

Staff Grief in the Context of Oncology Care

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**“Grief for Loss is an Inevitable
Part of Life and of Cancer Care”**

Penson, *The Oncologist*
2002, 251-258.

Grief is Silent and Therein Lies
It's Uncanny Power

Isaac Bashevis Singer

Why Do Oncology Staff Become More Attached and Experience More Grief for Certain Patients?

1. Beloved patients more “difficult” than hated patients in regard to formation of grief.

Why Do Oncology Staff Become More Attached and Experience More Grief for Certain Patients?

2. Identification and transference are key psychodynamic mechanisms in the process

Why Do Oncology Staff Become More Attached and Experience More Grief for Certain Patients?

3. Key “provokers” may include:

- a) Physician & Nurse Patients
- b) Transferential Parental Figures
- c) Idealized Reflections of Ourselves
- d) Idealized Mates
- c) Idealized Children
- f) Members of Idealized Families

Comparing M.D. & R.N. Grief Experiences

- 82% of M.D.'s vs. 94% of R.N.'s reported grief over death of child on unit
- 27% of M.D.'s felt emotionally supported by colleagues vs. 75% of R.N.'s in the grief process
- 35.7% of M.D.'s vs. 62.5% of R.N.'s would seek to remain on the pediatric oncology unit

Doctors Emotional Reactions to Death of a Recent Patient

Table 4 Social resources accessed by doctors and comparisons by level of training. Figures are numbers (percentage) of doctors

| | All (n=182) | Attending physician (n=64) | Residents (n=57) | Interns (n=61) | χ^2 , P value |
|--|----------------|-------------------------------|---------------------|-------------------|--------------------|
| Did you talk to an attending physician? | 118 (65) | 34 (53) | 42 (74) | 42 (68) | 6.76, P<0.05 |
| Did you talk to a resident? | 146 (80) | 45 (70) | 48 (84) | 55 (89) | 8.33, P<0.02 |
| Did you talk to a non-doctor HCP? | 95 (52) | 35 (55) | 29 (51) | 31 (50) | 0.11, P=0.95 |
| Did you talk to your spouse or SO? | 76 (42) | 21 (33) | 25 (44) | 29 (48) | 4.20, P=0.13 |
| Of the people listed above, who was most helpful?: | | | | | |
| Attending physician | 38 (21) | 11 (17) | 13 (24) | 13 (21) | |
| Resident | 44 (24) | 6 (9) | 15 (27) | 22 (36) | |
| Non-doctor HCP | 11 (6) | 6 (9) | 2 (4) | 3 (5) | 32.0, P<0.01 |
| Spouse or SO | 45 (25) | 12 (19) | 15 (27) | 17 (28) | |
| No one | 44 (24) | 29 (46) | 10 (18) | 6 (10) | |

HCP=healthcare professional; SO=significant other.

Table 5. Multiple regression analysis of carer psychological symptoms at bereavement follow-up^a

| Variables | <i>B</i> | S.E. <i>B</i> | ΔR^2 if omitted |
|-----------------------------------|----------|---------------|-------------------------|
| Carer DSSI score (<i>N</i> = 91) | | | |
| Referral DSSI | 0.597** | 0.113 | 0.04 |
| No of adverse life events | 1.121* | 0.509 | 0.03 |
| Practical assistance | -0.195 | 0.101 | 0.02 |
| Sex of carer | 2.627 | 1.432 | 0.02 |
| IBM control scores | 0.136 | 0.075 | 0.02 |
| Karnofsky rating | 0.088 | 0.050 | 0.02 |
| Adjusted $R^2 = 0.53^{**}$ | | | |
| Carer GHQ score (<i>N</i> = 85) | | | |
| Prior bereavement | 13.388* | 5.46 | 0.06 |
| No. of adverse life events | 2.980* | 1.324 | 0.05 |
| Karnofsky rating | 0.311* | 0.139 | 0.05 |
| Religious beliefs | -1.559* | 0.734 | 0.04 |
| Accepting responsibility | 1.701* | 0.847 | 0.04 |
| QL index | -2.684 | 1.348 | 0.04 |
| Adjusted $R^2 = 0.17^*$ | | | |

^a Only significant variables and those approaching significance are included in the table, hence the discrepancy between the sum of ΔR^2 and the total adjusted R^2 . Note that each variable entered in the equations for each regression model accounted for one degree of freedom.

