Grieving Process of Nurses Continuing to Care for Dying Patients

Written by

Makiko Kondo

Horizon Research Publishing, USA

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Foreword 1

Caring for persons at the end of life is intrinsic to the role of hospice nurses. Yet many nurses feel unprepared and uncomfortable in the presence of death. Over time nurses who work with patients at the end of life are at risk of stress and burnout manifested by physical, mental, and emotional exhaustion; a reduced sense of personal accomplishment, feelings of vulnerability, and indifference or dissociation from patients and their families (e.g., Barrett & Yates, 2002; Davis, Lind, & Sorensen, 2013; Ostacoli et al., 2010; Potter et al., 2013). In turn, burnout can result in conflict with colleagues, absenteeism, substance abuse, job dissatisfaction, job turnover, and, in some cases, the decision to leave the nursing profession altogether (Davis, Lind, & Sorensen, 2013; Toh et al., 2012).

Why do some nurses experience burnout while others are resilient and maintain a sense of well-being as they provide end-of-life care to patients? Makiko Kondo's study of nurses' grieving process reveals why these differences exist. Kondo gives us a privileged look at the grief experiences of nurses working in general hospital units and palliative care units located in two hospitals in a western prefecture of Japan. Her work is based on grounded theory, a lens through which grief is viewed as a social process unfolds through interaction with others (patients and their families, nurse colleagues, physicians, and the nurse's own family).

I would like to draw attention to one of Kondo's key insights into the differences in nurses' grief processes, the ways in which nurses deal with the unresolved questions they confront as they provide end-of-life care. Some examples of unresolved questions are: "How can I continue to work in palliative care if I can't control my feelings when a patient that I cared about so much dies? I can't stop crying." "After seeing so many people die on my unit, it makes me wonder, why are we here? Why does this happen?"

Kondo categorized nurses' responses to dealing with unresolved questions into four groups. The first group dealt with unresolved questions by forming a "suit of armor", a protective barrier against the threat of death. Using a suit of armor these nurses conducted their professional lives using a style of detached involvement in which dealing with life and death became a routine undertaking free from feelings of distress. A second group of nurses resisted formation of a "suit of armor" and embraced caring for patients at the end of life wholeheartedly. Their style of dealing with life and death day to day was through excessive involvement and consequently they experienced many episodes of grief as they

provided end-of-life care. A third group of nurses dealt with unresolved questions using a variety of temporary measures (e.g., setting boundaries, not taking things too seriously, compartmentalizing problems). Their style of facing life and death each day was through selective involvement, limiting their relationships with patients to those they could handle emotionally. A fourth group of nurses came to grips directly with unresolved questions. They used a style in which they actively and freely sought to face end-of-life situations. They interacted with other colleagues, re-examined their nursing values, and gained skills, pleasure and confidence in working with dying patients every day.

Elucidation of nurses' grief processes including the differences noted above enables predictions about which nurses are more likely to suffer burnout and which nurses can continue to provide end-of-life care without excessive distress. Furthermore, Kondo has identified specific methods for supporting nurses and enabling them to move towards engaging in unresolved questions and over time to strengthen their capacity to engage in caring for dying patients.

This book will appeal to a wide nursing audience including bedside clinicians and nurse managers working in a variety of settings with patients at the end of life. Nurse educators can draw upon Kondo's model in designing curricula to help students better understand the grief process, recognize that end-of-life care is an occupational hazard for nurses, and focus on ways that nurses can improve the quality of care for patients and their families while safeguarding themselves from being overwhelmed by grief. Nurse researchers will find much inspiration including those interested in the topic of nurses' grieving and neophyte qualitative researchers seeking concrete details of Straus and Corbin's grounded theory methodology.

Suzanne M. Narayan, PhD, RN
Professor Emerita
Metropolitan State University
St. Paul, Minnesota

Foreword 2

I am writing to recommend that the paper "Grieving process of nurses continuing to care for dying patients", written by Dr. Makiko Kondo, be published in English. I was Dr. Kondo's academic supervisor when she was studying for her PhD at the School of Nursing at Osaka Prefecture University. I knew her when she was at the university and I also know how she has developed her research after completing her postgraduate course.

Currently in Japan, 80% of the population passes away in hospitals, but there is no literature about the nurses who attend to their patients while they die, about how much stress the nurses receive, how they burn out, and how this can cause them to leave their jobs. The purpose of Dr. Kondo's paper is to construct a theory illustrating the grieving process of nurses who observe their patients' deaths. Dr. Kondo hopes that in future this may help nurses do their work without excessive stress.

The Grounded Theory Approach (GTA) used by Strauss and Corbin was applied as a research method in this paper. Five-step theoretical samplings were conducted on 20 nurses who have experienced being beside patients when they died. The data were collected carefully through in-depth interviews.

The core category of the paper is "dealing with anguish caused by confronting people's lives" as part of the grieving process among nurses who are present at someone's deathbed. The paper reveals how the nurses deal with these issues and also reveals some characteristics of their grieving process. Dr. Kondo carefully examines the inner world of these nurses in relation to the deaths of their patients and finds a theory to explain it.

