Personal loss in health professions graduate students:

implications for clinical education in bereavement

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Abstract: The impact of prior personal grief on the educational experience of health care graduate students participating as co-facilitators in bereavement support groups was examined in this study. Personal experience with the death of a family member or close friend was reported in 80% of participating students. Findings suggest that grief, and the students' construction of the meaning of their loss, can mediate the students' developing sense of self as a professional helper. Active engagement with grieving persons, the opportunity for self-disclosure and reflection, and teacher–facilitator provision of emotional guidance and modeling contributed positively to learning.

Key words: bereavement care education, graduate students, personal loss, meaning-making

'There are three principles of clinical teaching – think out loud, stick to the basics, and be kind.'
Daniel Federman

Graduate students in the health care professions are exposed to dying and death, grief, loss and bereavement as a necessary component of their professional development. Students also bring their own personal experiences with loss and grief to their clinical preparation. We consider this exposure to human distress as an important formative element in the students' emerging sense of self as a professional helper, and an opportunity to foster empathic compassion.

We developed, implemented, and evaluated a clinical grief care educational placement for graduate students in nursing, social work, counselling, pastoral care, and genetic counselling that involved students as co-facilitators in bereavement support groups. In addition to addressing the students' knowledge, attitudes, and skills about grief and loss, we attempted to equip students to become both capable and compassionate in clinical practice. We were particularly mindful of the personal loss experiences of students. Previous work by Balk (2001) has reported that 22–30% of college undergraduates are in the first 12 months of grieving the death of a family member or friend and 35–48% are in the first two years post-loss. Although we do not have corresponding statistics of the percentage of graduate students addressing personal loss, we proceeded on the assumption that this was probably a life issue among graduate students as well.

This clinical training programme was designed and evaluated through the lens of meaning reconstruction theory (Neimeyer, 2002; Neimeyer, Baldwin, & Gillies, 2006). Briefly, the elements of meaning reconstruction following a death include the capability of grievers to make sense of the loss, to realise growth or benefit that the experience of loss may have brought them, and to reorganise personal identity in the context of loss. With respect to students in supported clinical settings that included exposure to human distress, we hoped to gain an understanding of how personal loss would impact emerging practice skills. Moreover, we were interested

 DOI: 10.1080/02682621.2012.740279

in the perception students had about how their exposure to persons in this setting would affect their personal and professional development.

Clinical setting

Grief support groups were conducted at Caring Connections: A Hope and Comfort in Grief Program sponsored by the University of Utah College of Nursing, in the United States. This bereavement programme offers a variety of grief support groups throughout the year, each tailored to a specific kind of loss, including loss of spouse, loss of a child, loss of sibling, loss by suicide, and specific groups for children and for teens. The grief support groups run for eight sessions, one-and-a-half hours a week for eight weeks, and are facilitated by expert registered clinicians in the fields of social work, nursing, pastoral care, and psychology.

Educational programme

We incorporated several key pedagogical concepts into the clinical teaching model: available high quality instructor support, psychological guidance and active learning. Henderson, Happell, and Martin (2007) identified the provision of support and the ability to become actively involved in patient care as the two most important factors affecting the perceived quality of clinical placements. Ruiz and Vallejos (1999) emphasised the importance of emotional guidance and observation-based tasks as the foundation in educating learners for compassion. Further, Rosenbaum's model of student self-reflection activities (Rosenbaum, Lobas, & Ferguson, 2005) suggests that opportunities that promote student reflection on their attitudes and concerns related to end-of-life care are an important component of their future practice in caring for the dying. To that end, we sought to ground the learning experience in evidence-based practice concepts, modelled by skilled, empathic master-licensed clinicians, with the provision of faculty and facilitator support. Further, facilitators encouraged students to actively engage in the group, allowing them to transition from observer to facilitator at their own pace.

Graduate students in social work, counselling, psychiatric nursing, genetic counselling and pastoral care elected participation in grief support groups as a component of their clinical programme, frequently to fulfil a group counselling requirement. Before participation, students were given the grief support programme student facilitator manual for their review. The bereavement programme director met with students in their respective classroom settings and presented didactic content and facilitated interactive discussion that covered key concepts of the grief support programme, group process and group facilitation skills, benefits and common challenges in group work, basics of normal grief and bereavement, complicated grief concerns and care of the bereavement clinician. Students were encouraged but never forced to share their own experiences with loss and death, and ample time was made for discussion and processing these experiences in class. The director and course faculty reviewed personal and professional boundaries, transference and counter-transference issues and shared personal examples of self-care strategies.