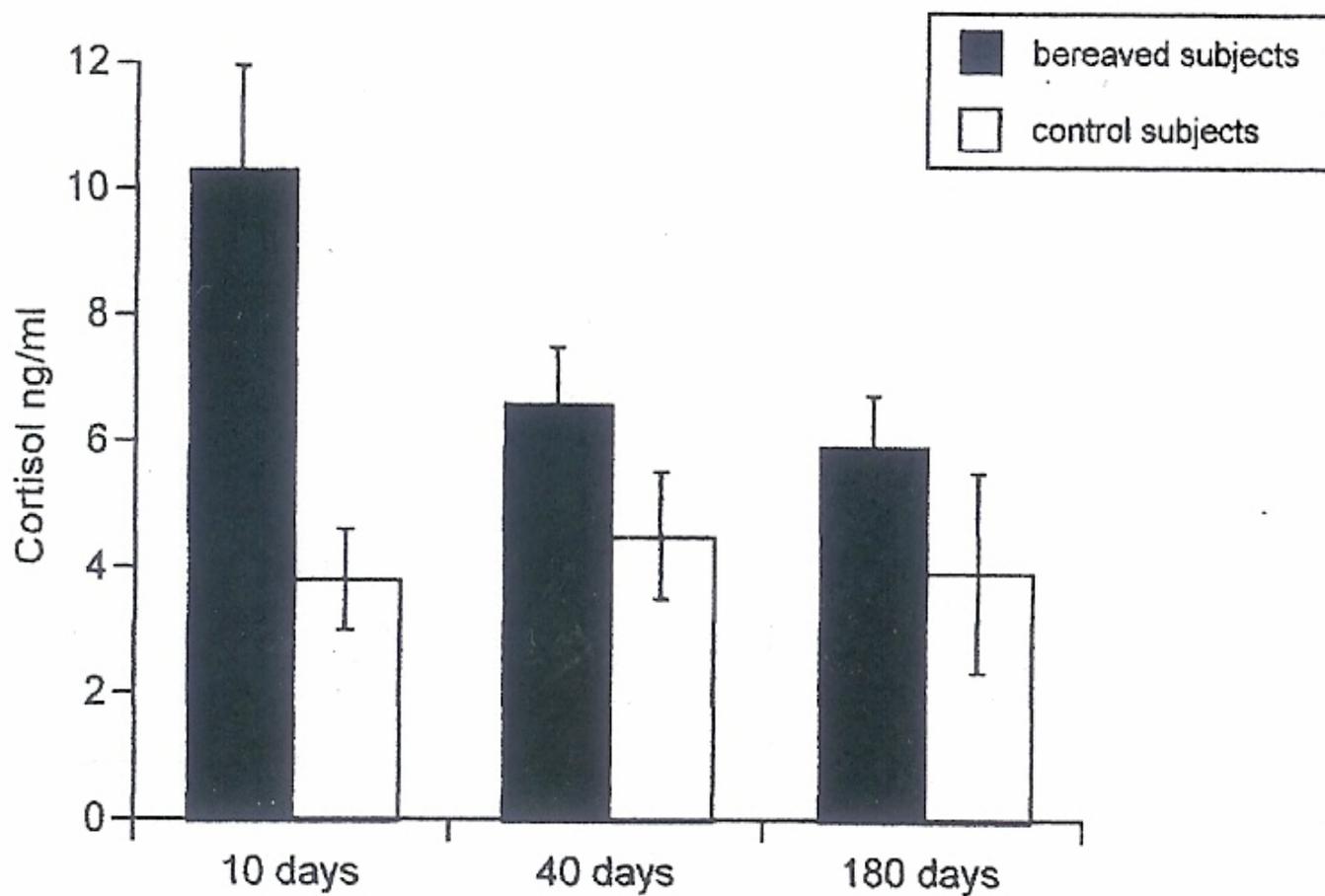
** $p < 0.001$, * $p < 0.05$. (All variables were entered as continuous covariates and hence accounted for one degree of freedom each.)