This paper has already been published by the Japanese publishing house Kazamashobo in 2011, but I would like to recommend it for publication in English. Though the subjects of the study are Japanese, the distress of nurses caused by the deaths of their patients is, of course, the same as for nurses in other countries. If this paper were published in English, I believe that it would assist studies into the distress among nurses all over the world, and as a result it might contribute to better support for the occupational difficulties felt by nurses.

Dr. Kondo was granted her PhD through this study and she is continuing her

research for further development. Moreover, she has conducted research related to support for those people recuperating from Hansen's disease and into bioethics, and this study was published by Kazamashobo in 2015 under the title "Life review of Hansen's disease survivors living at national sanatorium Oshima Seisho-en".

I am confident that Dr. Kondo's paper has excellent qualities and can make a valuable contribution to nursing practice.

Professor Hifumi Aoyama,
Faculty of Nursing and Rehabilitation,
Konan Women's University.

Foreword 3

The strong point of this book is presenting a practical theory of grieving process and experiences of nurses continuing to care for dying patients in Japan based on the Grounded Theory Approach (GTA). The author obtained extremely rich data from her careful and depth interviews with 20 nurses. Therefore, the results entirely came from her attitude toward listening to nurses' stories very carefully and snuggled into their feelings and thoughts.

The core category of grieving process was explained by《dealing with distress resulting from facing life and death directly》and 7 categories. Of which, [facing life directly] was found as a conditional category, and nurses experienced three kinds of distress: [being confronted, as a nurse, with the inherent limitations] [being exposed to the threat of death and dying] [shouldering the heavy responsibility involved]. This situation brought them to [face unresolved questions, and loss of confidence as a nurse]. Then, they tried to [correspond to unresolved questions] which composed four control patterns. Finally, the nurses reached [different daily care in confronting with death and dying].

From these categories, we can easily imagine and tell in detail how nurses feel about death and dying of patients, and how they confront with their attached feelings to it, and how they manage and resolve their distress. The author came to the conclusion that the nurses having difficulties in changing their feeling need grief care as patients' families experienced death and dying patients. Nurses are also human beings, therefore, having experienced death and dying of patients is extremely heavy and severe emotional nursing care. Because of this reason, we have to recognize that nurses caring for death and dying patients are the people who should be supported and cared from other nurses. I think many nurses working in different clinical areas can sympathize with the contents of this book.

It has been 8 years since Dr. Kondo submitted her doctoral thesis. The experience of nurses facing death and dying patients, however, has not been changed so dramatically, I think. Caring for dying patients has been influenced by culture, religion, and custom in each country. I expect publishing English book is a good opportunity to understand Japanese nurses' experiences of caring for dying patients.

By reading this book, I would appreciate that many nurses in the world become aware of commonalities, differences, and specificities about caring for dying patients with comparing their own clinical practices and they can search for what they can do for this issue. Regarding the theory construction using GTA, this book is very helpful to learn a process of qualitative data collection and analysis. I really recommend all of nurses to read this book from my bottom of heart.

May, 2016

Michiko Machiura, Ph.D., RNM., RN
Professor
School of Nursing and Graduate School of Nursing
Mukogawa Women's University

Preface: The Significance of This Book

1. Outline of the Book and its Path to Publication

This book describes a grounded theory (hereafter referred to as "GT") of the grieving process that nurses experience as they provide end-of-life care over a period of time. The theory proposed here is a substantive grounded theory that focuses on the experiences of nurses as they care for dying patients. Theories can be divided into four levels depending on their scope: metatheories, grand theories, middle-range theories, and practice theories. The theory discussed in this book is a practice theory because its scope is restricted to a specific context of nursing practice. That is to say, it focuses on the particular experience of nurses who care for dying patients within the specialized field of end-of-life care.

The GT originated as a doctoral dissertation, based on which I (current Associate Professor of the Department of Health Science Graduate School at Okayama University) was awarded a doctoral degree in nursing from the Graduate School of Nursing at Osaka Prefecture University in September 2007. Following my PhD defense and a careful review process, the dissertation was awarded a Grant-in-Aid for Publication of Scientific Research Results in the Academic Library: Japanese Publications category (KAKENHI Grant Number 225240) by the Japan Society for the Promotion of Science (Ministry of Education, Culture, Sports, Science and Technology), the main institution responsible for promoting the advancement of science in Japan. Then in 2011, the Japanese version of the book was published by Kazama Shobo Publishing (Tokyo, Japan). The dissertation was also awarded a Grant-in-Aid for Publication of Scientific Research Results in the Academic Library: Translated Publications category (KAKENHI Grant Number 15HP6005), which aims at disseminating Japanese culture and science throughout the world; this resulted in the publication of an English version of the book by Horizon Research Publishing, an open-access publisher in the United States serving the academic research and scientific communities of the English-speaking world. The book was translated from Japanese to English by Crimson; I thank Crimson Interactive Pvt. Ltd. (Ulatus) – www.ulatus.jp for their assistance in manuscript translation and editing.

