

Dr. Hoy holds a clinical faculty appointment in Medical Humanities at Baylor University in Waco, Texas. A popular speaker for groups of caregiving professionals across North America, Dr. Hoy has counselled with people in grief and has worked with the professionals who care for them for nearly 30 years. Prior to going to Baylor, Bill directed the bereavement program at Pathways Volunteer Hospice in Long Beach California for more than 16 years. In addition to his university teaching schedule, he provides dozens of professional continuing education workshops and keynote addresses every year.

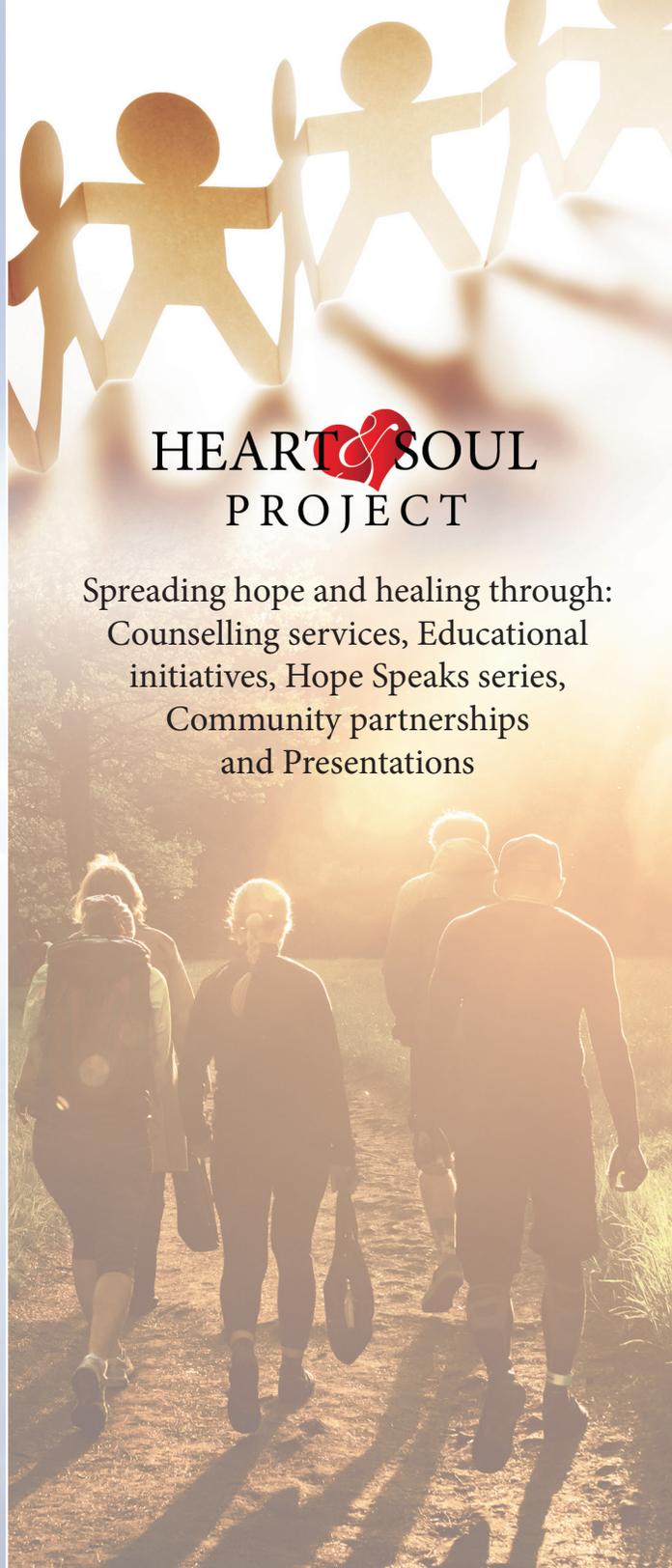


Dr. William G. (Bill) Hoy

Active in the leadership of the Association for Death Education & Counselling, Dr. Hoy holds the organization's advance practice credential, the FT (Fellow in Thanatology). Since 2013, Bill has served on the Association's board and in 2014, Bill was elected to a three-year term as the association's Treasurer.

Bill edits *GriefPerspectives*, an email newsletter read every month by more than 4,500 caregiving professionals and volunteers. His book, *Guiding People Through Grief* (Compass, 2007) is in its fourth printing and the newer volume, *Road to Emmaus* (Compass, 2008) is in its third. Along with Dr. Laura Lewis (University of Western Ontario), he co-authored the chapter "Bereavement Rituals and the Creation of Legacy" in the recently-published *Grief and Bereavement in Contemporary Society* (Routledge, 2011).

His newest book, *Do Funerals Matter? The Purposes and Practices of Death Rituals in Global Perspective* (Routledge, 2013) takes a practical anthropologist's look at the "anchors" present in funeral rituals around the world and throughout history. Additionally, he has written more than 100 journal articles and educational pamphlets for bereaved people and the professionals and volunteers who care for them.