Table 6. Regression coefficients of the risk factors of complicated grief pre-loss for caregivers

| Risk factors | Beta | t | Significance |
|---|-------------|----------|---------------------|
| Annual family income at dx | -0.169 | -1.251 | 0.214 |
| Current family income | -0.106 | -0.748 | 0.456 |
| Patient's illness a (Major loss of income) | 0.041 | 0.447 | 0.656 |
| Age | -0.117 | -1.419 | 0.159 |
| Social support | -0.158 | -1.534 | 0.128 |
| Pessimism | 0.208 | 2.318 | 0.022* |
| History of depression | 0.019 | 0.209 | 0.835 |
| Current depression | 0.092 | 1.036 | 0.303 |
| Moderate to severe stressors (Excluding cancer dx) | 0.222 | 2.351 | 0.021* |

* $p < 0.05$, $F_{(9,100)} = 6.459$, $p < 0.01$, $R^2 = 0.37$.

Psycho-Biology of Grief



Cortisol levels (mean \pm S.E.) after dexamethasone suppression test in bereaved and control subjects

TABLE 3. BONE MINERAL DENSITY IN 24 DEPRESSED AND 24 NORMAL WOMEN.*

| BONE MEASURED† | DEPRESSED WOMEN | NORMAL WOMEN | MEAN DIFFERENCE (95% CI) | P VALUE |
|--------------------------------|-----------------|--------------|--------------------------|---------|
| Lumbar spine (anteroposterior) | | | | |
| Density (g/cm ²) | 1.00±0.15 | 1.07±0.09 | 0.08 (0.02 to 0.14) | 0.02 |
| SD from expected peak | -0.42±1.28 | 0.26±0.82 | 0.68 (0.13 to 1.23) | |
| Lumbar spine (lateral)‡ | | | | |
| Density (g/cm ²) | 0.74±0.09 | 0.79±0.07 | 0.05 (0.00 to 0.09) | 0.03 |
| SD from expected peak | -0.88±1.07 | -0.36±0.80 | 0.50 (0.04 to 1.03) | |
| Femoral neck | | | | |
| Density (g/cm ²) | 0.76±0.11 | 0.88±0.11 | 0.11 (0.06 to 0.17) | <0.001 |
| SD from expected peak | -1.30±1.07 | -0.22±0.99 | 1.08 (0.55 to 1.61) | |
| Ward's triangle | | | | |
| Density (g/cm ²) | 0.70±0.14 | 0.81±0.13 | 0.11 (0.06 to 0.17) | <0.00 |
| SD from expected peak | -0.93±1.24 | 0.18±1.22 | 1.11 (0.60 to 1.62) | |
| Trochanter | | | | |
| Density (g/cm ²) | 0.66±0.11 | 0.74±0.08 | 0.08 (0.04 to 0.13) | <0.001 |
| SD from expected peak | -0.70±1.22 | 0.26±0.91 | 0.97 (0.46 to 1.47) | |
| Radius | | | | |
| Density (g/cm ²) | 0.68±0.04 | 0.70±0.04 | 0.01 (-0.01 to 0.04) | 0.25 |
| SD from expected peak | -0.19±0.67 | 0.03±0.67 | 0.21 (-0.21 to 0.64) | |

*Plus-minus values are means ±SD. CI denotes confidence interval.

†Values for "SD from expected peak" are the numbers of standard deviations from the expected peak density derived from a population-based study of normal white women.³

‡This measurement was made in 23 depressed women and 23 normal women.