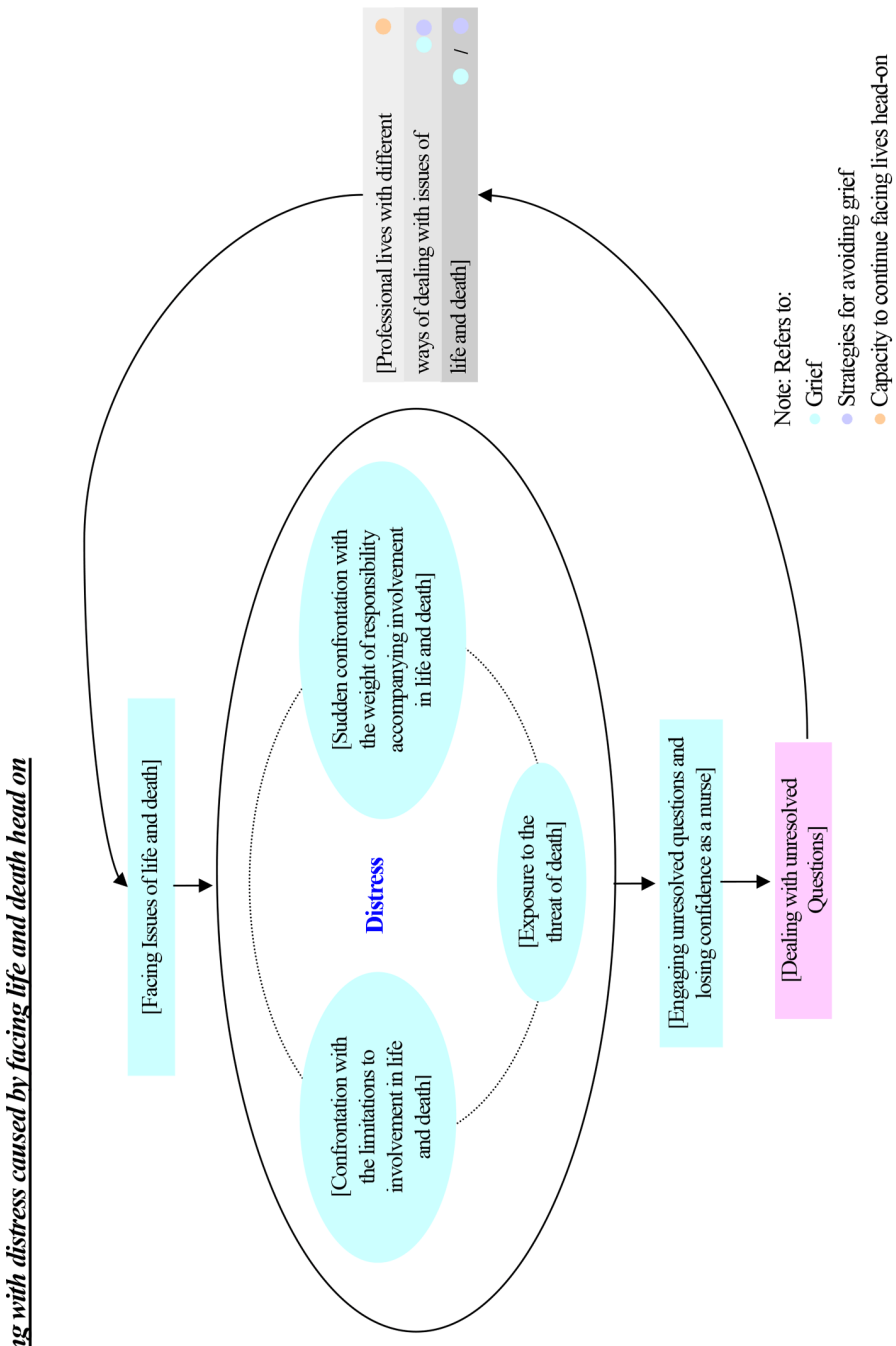
2. Overview of the GT

The GT consists of two main parts and is described in detail in Chapters 4 to 6. Two figures are particularly important (Preface Figure 1 and Preface Figure 2) and outlined below.

1) The Grieving Process Experienced by Nurses as They Provide End-of-Life Care (Preface Figure 1)

Preface Figure 1 shows the grieving process that nurses experience as they care for numerous dying patients over an extended period of time. These experiences are described here in their original form, as recounted by the nurses who participated in this study. The rationale behind this approach is that the results of the in-depth literature review indicated that the experiences of nurses who work in the field of end-of-life care cannot be fully understood through the existing theories and concepts; additionally, to provide nurses the support they really need, it is necessary to construct a new theoretical framework that serves as the foundation for effective support methods to be developed. Under the supervision of multiple faculty members, including Michiko Machiura, who completed her doctoral degree at the *University of California, San Francisco (UCSF*), where Dr. Strauss and Dr. Corbin taught, the GT was constructed using the grounded theory approach proposed by Strauss and Corbin (1998) and was organized into a concise theoretical scheme that describes the relationships among seven categories (see Preface Figure 1). These are discussed in depth in Chapters 4 and 5.

