

Canadian Palliative Care Nursing Association **Position statement: Grief and Grief Literacy**

The Canadian Palliative Care Nursing Association (CPCNA) seeks to strengthen the competence and confidence of all nurses to provide the best care possible for patients, families, and communities facing life-limiting situations. This includes strengthening capacity – of nurses and others – to recognize and respond to grief.

Grief, particularly in response to dying and death, has long been a focus of palliative care nursing. Nurses recognize that palliative care focused on dignity and personhood is an ethical imperative. This imperative arises, in part, because of the indelible impact that the end-of-life experience has for grievers, in anticipation of, during and following death.

Nurses know that people may experience grief as a complex intermingling of many different emotions, such as sadness, pain, anger, longing, loneliness, relief, joy, and more. The relationships that nurses forge with people in situations of dying and death bring them up close to this complexity. This proximity affords them an important perspective on grief that can benefit the broader healthcare system, and society as a whole.

Normalizing grief

Nurses have an important role in normalizing grief as an expected reaction to loss. People are harmed when their grief is incorrectly identified as pathological or problematic. This labelling causes stigma, and further aggravates the risk of loneliness and isolation in grief.

While grief cannot, and should not, be ‘fixed’, it can and should be supported. While a small minority of people might benefit from focused interventions, what most people require is support through various forms of interpersonal connection. This type of support is essential, and can be provided by family, friends, neighbours, colleagues, and community members. The specific form that grief support should take is unique to the person and to the circumstances of the moment. Most people who are grieving appreciate being asked what they themselves would find helpful. Nursing care is strengthened when nurses recognize the opportunity to provide this type of support, which is firmly within their scope of practice.

The losses that give rise to grief are not only about death. A person with a life-limiting illness and changing ability may grieve a cherished pastime they can no longer participate in. A family member who invests most of their time in caregiving may grieve roles and relationships that have fallen away. In cases where the griever’s relationship with the dying person was fraught, they may grieve the loss of opportunity for resolution. Nurses recognize that grief is a fundamental experience that influences many other aspects of one’s health or life situation; for example, the decisions that people make, and the conflicts they may be having. A useful question, when faced with a situation that is not easily understood, is **“What grief might be**

happening here?” When nurses ask this question, of themselves and their colleagues, they open a space for deeper understanding about what people are going through, and how they might be better supported.

Grief is relational

A person’s experience of grief is relational: It is influenced by their culture, their spirituality, their previous experiences, their connection to the dying or deceased person, as well as to their values, hopes, fears, expectations, and life history. It is also shaped by individual and societal ideas about death and grief itself.

While grief affects all of us regardless of our place in society, one’s circumstances and vulnerabilities continue to exist in grief. It is therefore unsurprising that for those who are most marginalized in society, for example by poverty, racism, colonization, or stigma, grief is made more difficult. When people need to prioritize basic survival needs, for example when unhoused, incarcerated, or displaced by war or other large-scale disaster, they may not have the time, space, resources, or support to attend to their grief.

Communities whose members’ lives have not historically been highly valued by the wider society face the added pain of grieving losses not recognized by others as significant. This devaluing can further perpetuate cycles of death, loss, and grief, for example in situations of substance use and suicide. Again, the question **“What grief might be happening here?”** is important to ask when attempting to better understand harms that are disproportionately experienced by some communities. As part of their relational practice, nurses recognize the needs of grieving communities as well as grieving individuals.

Nurses also grieve

Nurses are sometimes made to believe that to invest of themselves personally is a threat to professionalism and to their own psychological safety. This is not true. Nursing work is deeply personal; to deny this is to deny the very humanity of nurses. While nurses can and do maintain boundaries in their relationships with those they care for, boundaries do not shield from grief.

Nurses may grieve the death of a patient who was in their care for a long time, a short time, or whom they never met. They may also grieve an abrupt end to relationships with patients’ families, particularly when care systems fail to recognize engaging with grieving families as an important aspect of the nursing role. Nurses’ grief will be intensified in situations of moral distress, and made worse when they lack a network of colleagues with whom to share experiences and receive support.

Nurses’ own grief is supported when nursing leaders promote and honour the importance of nurses’ relational practice, and create time and space for grief-related rituals. For example, memorial ceremonies that honour all patients who have died over a given period.

Promoting grief literacy in our broader communities

While nurses contribute a unique perspective to understandings of grief, we are not alone in the responsibility that grief be recognized and responded to. The Canadian Palliative Care Nursing Association aligns with leading national voices, such as the [Canadian Grief Alliance](#) and [Grief Matters](#), who are working to advance **grief literacy** as a social movement. This movement envisions a world where everyone, everywhere, has the knowledge and skills to recognize and respond to grief with compassion and care. The urgency of this movement cannot be overstated. According to a recent national consultation on grief, half of Canadians do not feel that their grief is adequately supported or recognized.ⁱ

Grief literacy is enhanced when individual people:

- Express genuine interest in talking with each other about their losses;
- Put effort into enhancing their comfort, knowledge, and skills regarding grief and grief support;
- Are proactive in offering help, without waiting to be asked;
- Understand and accept that every person's experience and expression of grief is unique, and that there is no single right way to grieve;
- Recognize and honour the ongoing relationships that people have with those who have died.

Grief literacy is further enhanced when broader institutions (including but not limited to the workplace, educational settings, media, and all levels and branches of government):

- Develop specific policies to support people in grief;
- Promote the availability and accessibility of resources that can support grief;
- Invest in evidence-based education about how to nurture a compassionate community, in which everyone's grief is taken seriously, and responded to with care.

ⁱ Canadian Grief Alliance. National Public Consultation on Grief. Executive Summary:

https://www.canadiangriefalliance.ca/media/r25humkl/2024-05-16-cga-grief-survey-executive-summary_fin.pdf

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