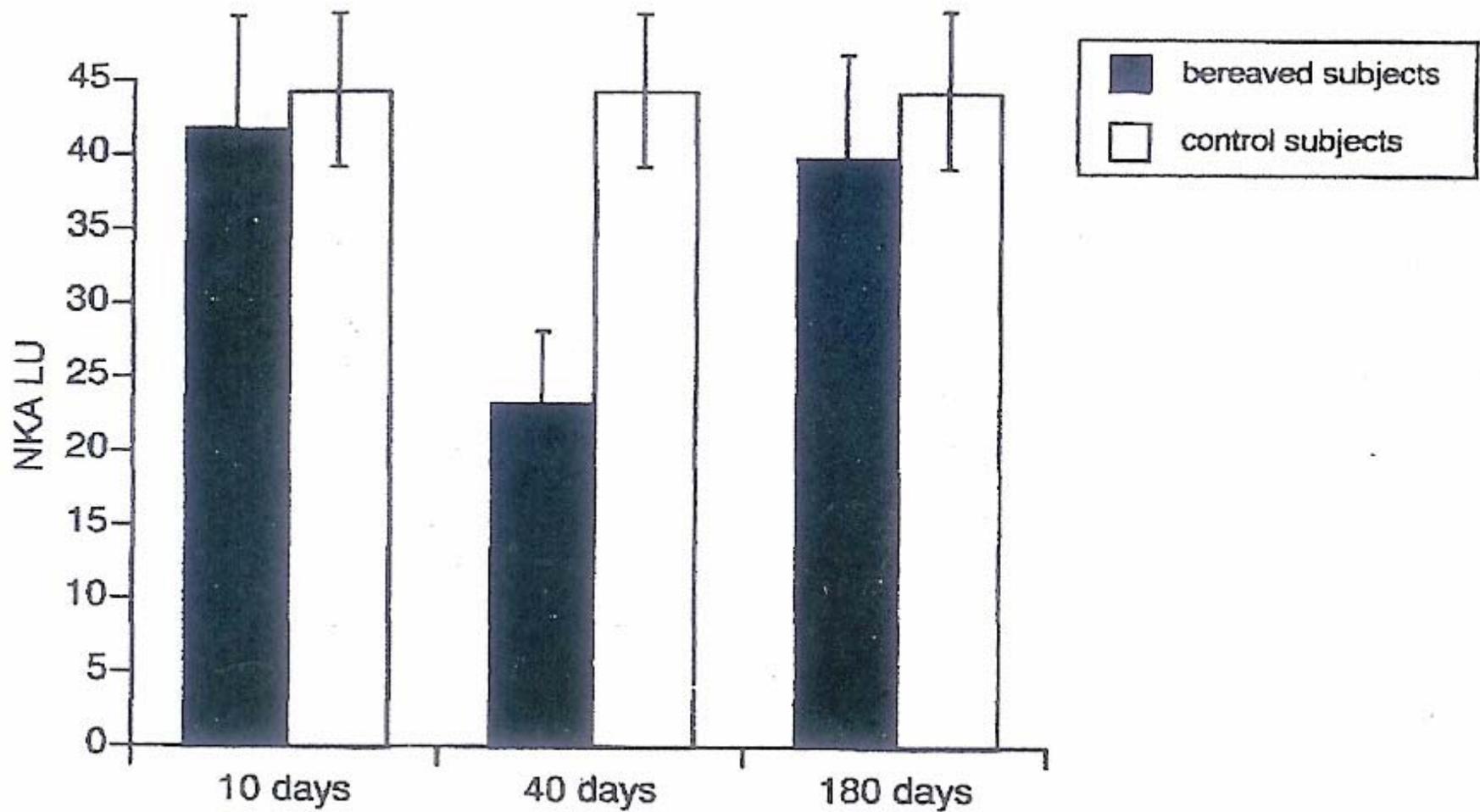
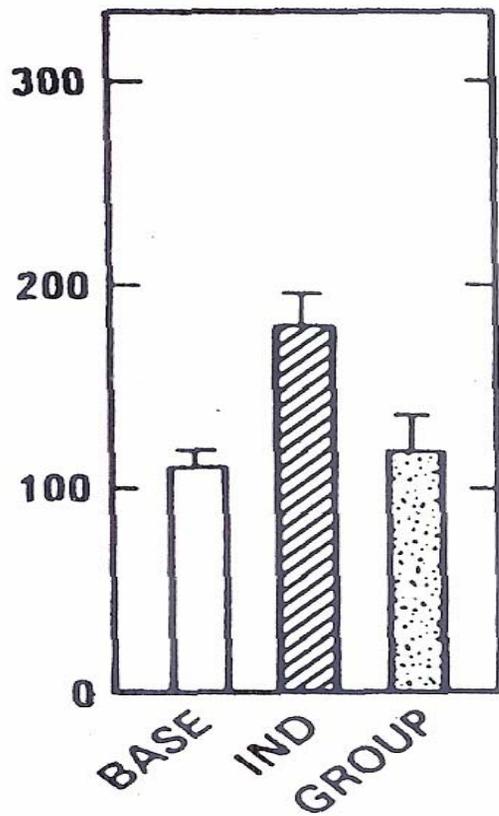
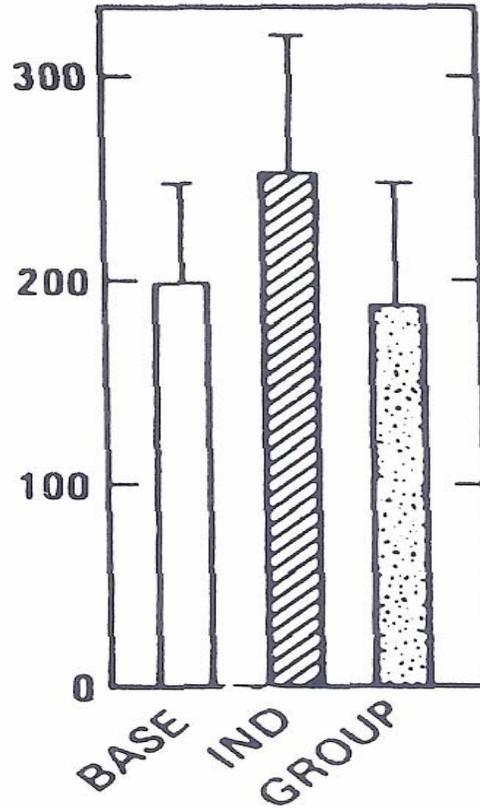