The first key factor concerning the GT is that the turquoise boxes in the figure indicate instances of "grief" that nurses experience. Strauss and Corbin (1998) proposed a coding paradigm consisting of three elements, namely conditions, action/interactions, and consequences, as an effective tool for analyzing the structure and process of a phenomenon. When this model is applied to the results of the present study, it suggests that nurses begin to experience grief when the conditions of their work require them to [face issues of life and death head-on]. This, in turn, necessitates their facing the following three kinds of distress, namely that caused by their [confronting the limitations of their involvement in end-of-life care], [by their exposure to the threat of death], and [by their suddenly facing the weight of responsibility they bear in caring for dying patients]. Then, as nurses experience one or more of these kinds of distress, they tend to [engage in addressing unresolved questions about life and death and lose confidence as a nurse] (see Chapter 4, Figure 4-2).



Preface Figure 1. The Grieving Process Experienced by Nurses as they Continue to Work in End-of-life care

The second key point is that when nurses experience grief, they develop a rich variety of methods for addressing it and [dealing with unresolved questions] that they focus on during the grieving process. The use of these methods leads to four different styles as nurses [in their professional lives deal with issues related to life and death in different ways,] (which correspond to the pink and graded gray boxes in the figure; see Chapter 5, Figure 5-8 and Table 5-4).

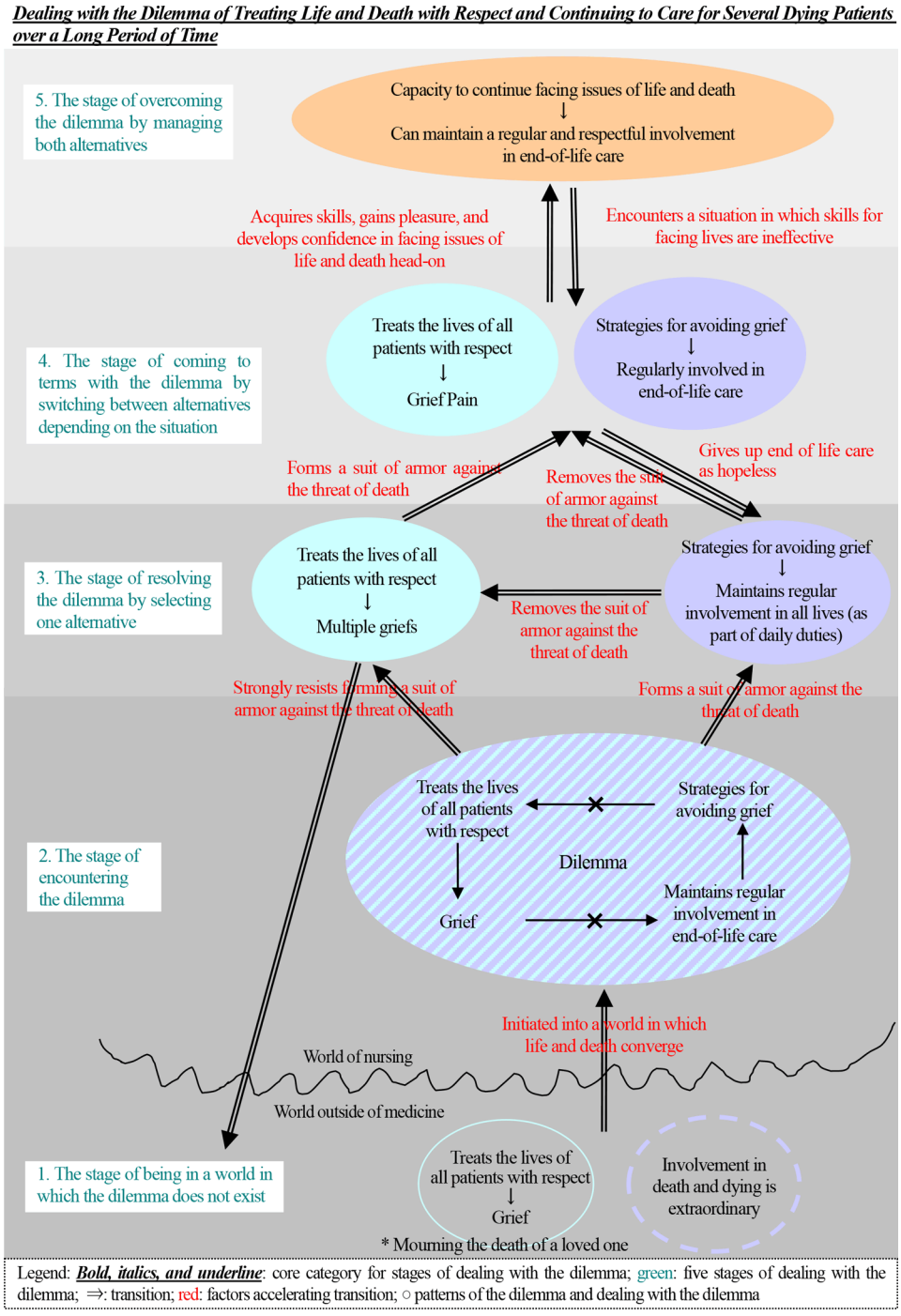
The third key point is that even as nurses in their [professional lives employ different ways of dealing with life and death], in all styles, a new situation that can cause grief typically may begin when the particular conditions that lead to feelings of grief are presented, and nurses repeatedly experience this process during their work. In other words, the grieving process that nurses undergo is characterized by its cyclical nature (see Chapter 5, Figure 5-9).

