesses the healthcare team's empathetic response. Their mutual support profoundly impacts Khan, who recognizes the importance of expressing vulnerability and seeking support from colleagues, rather than secluding oneself and grieving alone. How can a communal approach to dealing with grief and tragedy affect emotional well-being? How might an experience like the one Khan had with a supportive team influence a new medical student's future interactions with both patients and colleagues? Were your training experiences similar or different to the one Khan writes about in her narrative? How?
2. Khan shares that her past experiences with grief, including the death of her father and working as an aide in a long-term care facility with patients on hospice, influenced her response to the incident with the young patient. How have your experiences with both personal and professional grief shaped your understanding of your role as a healthcare provider? How do these experiences inform your approach to empathy, vulnerability, and resilience while working in medicine?

## **Break**

*Clarice Douille*

1. Douille, a medical student, faces her mother's breast cancer diagnosis while navigating the demands of medical school. She is burdened by a constant cycle of grief and the harshness of feedback received from attendings, who criticize her struggle to balance personal pain with professional demands. Feeling the need to compartmentalize her emotions for the sake of professionalism, adds to the tension. How do you think medical schools and hospitals could better support students going through their medical education? How does Douille's experience during training resonate with your own?
2. In what ways has compartmentalizing in your role as a healthcare provider benefited you? In what ways has it hurt you? Do you find value in it? Why or why not?

## **Five More Minutes**

*Kristen Carey Rock*

1. Rock, an ICU doctor, recounts the emotional and ethical challenges she faced during the COVID-19 pandemic. What place does grief have in times of scarce resource allocation? Reflect on a time when grief or other "emotions" factored into resource allocation decisions you've made when resources were in short supply. Discuss a time when you were able to find meaning and gratitude amidst adversity.
2. Rock describes a particularly poignant experience with a terminally ill patient who requested "five more minutes" before being taken off life support so he could donate his organs in a final act of generosity. Rock writes that during the COVID-19 pandemic, she often felt moral distress and helplessness. In what ways does feeling helpless in the face of patient suffering, or when there are limited treatment options available, influence your experience of grief?

## **I Saw My Reflection**

*Adrienne Feller Novick*

1. Feller Novick, a member of the Medical Ethics Consultation Service, is called to address the ethical dilemma of a terminally ill patient—a mother with cancer—who is a similar age and has much in common with the author. The patient wants to continue aggressive treatment despite her grave prognosis and wants to prolong her life as much as possible to give her children more time to come to terms with her impending death. The patient dies following aggressive treatment, and the experience leaves a lasting impact on the author, who finds herself unable to sleep well, concentrate, or eat properly. What is it like to care for a dying patient who is "like" you in many ways? How does it impact the grief you feel?
2. Have you had a moment as a healthcare provider while treating a patient where you came "face to face with [your] mortality"? What was it like? How did the experience change you both professionally and personally?

## **The Aftermath**

*Andrea Eisenberg*

1. Eisenberg recounts the emotional experience of witnessing a baby's tragic death during delivery. She describes the emotional turmoil and overwhelming guilt of not being able to save the baby. The event left her feeling isolated, judged, and invisible, with lingering self-doubt and profound grief. As Eisenberg recounts her experience, she intersperses a prayer chanted on Rosh Hashanah and Yom Kippur. How has your faith or absence of it, changed how you experience grief? How does your faith guide how you practice medicine or connect with patients?

2. Describe a time when you questioned whether you made the right decision for a patient. What emotions did you experience? How did this experience change how you see yourself as a healthcare provider?

### **Where the Journey Begins**

*Japmehr Sandhu*

1. Sandhu describes experiencing 17 deaths in 6 hours during the height of COVID-19. The author grieves for the new generation of doctors beginning their careers during the pandemic and being exposed to so much death. If you started your career as a healthcare provider around this time, what were the lasting impacts of beginning your career during a pandemic? For those who were already practicing, how did the experience change how you practice medicine today and how you feel or navigate grief? How can healthcare institutions better support their staff in dealing with the psychological impact of working in high-stress environments?
2. Sandhu's story stresses the importance of emotional introspection, peer support, and the ongoing evolution of understanding in the practice of medicine, especially in the face of unprecedented challenges like the COVID-19 pandemic. How has your understanding of medical ethics evolved through your experiences? How can the process of ethical reflection contribute to more compassionate and effective patient care?

### **Lessons Learned in Room 208**

*Katherine Bakke*

1. Bakke writes about the first time she saw a patient die as a medical student. The event prompted Bakke to pay close attention to how surgeons talk to patients and families about death. "I was fascinated by how challenging it was to speak honestly about our inevitable mortality." As a healthcare provider, what is it like for you to talk to another person about their impending death or that of someone they're close with? How have the ways you talk about death with patients changed as you've gotten more experience doing it? Why do you think healthcare providers sometimes avoid talking with patients about death?
2. Later, as an intern, it's Bakke's turn to deliver the news of a patient's critical status to family members. Bakke relays that she had not expressed her own sadness that returning the person's loved one to health was something she could not provide. "As a doctor, I had not allowed myself to be human in this way—to grieve alongside another. Instead, I did as I had been taught, which was to shield myself with the impenetrability of medical facts." Have you ever grieved with a family? How did this feel? How do you manage grief when you can no longer keep a patient alive? How has your ability to do so changed as you've progressed in your career? What advice would you give to trainees or to those just starting out in healthcare careers?

### **Joint and Grief Aches**

*Heer Hendry*

1. Hendry reflects on caring for an 87-year-old male patient on hospice, whose son struggles with the concept of palliative care and the use of morphine, which causes Hendry to experience "this difficult dichotomy of the analytical nature of medicine and the emotional component of patient care." What strategies can be used to maintain the balance between the analytical nature of medicine and the emotional component of patient care without compromising either? Is it possible to balance the two without compromise? Why or why not?
2. Hendry ends the narrative contemplating the appropriate time and space for healthcare workers to process their heavy emotions while maintaining the standard of patient care, asking, "When is the

right time to process?” What do you think? How can healthcare institutions support clinicians in taking this necessary time?

### **My First Loss: Carrying His Legacy**

*Karan K. Mirpuri*

1. Mirpuri shares their first experience with a patient’s death early in their medical training during a shadowing session in the emergency department. What is the emotional impact of losing a patient early in your medical career, especially when it happens unexpectedly? How did your approach to patient care and your grieving process change after you experienced your first patient death?
2. Mirpuri describes writing and storytelling as tools that have helped to process grief and loss. Similarly, what have you turned to for help process challenging things you have seen or experienced working in healthcare?

### **Grieving the Loss of What Medicine Was Supposed to Be**

*Katerina V. Liong*

1. Liong, a medical student, expresses frustration over the discrepancy between their initial ideals of medicine—providing patient care, forming connections, and leading—versus the harsh realities dominated by administrative burdens, systemic flaws, and burnout. During a conference, Liong meets a physician who asks her—“Have you ever considered that since entering medical school, you’ve never been able to stop and grieve the loss of what you thought medicine would be?” How would you respond to this question if asked? How are the realities of working in healthcare different from what you thought it would be?
2. Liong questions why the burden of resilience is often placed on individuals rather than by addressing systemic issues. What role does resilience play in the healthcare profession, and how can mutual support among team members be fostered to enhance resilience and mitigate burnout? What are some ways that medical schools and hospitals can support resilience on a collective level?