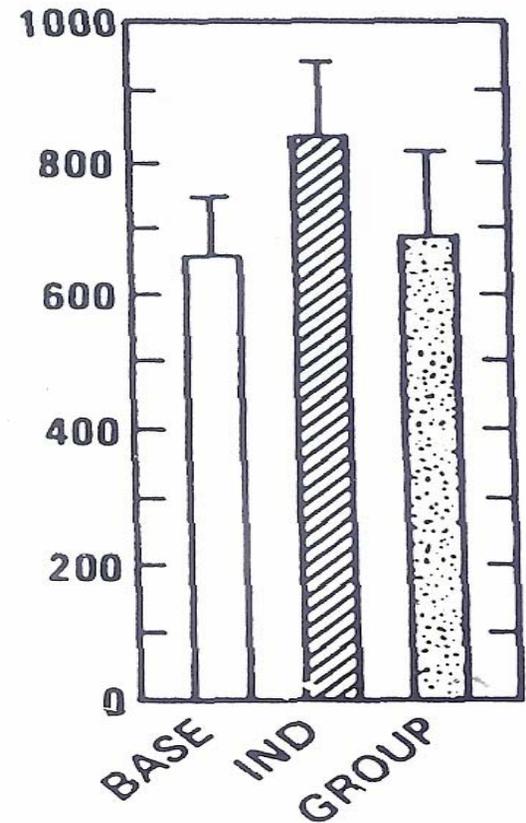
Fig. 6. Natural killer activity in bereaved and control subjects.



MALES
n = 8



FEMALES
n = 6



PREGNANT
FEMALES
n = 10

PLASMA CORTISOL (ug/100 ml)

ENDOCRINE REGULATION

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Figure 7. Adrenal response of squirrel monkeys following 1-hour exposures to a snake while alone or in social groups. Note that the high cortisol levels are typical for this species and females characteristically have elevated levels during pregnancy. (From Vogt, Coe, and Levine, 1981.)