The fourth key point is that even as nurses experience this cyclical process of grief, they are sometimes able to achieve development as a nurse who specializes in end-of-life care. As shown in Figure 6-3 (see Chapter 6), this phenomenon can occur when nurses <<inquire into the truth of the matter regarding issues of life and death>> and <<acquire skills, gain pleasure, and develop confidence in facing issues of life and death>>. (<<inquiring into the truth of the matter regarding issues of life and death>> was one of the methods by which nurses in this study dealt with unresolved questions.) The structure of the nurses' capacity to face issues of life and death head-on is illustrated in Figure 6-2 (see Chapter 6).

2) Dealing with the Dilemma of Treating Life and Death with Respect and Caring for Dying Patients over a Long Period of Time (Preface Figure 2)

Preface Figure 2 is a GT that explains the process of professional development and change in nurses who work in end-of-life care from the perspective of resolving a dilemma. The dilemma, and the ways in which nurses resolve it, are described in detail in Chapter 6.

The first key point here is that as nurses work in end-of-life care over a period of time, they may perpetually experience a dilemma in which they must treat the life of each patient with respect while caring for dying patients (see Chapter 6, Figure 6-4).



Preface Figure 2. Stages of Dealing with the Dilemma of Treating Life and Death with Respect and Continuing to Care for Several Dying Patients over a Long Period of Time

The second key point is that nurses' developmental process is expressed as five stages through which nurses progress and regress depending on how they approach this dilemma (see Chapter 6, Figure 6-4 and 6-5). In the first stage, [[being in a world where the dilemma does not exist]], nurses are in the world outside of medicine before they become a nurse and after they leave their job. In this stage, nurses may experience grief when mourning the death of a loved one. However, the dilemma they experience as professionals working with terminally ill patients does not exist because they are not required to be regularly involved in life and death issues. In the second stage, [[encountering the dilemma]], new nurses who enter the world of medicine recognize the existence of the dilemma and begin to face it head-on. In the third stage, [[resolving the dilemma by selecting an alternative method]], nurses select one of two paths. They either (1) experience multiple cycles of grief in attempting to treat the lives of all patients with respect or (2) routinize the care of dying patients in order to work in end-of-life care over a long period of time. In the fourth stage, [[coming to terms with the dilemma]], nurses restrict the burden entailed in their professional work to something within a manageable "range" by choosing either (1) or (2) on a case-by-case basis. In this stage, nurses consider, through a process of trial and error, whether they can come to terms with the dilemma. In the fifth stage, [[overcoming the dilemma]], nurses who are able to acquire professional skills, gain pleasure, and develop confidence in facing issues of life and death—through the process of trial and error that occurs in stage four—have the ability to care for dying patients with respect on a regular basis without experiencing distress. In other words, they become a "specialized nurse."

The third key point is that as nurses progress and regress through these stages over the long term, they in fact continue to care for dying patients. While their advancement through these stages represents a kind of professional development, nurses do not always move in this direction and can sometimes regress to earlier stages when they encounter a dilemma. In Preface Figure 2, the nine concepts denoted in red (e.g., <<initiated into a world in which life and death converge>>) are factors that influence nurses' progression/regression through these stages.

3. The Significance of Publishing an English Version of the Book

The GT was developed with the intention of applying it in practice, to strengthen the theoretical framework for establishing support methods for nurses working in end-of-life care. To share the results of the practical research

conducted within the theoretical framework of the GT with readers all over the world, it is necessary to make the book accessible in English-speaking countries so that non-Japanese readers can carefully study the details of the GT.

1) The Significance of Constructing a Theory

(1) The Needs of the Nursing Profession

The literature review revealed that more than 80% of general unit nurses experience stress when caring for dying patients (Kamimura et al., 1994; Iwamichi et al., 2006); however, 12% of palliative care unit nurses encounter burnout (Kurose et al., 1999). Moreover, because professional expectations for nurses discourage the open expression of emotions, they are required to control the emotions that they may feel at work (Smith, 2000) and often exhibit defensive reactions (Åström et al., 1993). However, according to a systematic review of nursing support (Kondo, 2006), existing support methods are limited in terms of helping nurses deepen their insight into their experiences with end-of-life-care, and there is a limit to how well the emotional aspects of nurses' involvement in end-of-life care can be understood within the framework of existing theories, concepts, and measurement scales. The GT is therefore a substantive grounded theory that responds to the needs of the nursing profession, which was developed based on an extensive literature review. In order for nurses to care for dying patients over a period of time without experiencing excessive stress or having to control their emotions to an excessive degree, it is necessary for them to acquire a thorough understanding of their own grieving process. Hence, it is important to publish the details concerning this grieving process for the benefit of clinical nurses, hospital managers, researchers, and educators at colleges and university departments specializing in nursing.