Whenever possible, students were assigned to the group of their choosing. Each group had one student as co-facilitator. We arranged e-introductions between facilitators and their assigned student co-facilitators in advance of the group to foster a pattern of regular communication.

Group facilitators generously shared time with students before and after group sessions, responding to questions about grief, group process and debriefing any concerns about specific group participants. In addition, the programme director and staff were available for discussion with students at every group session.

Midway through the eight-week group, facilitators and student co-facilitators were invited to a lunch to discuss group progress and to foster skill sharing between all the facilitators and the students. Students were exposed to the range of facilitators, group types and the issues and progress of the various group participants.

At the conclusion of the eight-week group, students participated in 90-minute debriefing focus groups. Student feedback was encouraged and students were forthcoming with their ideas, concerns, and personal reflections. Over the two-year study, six student focus groups were conducted.

Evaluation of the educational programme

A total of 25 graduate students in nursing, social work, counselling, pastoral care, and genetic counselling elected participation as co-facilitators in grief support groups over the course of the two-year study. These co-facilitator students included 10 second year master's social work students in a gerontology programme, five genetic counselling first year master's students, seven advance practice psychiatric nursing students in their group methods course, two pastoral care students in their final clinical quarter, and a first year master's counseling student. University Institutional Review Board approval for this study was secured. Informed consent was obtained from all student participants.

Following the student orientation, we surveyed students using open-ended questions about previous experience with death, grief, and loss, and the students' self-assessment of the impact loss (if present) might have on their performance, learning, or personal experience. Students were also asked to describe any prior experience with personal or professional group work. Narrative content of

the students' experiences was obtained in the mid-group processing session for facilitators and co-facilitator students and transcribed by programme staff. Following the eight-week group, students were again surveyed on their group experience and its effect on their knowledge, attitude and skills in grief work. Students were also asked to describe any impact their own loss or the absence of personal loss had on their experience in the support group. Personal communication with their facilitators, programme staff, or the director was not transcribed, but was referenced by many students in their narrative comments in surveys administered after completing the eight-week group. We conducted student focus groups at the conclusion of each eight-week session. These focus sessions encouraged shared observations by students on the varying effect of the group on participants, comments and suggestions on group process, and personal reflections on their own personal and professional development.

We relied on narrative content from student surveys and transcribed summaries of student focus group to provide the qualitative data to discern patterns and meaning of the student learning experience. Student narrative content was analysed using qualitative phenomenological inquiry methods. Phenomenology respects participants' reality as perceived. An assumption of phenomenological inquiry is that 'there is a structure and essence to shared experiences that can be narrated' (Marshall & Rossman, 2006, p104), and thus understood. Further, the researcher–interviewer actively engages in entering the participant's experience and uncovering the meaning of the experience. Narrative responses and interview content were summarised, read and re-read to identify relevant themes. Themes were organised into categories, and patterns within and between categories were identified. Programme staff and other readers reviewed content and provided feedback on the appropriateness of categories. Text was interpreted phenomenologically to illuminate learning outcomes, the impact of personal loss, and the students' perspective of the loss experience upon learning grief support group facilitation.

Findings

Of the five health disciplines represented in this study, all of the students in social work, nursing, counselling, and pastoral care reported at least some prior course content in death and dying, either in their undergraduate or graduate preparation, but none of the genetic counselling students had previous instruction in this content.

Personal experience with death and grief was reported by 80% of students. Although the death of a grandparent was most frequently cited, 14 students experienced the death of a first order family member – a parent, child or sibling. Nearly half of all students reported more than one death, and four students reported a total of six unexpected, traumatic deaths such as suicide or accidental death. One student reported the death of two friends during the clinical experience. Time since death ranged from early childhood to the present.

Several themes emerged from the student narratives, including: helping suffering persons by becoming/being empathetic or compassionate, understanding grief and recognising the uniqueness of each loss, and preparation for the professional role. These themes will be illustrated with student observations and discussed in the context of students' reported personal experience with the death of a close person.

Eighty per cent of students reported the death of a close friend or family member. As they considered bringing personal experience of loss to the educational setting, most students anticipated that they would manage the clinical exposure to human distress well. One student commented 'I hope (my loss) will help me co-facilitate with empathy and sympathy' and another stated 'my own struggle will definitely help'. One student reported apprehension because of the recent timeframe and the nature of the loss, but elected to proceed with the group when given the option to withdraw.