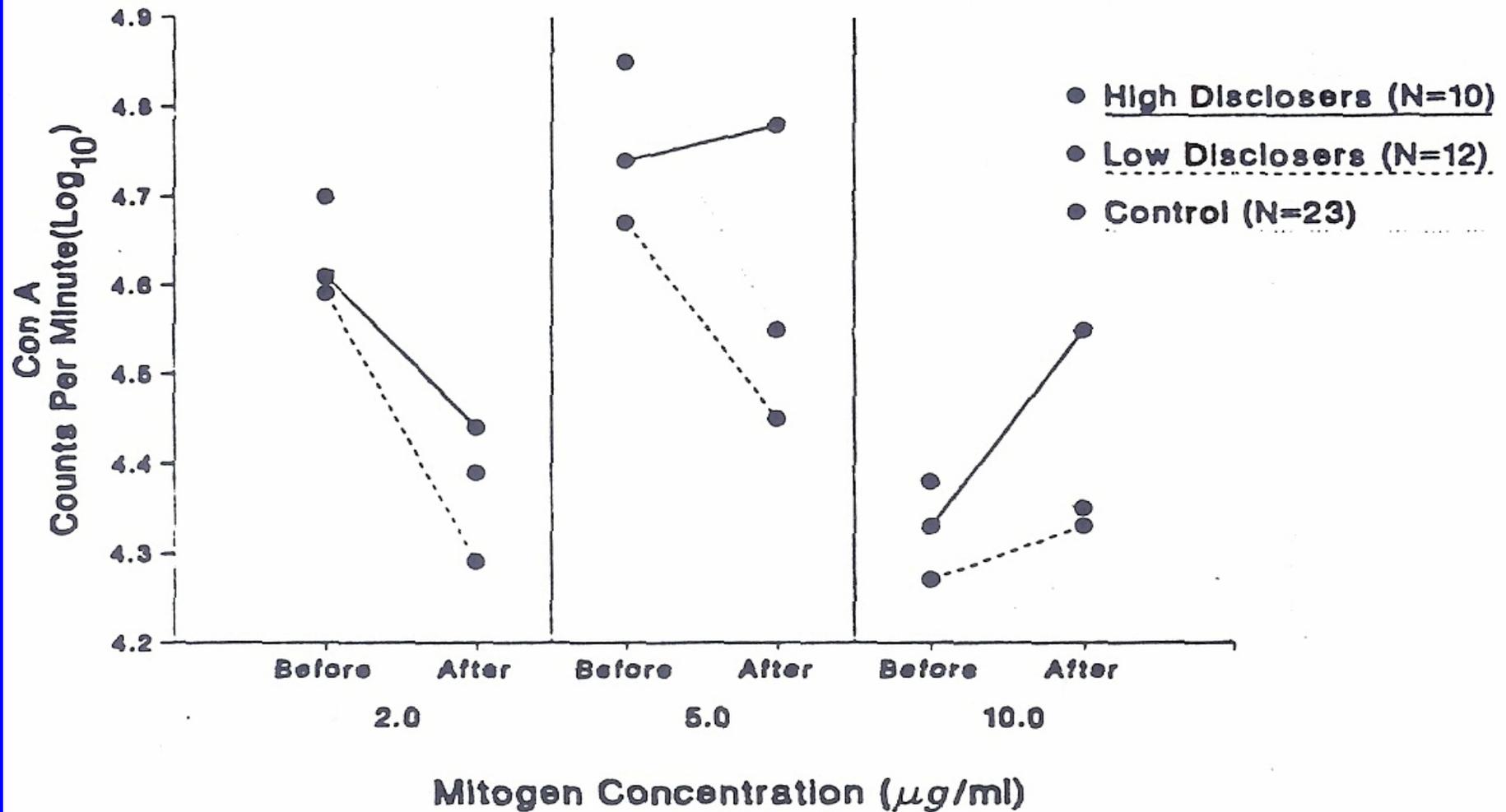


Figure 2. Lymphocyte response to three levels of concanavalin A (Con A) stimulation before and after the writing sessions.