(2) Value as a Theory

The GT is summarized in Preface Figure 1 and Preface Figure 2. According to Glaser and Strauss (1967), theories should satisfy four criteria, namely *fitness* (does the theory correspond as closely as possible to the daily realities that it attempts to describe?), *understanding* (does it encourage the reconstruction of fragmented experiential knowledge and present a coherent overview of this?), *generality* (is it abstract enough to be used as a general indicator among constantly changing diverse realities), and *control* (does it allow those who understand it to independently bring about necessary change?). As the GT satisfies these four criteria, it can be said to hold value as a theory. The GT also has a simple structure and can be used to explain and predict phenomena.

(3) From Theory to Practice

Because theories not only describe and explain certain phenomena under study but also allow the user to predict what might happen in the future (Torres, 1986), the support methods laid out in this study, which were formulated based on the theory, makes it possible to predict what might happen next and provide nurses with foresighted support. The GT was constructed with the aim of applying it in practice, and it is part of a larger research project, the ultimate goal of which is to develop methods of supporting nurses based on the GT. The details of this project are given below.

2) Developing a Method of Supporting Nurses Working in End-of-life Care, Based on the GT (Applying the Theory in Practice)

(1) Outline of the Project

The overall objective of the project is to develop a systematic framework of support methods for nurses who must care for a large number of dying patients over a lengthy period of time. The project has three stages. The first stage involved constructs the theory on which these support methods are based (described in this book). In the second stage, Nurses' Involvement in Patients' Dying and Death Scale (NIPDYDS) was developed for screening support methods for recipients and verifying the effects of these methods. In the third stage, support methods were developed based on the theory and their effects verified.

In this section, I introduce the approach to using the grieving process that nurses experience, as shown in Preface Figure 1. Among the components of the GT illustrated in Preface Figure 1, the following are especially important: nurses are classified into four categories of styles depending on how they [deal with unresolved questions], and therefore, they lead their [professional lives based on their different ways of approaching issues related to life and death]. The conditions in which a new situation that can cause distress (grief) may occur or differ depending on which style nurses adopt (see Chapter 5, Table 5-4). In style 1 (Active involvement), nurses <<acquired skills, gained pleasure, and developed confidence in facing issues of life and death>> by <<inquiring into the truth of the matter regarding issues of life and death>>, and as a result, they <<no longer experienced distress, although they were facing lives head-on>>. In style 2 (Selective involvement), nurses <<eased their emotional distress>> by <<adopting temporary measures>> to deal with unresolved questions and <<selectively only faced lives within the range of what they could handle

emotionally>>. Hence, they <<returned to their original ways of dealing with issues of life and death without experiencing distress>>. In style 3 (Detached involvement), nurses dealt with unresolved questions by <<forming a suit of armor to protect themselves against the threat of death>> (i.e., lowering their sensitivity to death) and <<no longer faced issues of life and death head-on>>. In other words, they <<routinized the care of dying patients>>. In style 4 (Excessive involvement), nurses <<strongly resisted forming a suit of armor against the threat of death>> and << faced all lives head-on with commitment>>, and as a result, they <<repeatedly experienced grief>> on a daily basis.

The support methods developed based on the GT can be used to (1) identify each nurse's style of dealing with issues of life and death with a view to providing a support method that accounts for the characteristics of that particular style; (2) ease the emotional distress that style 4 nurses experience, who <<repeatedly encounter feelings of grief>> on a daily basis due to caring for dying patients, and that prevents them from leaving their jobs; (3) examine strategies by which style 2 nurses, who continue to <<selectively face lives within the range of what they can handle emotionally>>, can <<acquire skills, gain pleasure, and develop confidence in facing issues of life and death>>; and (4) enhance peer support by involving style 1 nurses, who have already increased their capacity for dealing with terminally ill patients, in providing support for styles 2 and 4 nurses. By developing these support methods, it will be possible to prevent burnout among nurses who must care for dying patients while the number of nurses who are able to develop a greater capacity for facing issues of life and death is increased.

(2) The Academic Significance of the Project

The academic significance of the project is fourfold:

(a) Academic significance of the theory:

The rationale for the project originates from the results of a systematic review of support for nurses working in end-of-life care, which found that support methods based on existing theories are insufficient. Because the measurement scales and support methods presented in the present study are drawn from a theory grounded in the actual experiences of nurses who were required to care for dying patients over a period of time, it can be said that they closely reflect the realities of the nursing profession.

(b) Originality:

The originality of the project lies in its approach, which focuses on the ways in which nurses deal with issues of life and death as they care for dying patients, as

well as its attempt to examine the use of support methods that correspond to the characteristics of each style adopted by nurses in dealing with these issues. Previous research has yet to provide support methods that are tailored to the different ways in which nurses face issues of life and death.

(c) Expected results:

By presenting support methods that correspond to nurses' various ways of dealing with issues of life and death among their patients, it will be possible to provide effective support for nurses who are at a high risk of burnout. Moreover, it is anticipated that more nurses will strengthen their capacity for facing issues of life and death by acquiring skills, gaining pleasure, and developing confidence. Even if social conditions change, some nurses will still need to care for large numbers of dying patients in the future. Therefore, preventing burnout is an important task in the field of nursing management. Furthermore, as nurses acquire skills, gain pleasure, and develop confidence in facing issues of life and death, they increase their capacity, hence support the lives of patients, who are experiencing total pain, and their families and help them live their lives according to their own values. Thus, the project directly contributes to improving the quality of life of both patients and families.