Becoming compassionate in helping suffering persons

Many students who had prior losses were able to identify their experience as contributing to their compassionate presence in the group. One student observed:

> 'Because I lost a parent as a young child, I felt I was able to share hope that over time, things do get easier, [and] even though I never said that, I think [group] members saw that in me. I was able to share how many positive and unique ways an individual can include their loved one who had passed away in their lives, even years after their loss.'

Another student shared:

> 'I was reminded of the intensity of the pain and its holistic effect on a grieving person. I observed the significant impact of support when someone is suffering... this group highlighted this in unique ways. Their pain reminded me of what is valuable to me... my relationships with family and friends. I felt both a strong desire to help and my own inability to do much other than support them, and saw that was the best thing to offer. [Participating] was helpful in furthering my own grief work in the death of friends and peers.'

Understanding grief and the uniqueness of each loss

Students reported an increased understanding of grief in both the universality of grief as a human occurrence and as a uniquely personal experience. Several students with

experience of personal loss were able to use, and then transcend, their own experience to see the uniqueness of each griever's struggle. One commented 'I knew my experience of loss is different from others, so it helped me to see what this group of much older people and I had in common'. Another student wrote:

> 'Hearing their stories made me want to cry, but I kept my composure. I thought about my own life, and was able to see each loss through the participants' own eyes. I was touched by their honesty and growth over the weeks, and also was able to see my own progress in grief.'

Personal growth and preparation for the professional role

Following the group experience, students with grief experience shared thoughts on the relationship between their own grief and their personal and professional development. One student remarked: 'Participating in the group was definitely helpful in my recollection of my own loss'. Another shared:

> 'I learned how hard the members of the group work for each other, how respectful and supportive they are regardless of their differences. It was hard for me to get around my own feelings of loss, it was recent, and there have been [other] deaths during the group. I was able to put aside my feelings and focus on others, which was the best thing. I appreciate learning so much about grief. I learned how normal my own feelings are.'

For others, the experience brought a constructive revisiting of their grief struggles.

> 'I saw how much it helped people grieve a little bit at a time and to take breaks from grief. I recognised that I have not allowed myself [the chance] to grieve in a flexible way... I have not given myself breaks, because I was taught to just push forward. I wonder if my grieving process would have been different, and perhaps faster, if I had not done it that way.'

Many students found the aspect of separating out their own experience challenging.

> 'The group both helped and hindered my own grief process. I learned that everyone experiences grief in a different way and in a different amount of time. [My] participation helped me understand my role as a future clinician, but I see I have need for so much more experience.'

It is noteworthy that students who had no reported personal grief experience were also able to work well with grievers, be empathic and compassionate, understand grief and the individual experience of loss, and grow in their personal development. Some were initially apprehensive about being able to relate: 'I have not had a loss, and found it hard to share. I felt I had little to go on'. For most students who had not experienced loss, this student's comment was representative:

> 'Even though I have not had a loss, I felt I was prepared to feel others' grief, and did so, even though I didn't know them well at first. As the group went on, I was ready to join in being supportive of each other.'

Students without a reported loss shared observations about their increased understanding grief such as, 'grief lasts so much longer than I thought'.

Students across disciplines commented favourably on the educational experience and its impact on their understanding of suffering and grief, as well as their capacity for compassionate care. A social work student commented: 'I learned a lot about finding the right level of self-disclosure', directly relating an acquired skill to the anticipated role as group facilitator. Similarly, this comment from a psychiatric nursing student 'I saw [that] my tendency to make others comfortable, to rescue, even at my own expense... [would not be] therapeutic for anyone' conveys awareness of appropriate clinical use of self.

All but two students specifically voiced an increased readiness to care for suffering persons, and a desire to perform this care well.

> 'Because of my losses and (current family situation), my experience [in the group] was immeasurably valuable to me. I have shared some of my feelings and observations with my own family members because I felt they would benefit. This experience was a momentous one for me.'

Discussion

The students valued these clinical experiences and they acknowledged that they benefitted from their preparation sessions, from exposure to persons suffering grief, and from the guidance of the facilitators. In the words of one student 'I felt tired, uplifted, but not overwhelmed'.

Most of the students in the support groups perceived themselves striving to approximate the ideal skilled facilitator; they became more respectful of the universality and uniqueness of grief, they felt the value of the group as a whole and the contribution of each member, and they used themselves and their experiences without imposing that experience as an expectation on others. As they transitioned from observer to participant roles as co-facilitators, students remarked on their value as listeners and reflectors. They became more comfortable with less structure and less burdened to have 'answers'.