Complicated Grief

Complicate Grief – (1)

- A likely new DSM-IV category & diagnosis
- Represent clustering of traumatic & separation distress into a unitary factor
- Yearning for and preoccupation with thoughts of the deceased are key features (separation distress)

TABLE 4. Mean Scores for the Nine Grief Questions (ICG-R) by Cluster at Wave 1

| | Chronic <i>N</i> = 24 <i>M</i> (<i>SD</i>) | Typical <i>N</i> = 69 <i>M</i> (<i>SD</i>) | Resilient <i>N</i> = 48 <i>M</i> (<i>SD</i>) | Total <i>N</i> = 141 <i>M</i> (<i>SD</i>) |
|--------------------------------------|--|--|--|---|
| Longing and yearning | 4.67 (0.48) | 4.09 (0.82) | 3.23 (1.22) | 3.90 (1.06) |
| Trouble accepting death | 3.36 (1.43) | 2.10 (1.33) | 1.08 (0.28) | 2.02 (1.37) |
| Hard to trust others | 2.00 (1.18) | 1.14 (0.81) | 1.04 (0.20) | 1.38 (0.82) |
| Angry or bitter over _____'s death | 3.38 (1.44) | 2.25 (1.37) | 1.48 (0.92) | 2.18 (1.41) |
| Moving on is difficult | 3.64 (1.09) | 2.11 (1.00) | 1.19 (0.57) | 2.11 (1.23) |
| Numb | 3.17 (1.44) | 1.51 (0.90) | 1.19 (0.57) | 1.68 (1.14) |
| Life is empty/meaningless without | 3.54 (1.32) | 2.62 (1.24) | 1.46 (0.82) | 2.38 (1.35) |
| Feel future holds no meaning without | 3.38 (1.25) | 2.01 (1.18) | 1.06 (0.25) | 1.92 (1.25) |
| Felt on edge, jumpy, easily startled | 2.58 (1.18) | 1.51 (1.05) | 1.10 (0.37) | 1.70 (1.03) |

Complicated Grief (2)

- Diagnosed in a minority of those bereaved (est. 10-20%)
- Estimates for CG in oncology staffs unknown

Complicated Grief (3)

- Likely to have major effects on small number of oncology staff
- Likely to be destabilizing to staff with CG
- Staff with CG likely to have developmental patterns that predict CG

Complicated Grief (5)

- Etiology thought to include:
 - Insecure attachment styles (in childhood)
 - Excessive dependency
 - Compulsive caregiving
 - “Security enhancing” marriages (symbiotic)

TABLE 3. Health Outcomes Between 6- and 25-Month Assessments for Widows and Widowers Who Did and Did Not Meet Criteria for Traumatic Grief

| Health Outcome | Traumatic Grief | | | Nontraumatic Grief | | | p ^a |
|-----------------------|-----------------|--------------|------|--------------------|--------------|-----|----------------|
| | Total | With Outcome | | Total | With Outcome | | |
| | | N | % | | N | % | |
| Heart trouble | 26 | 5 | 19.2 | 97 | 5 | 5.2 | 0.03 |
| Cancer | 26 | 4 | 15.4 | 97 | 0 | 0.0 | 0.0002 |
| Headache ^b | 33 | 2 | 6.1 | 117 | 0 | 0.0 | 0.05 |
| Flu ^b | 26 | 2 | 7.7 | 97 | 0 | 0.0 | 0.04 |

^aFisher's exact test.

^bOn anniversary of spouse's death.