(d) Ripple effects:

(i) Application in basic nursing education: By applying the results of this research among nursing students, it will be possible to offer, from an early stage, opportunities for considering ways in which nurses seek to protect themselves emotionally when caring for a large number of dying patients, as well as ways of increasing their capacity for facing issues of life and death.

(ii) Application in nursing management: By applying the new measurement scale for nurses' involvement in issues of life and death (NIPDYDS), it will be possible to employ the theory to quickly detect and redeploy nurses who are experiencing multiple instances of grief, assess the readiness of nurses to be transferred to palliative care units, and objectively measure the emotional well-being of nurses who work in units where death is a regular occurrence. In other words, the theory will help nursing administrators manage their human resources.

(iii) Application in career development: Through application of the measurement scale (NIPDYDS), it will be possible for each nurse to objectively identify his/her own emotional tendencies when facing with issues of life and death. By clarifying the next task that a nurse should address based on Preface Figure 2, it will be possible to encourage nurses to develop as professionals who

continue to care for dying patients.

(3) Development of NIPDYDS

The second stage of the project involved develops a measurement scale using the GT as a theoretical framework. This scale is known as NIPDYDS and was published in *OMEGA: Journal of Death and Dying*. The measurement scale consists of four factors and 40 items, with two factors related to the positive aspects of the end-of-life care experience (deep involvement in facing dying and death, and increased competency in facing dying and death) and two factors related to the negative aspects of this experience (uncertainty and difficulty dealing with dying and death, and growing accustomed to dying and death). The validity and reliability of the scale were also confirmed.

* Makiko KONDO, Hiroshi NAGATA: Nurses' Involvement in Patients' Dying and Death: Scale Development and Validation. Omega: Journal of Death and Dying, 70(3), 275-298, 2014-2015.

FYO (abstract of the Omega article)

This study reports on the development of a measurement scale, the Nurses' Involvement in Patients' Dying and Death Scale (NIPDYDS), which captures the experiences of nurses who care for terminally ill patients. Potential items were extracted from narrative data gathered systematically and comprehensively from in-depth interviews with nurses engaged in caring for terminally ill patients. Factor analyses revealed four factors, consisting of 40 total items, with two factors related to the positive aspects of the experience (deep involvement in facing dying and death and Increased competence in facing dying and death) and two factors related to the negative aspects of the experience (uncertainty and difficulty dealing with dying and death, and accustomed to dying and death). Validity and reliability of the scale were found to be acceptable. The factorial structure of the NIPDYDS was contrasted with Frommelt's (1991) FATCOD (Frommelt Attitude Toward Care of the Dying Scale), and the usefulness and limitations of the NIPDYDS were discussed.

(4) Examining Support Methods

The third stage of the project involved examines various support methods. As a strategy for helping style 2 nurses, who <<selectively face lives within the range of what they can handle emotionally>>, to <<acquire skills, gain pleasure, and develop confidence>> in confronting issues of life and death, I am currently examining ways of developing case studies that can help nurses identify the causes of problems and acquire these capacities by inquiring into the truth of the matter regarding issues of life and death. The results of this investigation will be

published in a journal in the future.

3) The Role and Prospects of the GT in the Development of International Academic Exchange

(a) Contributing to the Development of Thanatology

i. The various theories of grief (Lindemann, 1994; Freud, 1959; Bowlby, 1980; Worden, 1991; Parkes, 1996) were developed with a focus on dying patients and their families. However, in the case of nurses, grief occurs during the process of their caring for a large number of dying patients as a professional over a long period of time, and as such, their experience of grief is fundamentally different from that encountered by family members. As a theory focusing on professional caregiving, the GT has important implications for the field of thanatology (the scientific and interdisciplinary study of death and dying), that is, studying issues of life and death in a comprehensive manner.

ii. The various problems related to life and death among humans are heavily influenced by culture, including history, philosophy, and religion. The research described in this book targeted Japanese nurses, whose experiences are rooted in the culture and customs of Japan. By presenting an account of nurses' grief that occurred in the Japanese context, it will be possible to provide basic data that contributes to a discussion of universality in the context of death and dying that transcends cultural boundaries.

(b) Contributing to Advancing the Field of Nursing

There are various kinds of theories—meta-theories, grand theories, middle-range theories, and practice theories—among which the GT presented in this book is a practice theory. Practice theories seek to explain and predict phenomena within the boundaries of a particular subject area and are thought to be particularly effective for describing practice contexts in which there is a need for change. Nursing can be considered as a practical science that is concerned with caregiving in clinical settings, and in advancing the field of nursing, it is important to develop and accumulate practice theories. Moreover, it is necessary to develop practice theories that can function as indicators in order to more effectively control conditions in chaotic practical settings.