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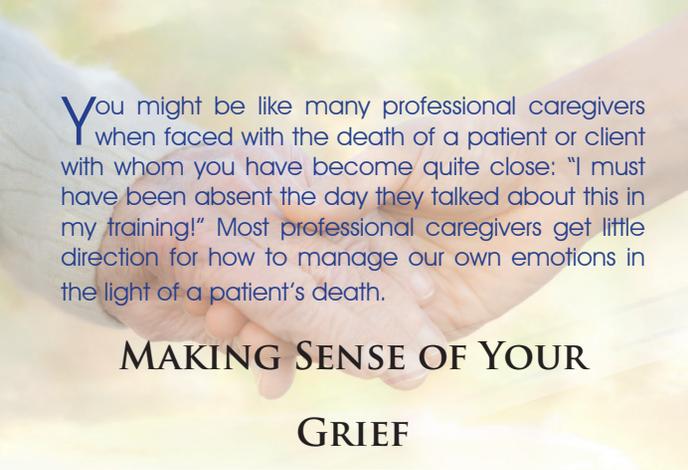
Volume 9
**WHEN
PROFESSIONAL
CAREGIVERS GRIEVE**

HEART & SOUL PROJECT



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You might be like many professional caregivers when faced with the death of a patient or client with whom you have become quite close: "I must have been absent the day they talked about this in my training!" Most professional caregivers get little direction for how to manage our own emotions in the light of a patient's death.

MAKING SENSE OF YOUR GRIEF

Grief, of course, is more than an emotion—it is a collision of every emotion a human can possibly feel, shaking us "from top to bottom." Especially in the early part of the experience, you may sense the gamut of human emotion. Anger, guilt, sadness, loneliness, and fear are some of the common emotions of grief.

All these emotions and dozens of others are normal—but not everyone experiences all of the emotions. Grief is very personal so your experience will be somewhat unique from other people—both at work and at home.

While we often think of grief in emotional terms, it is also physical, social, mental, and spiritual. You may find yourself more fatigued than usual and dealing with sleep difficulties. Because people grieve differently from each other, we sometimes inadvertently expect our experiences to match those of other people. It rarely works that way.

Many people in grief report difficulty concentrating and "staying on task." This blending of experiences is part of what makes it especially difficult when a patient dies, causing us to wonder how we could have done more to help.

For some professionals, the death of a patient or client creates difficulties beyond the support recommended here. You should certainly feel free to consult the Employee Assistance Program (EAP) or other resources available through your employer. Nevertheless, these practical ideas will give you a "starting point" as you manage the loss of a patient or client.

Practice active grieving. Our society often implies that grief should end quickly, or in the case of caregiving professionals, that "You shouldn't feel that way." Even poorly-informed colleagues may say that the reason you are sad is because you don't maintain good "boundaries" in your caregiving. Actually, nothing could be further from the truth.

Instead, it seems vital to allow yourself an opportunity to grieve the deaths of patients and clients. Keep a journal (with pseudonyms in place of names to protect confidentiality) and reflect on the ways these patients have touched your life. Attend funerals and memorial services when possible. You may even choose to make a small memorial contribution to your institution's foundation or another charity.

Reevaluate the purpose of your work. You were undoubtedly drawn to professional caregiving because of particular "gifts" you possess or out of a sense you want to "give back." The death of a patient can cause us to question motives and even suitability for caregiving. Now is a good time to reflect on the skills you have honed, the sense of "call" you have for this work, and the attributes of caregiving at which you do really well. Reading a book on caregiver stress such as Dale Larson's book, *The Caregiver's Journey* can also help you sort out why you want to do the work you do.

Avoid personal relationships with patients and their families. Caregiving professionals sense a call to this work because, as the name indicates, we care. However, sometimes, boundaries get blurred and we indicate more interest in a personal relationship than either prudence or professionalism can tolerate. Becoming a "friend" to patients usually ends up clouding the professional judgment he or she most needs us to offer.

Develop a life of balance. Eating right, sleeping adequately and exercising regularly are vital components of a professional caregiver's



well-being, but they are also attributes that are easily ignored. Emotional well-being and physical energy can be aided by even small adjustments to diet, replacing some animal fat, sugar and caffeine with fresh fruits and vegetables. Also make sure you are making time for recreation—on your own or with other supportive people in your life.

Receive help from others. Even though grief is normal and natural, you might still find help in talking with a mental health professional. Especially if you feel your sadness is becoming a full-blown depression, talk to someone. As mentioned above, your institution's Employee Assistance Program (EAP) can be invaluable in helping you connect with helpful resources.

This article was written by William G. Hoy, a counselor widely known to bereaved people and the professionals who care for them. After more than 16 years working with bereaved people and directing the bereavement counseling program at Pathways Volunteer Hospice in Long Beach, CA, Dr. Hoy now teaches in the Medical Humanities Program at Baylor University in Waco, Texas.

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