TABLE 2. Unstandardized Regression Coefficients and Relative Risks for Predictors of Mental and Physical Health Outcomes for Widows and Widowers 13 Months (N=135) and 25 Months (N=122) After Study Entry

| Time of Assessment and Dependent Variable ^a | Independent Variable: Traumatic Grief | | | Model | | |
|--|---------------------------------------|------|---------------|-------------------------|------------------------|--------|
| | beta | SE | Relative Risk | 95% Confidence Interval | Goodness of Fit | df |
| 13 Months | | | | | | |
| Physical health outcome: high systolic blood pressure | 0.10** | 0.04 | 1.11 | 1.02–1.20 | $\chi^2=10.80^{**}$ | 5 |
| Mental health outcomes | | | | | | |
| Depression | 1.00* | 0.60 | 2.72 | 0.84–8.81 | $\chi^2=25.25^\dagger$ | 5 |
| Suicidal ideation | 0.14** | 0.07 | — | — | $R^2=0.19$ | 6, 108 |
| Grief (interviewer rated) | 0.03** | 0.01 | — | — | $R^2=0.08$ | 6, 108 |
| Health behaviors | | | | | | |
| Changes in smoking | 2.81** | 1.51 | 16.70 | 0.86–320.40 | $\chi^2=12.00^{**}$ | 5 |
| Changes in eating | 1.95*** | 0.75 | 7.02 | 1.62–30.60 | $\chi^2=15.30^{***}$ | 5 |
| Subjectively reported health | | | | | | |
| Impaired sleep | 0.43* | 0.24 | — | — | $R^2=0.06$ | 6, 108 |
| Anniversary reaction | 1.74* | 1.08 | 5.72 | 0.70–47.3 | $\chi^2=3.99$ | 5 |
| 25 Months | | | | | | |
| Physical health outcome: heart trouble | 0.14*** | 0.05 | 1.15 | 1.04–1.27 | $\chi^2=11.64^{**}$ | 5 |
| Mental health outcomes | | | | | | |
| Anxiety | 0.10** | 0.05 | 0.90 | 0.82–0.99 | $\chi^2=47.85^\dagger$ | 5 |
| Suicidal ideation | 0.06*** | 0.02 | — | — | $R^2=0.08$ | 6, 103 |
| Grief (interviewer rated) | 1.06*** | 0.29 | — | — | $R^2=0.23$ | 6, 103 |
| Health behavior: problems with alcohol | 0.23* | 0.13 | 1.25 | 0.98–1.63 | $\chi^2=7.90$ | 5 |

^aEach model simultaneously entered traumatic grief (modified score on the Grief Measurement Scale), depression (CES-D score), anxiety (PERI anxiety score), age, sex, and prior history of the dependent variable reported at baseline in the linear regression model. Logistic regression models were identical to linear regression models with one exception—rather than control for baseline measure of the outcome, the authors removed those individuals who had reported being given a diagnosis of the predicted outcome. They did not control for anniversary functioning.

* $p<0.10$. ** $p<0.05$. *** $p<0.01$. $^\dagger p<0.001$.

Complicated Grief (6)

- Requires treatment strategies from interpersonal therapy (for depression) and cognitive behavioral therapy (for PTSD)
- These mediate the trauma & separation distress elements of CG
- Reduces avoidance & desensitizes trauma via intensive exposure to death imagery together with stress management
- Very effective (effect size 2.19, $p=9.002$) in reduction of CG

Conclusions (1)

- “Sorrow is intensely painful and psychologically draining, grief is a normal emotional response for all that experience a loss” John Bowlby, 1980
- Grief for oncology staff is a universal and usually normal feature of one’s work life
- In a minority of staff, grief will become traumatic and complicated
- Staff grief can be expected to have psycho-biologic elements that may negatively affect one’s health status

Conclusions (2)

- Complicated Grief in oncology staff may be predicted from childhood developmental patterns
- Certain patients may provide psycho-dynamic stimuli to create traumatic or complicated grief in certain oncology staff
- Physicians may be more interpersonally isolated and have a “code” which prevents them from equally functional mourning thus escalation traumatic or complicated grief vulnerability

Conclusions (3)

- Higher “status” physicians may be more isolated and more prone to grief processing difficulties
- Peer and group support may be important avenues toward grief resolution
- Doing something is better than doing nothing in staff grief resolution (including writing about one’s loss)
- If complicated grief is present in an oncology staff member, supportive therapy may not be appropriate or adequate therapy