(c) Contributing to the Development of Theories Concerning the Grieving Process of Nurses

In terms of the psychological aspects related to nurses' involvement in end-of-life care, previous research has focused on the concepts of burnout and

emotional labor. However, the grief of nurses has long gone unrecognized, even among nurses themselves (Felgstein, 1995), and it was not until the mid-1990s that research on this subject began in countries such as the United States (Sander, 1994; Davies, 1996) and Greece (Papadautou, 2000; Papadautou, 2002). The construction of the GT also began with a discussion titled, "Do Nurses Involved in End-of-Life Care as Professionals Experience Grief?," which took place in a doctoral dissertation seminar. The research plan was developed after discussing the suitability of grief as a concept for describing nurses' experiences.

In recent years, experts have begun to recognize the need for grief care for nurses, and a small number of research studies have begun to focus on nurses' grief (Wisekal et al., 2015; Loos et al., 2015; Adwan, 2014; Wenzel et al., 2011; Gerow et al., 2010; Brown et al., 2009; King, 2006). The need to introduce the topic of nurses' grief into the basic nursing education system has also been highlighted (Wisekal, 2015). Nevertheless, support methods for demonstrating how grief care for nurses should proceed have not yet been proposed. By presenting a systematic description of the grieving process experienced by nurses, this book will encourage the development and discussion of nurses' grief and provide a theoretical framework for developing appropriate grief care for nurses.

4. The Structure of the Book

The book is divided into eight chapters. In Chapter 1, I describe the significance and objectives of my research. In Chapter 2, I present the results of the literature review that confirmed the need to construct a new GT (evidence). In Chapter 3, I elucidate the research methodology employed, with particular reference to the five-stage research process guided by theoretical sampling. In Chapters 4 to 6, I introduce the GT by presenting the results of the research. In Chapters 4 and 5, I explain the grieving process that nurses encounter as they provide end-of-life care (see Preface Figure 1). First, Chapter 4 contains a storyline based on Preface Figure 1 and provides an overview of the GT. Then, Chapter 5 contains detailed explanations of each category of the GT. In Chapter 6, I discuss the dilemma nurses face in attempting to treat life and death with respect while caring for dying patients over a long period of time, and I explain how nurses deal with this problem (see Preface Figure 2). This chapter also contains an explanation of nurses' strategies for avoiding grief and of their capacity to continue facing issues of life and death head-on. In Chapter 7, I consider (1) the characteristics of the grieving process that nurses experience as they provide end-of-life care over a long period of time and (2) how the GT can be applied in practice, and I (3)

evaluate the GT as a theory. Chapter 8 is the conclusion.

I hope that this book will contribute to a scholarly exchange of Japanese culture and science and offer valuable information regarding support for nurses involved in end-of-life care.

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Epilogue

First, I would like to express my sincere gratitude to the nurses who participated in this study for sparing valuable time from their demanding schedules and unstintingly recounting their valuable experiences.

I would also like to thank the former Deputy Director of Nursing Takako Tsukuda and the Head Nurse Shoko Onishi for helping me select a research field and organizing the finer details of coordination with the participating hospitals. Next, I would like to give my special thanks to all the members of the Nursing Department, including the former Director of Nursing Masako Misaki, the Director of the Hospital Kazutoyo Shirakawa, the Director of Nursing Hiromi Kato, and the Head Nurse Reiko Fujita.

This book is a grounded theory describing the grieving process experienced by nurses as they continue to provide end-of-life care, which was developed from my Doctoral Thesis submitted to Osaka Prefecture College of Nursing. Throughout this project, I have received warm and watchful guidance from Dr. Hifumi Aoyama, Dr. Michiko Machiura, and Dr. Akira Ohtani from Osaka Prefecture College of Nursing as well as Dr. Suzanne Narayan, a former professor at the college. I am sincerely grateful for all your support. In addition, I would like to thank all of my former teachers, seniors, and friends, including Ms. Kyoko Numata, who have continued to provide valuable suggestions from start to finish, as well as my family members, including my daughter Akika.

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Biography

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Makiko Kondo obtained Bachelor of Education and Registered Nurse degrees from Tokushima University in 1989, a Master of Science in Nursing degree from Chiba University in 2000, and a Doctor of Philosophy in Nursing from Osaka Prefecture University at 2007. Currently, she is an associate professor at the Graduate School of Health Sciences in Okayama University. She teaches doctor's course, master's course for Oncology Certified Nurse Specialist, and bachelor's course for nursing students. Her field of expertise is qualitative studies, and her research themes involve care for mothers and fathers with cancer and their children, support for nurses caring for dying, and the history of medicine and bioethics for Hansen's disease.

Research field

End of life care, cancer nursing, family nursing, Clinical nursing competency history of medicine and bioethics for Hansen's disease

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In Japan today, 80% of people die in hospital. The need to continue to care for a large number of dying patients has given rise to a situation wherein nurses must turn their attention to the next patient without taking time to mourn the death of the last, which causes them to experience stress and burnout. However, with the exception of some palliative care units (PCUs), there are very few support frameworks on which nurses can rely. The task of establishing support methods to help nurses continue to work in end-of-life care without experiencing excessive stress is an important challenge in the field of nursing management.

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