Although we anticipated and planned for personal experience with grief among the students, the high prevalence was striking given our young study cohort. Preparing for this possibility and processing loss experiences constructively both before formal participation, at each group session and upon conclusion of the group, fostered a supportive learning environment.

What, then, is the meaning making that students realised in this educational experience, and how did prior personal grief mediate the construction of their learning?

While in no way suggesting that students without a personal grief experience were lacking in effort, compassion or growth – indeed, several of these students remarked that the clinical experience might be valuable in future circumstances – it appears that having a loss brought the potential for greater challenge and greater reward in students with grief history. The comments of many students with grief experience closely paralleled the elements in Neimeyer's model of meaning reconstruction (2002): making sense of the loss, realising growth or benefit from the loss, and the reorganisation of personal identity in the context of loss. For these students, the educational setting necessitated bringing one's sense of one's loss to the clinical task. The second theme of meaning reconstruction, realising the benefit the loss might have brought the griever-as-student was accomplished for many in their empathic connection to suffering persons. Finally, Neimeyer *et al*'s (2006) theme of a reorganised personal identity in the context of loss is further articulated in student comments as a challenge to professional as well as personal identity.

These findings do not suggest that a modest clinical exposure can facilitate a complete sense-making of personal loss in health care graduate students. Rather, careful attention to personal loss in a learning environment fostering guided and supported exposure to suffering persons can contribute to the maturation of personal and professional identity in health professions students, and add a valuable dimension in clinical education. Students who did not have a life loss experience benefited from the experiences shared by their peers as well as grief group participants.

Recommendations for clinical education in bereavement care

Overall, the goals for the clinical experience were accomplished. Students valued the experience and indicated that it contributed positively to their development as health care professionals and to personal growth. They reported gains in understanding of grief and loss, and confidence in their developing clinical skills. Students valued observing and learning from professionals and each other. Student co-facilitators remarked on the comfortable way facilitators fielded a wide range of emotions, and the variety of losses and styles of mourning to which facilitators responded.

Summary

In this project, a model of clinical grief education was evaluated through the framework of meaning reconstruction. Active engagement with suffering persons, and the opportunity for self-disclosure and reflection contributed positively to learning. Personal experience with grief was highly prevalent among students. Qualitative findings suggest that grief and the students' construction of the meaning of their loss can mediate the students' developing sense of self as a professional helper. Further, student narratives suggest that professional and personal growth can be enhanced by instructor and facilitator provision of emotional guidance and modelling in the care of suffering persons.

We cannot suggest that one clinical educational experience can accomplish meaning making and loss resolution in students sustaining loss as significant as the death of a first order family member or close friend. We recommend further research into the scope and specifics of clinical education in bereavement care, including emotional guidance, clinician role modelling and student self-reflection, and instructor-supported engagement with suffering persons is necessary across and between disciplines.

This educational experience is one among many that may facilitate the growth of compassion, professional skills and values. We support thoughtful consideration of the relationship between meaning construction of personal loss and professional development in those caring for the bereaved in all phases of professional practice. This study demonstrates the importance of instructor attention to personal loss experiences in students, as such experiences affect the learning process and may be potentially transforming in professional development.

Balk DE (2001). College student bereavement, scholarship, and the university: a call for university engagement. *Death Studies* 25(1) 67–84.

Henderson S, Happell B, Martin T (2007). So what is so good about clinical experience? A mental health nursing perspective. *Nurse Education Practice* 7(3) 164–172.

Marshall C, Rossman GB (2006). *Designing qualitative research* (4th ed). Thousand Oaks, CA: Sage Publications.

Neimeyer RA (2002). Traumatic loss and the reconstruction of meaning. *Journal of Palliative Medicine* 5(6) 935–942.

Neimeyer RA, Baldwin SA, Gillies J (2006). Continuing bonds and reconstructing meaning: mitigating complications in bereavement. *Death Studies* 30(8) 715–738.

Rosenbaum ME, Lobas J, Ferguson K (2005). Using reflection activities to enhance teaching about end-of-life care. *Journal of Palliative Medicine* 8(6) 1186–1195.

Ruiz PRV, Vallejos RM (1999). The role of compassion in moral education. *Journal of Moral Education* 28(1) 5–17.

Supiano KP, Vaughn-Cole B (2011). The impact of personal loss on the experience of health professions: graduate students in end-of-life and bereavement care. *Death Studies* 35(1) 73–89.