Navigating Loss in Healthcare:
A Descriptive Study on Provider Support and Needs

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Introduction

- Healthcare providers often face patient deaths, **one of the most challenging and unrecognized aspects of their work**

- **Professional bereavement** is frequently overlooked compared to personal bereavement

- Providers often experience **sadness, confusion, stress, hopelessness, and guilt**

- Without support for these experiences, **they can contribute to burnout, impaired clinical judgment, and compassion fatigue**

- Despite these risks, **support for professional bereavement remains limited**

- _**This study aimed to identify gaps in bereavement support, explore trends in provider needs, and inform standards for bereavement follow up and future interventions**_

Methods

Study Design

- Anonymous, cross-sectional survey (non-randomized, observational)

Methods

- Multiple-choice, Likert-scale, and open-ended items
- 100 participants via convenience sampling and virtual recruitment

Inclusion Criteria

- Age 18+, U.S.-based healthcare workers or trainees

Focus Areas

- Availability and perceived effectiveness of institutional resources
- Barriers to accessing these resources and unmet needs
- Personal coping strategies and their effectiveness

Analysis

- Descriptive statistics & thematic coding

Results

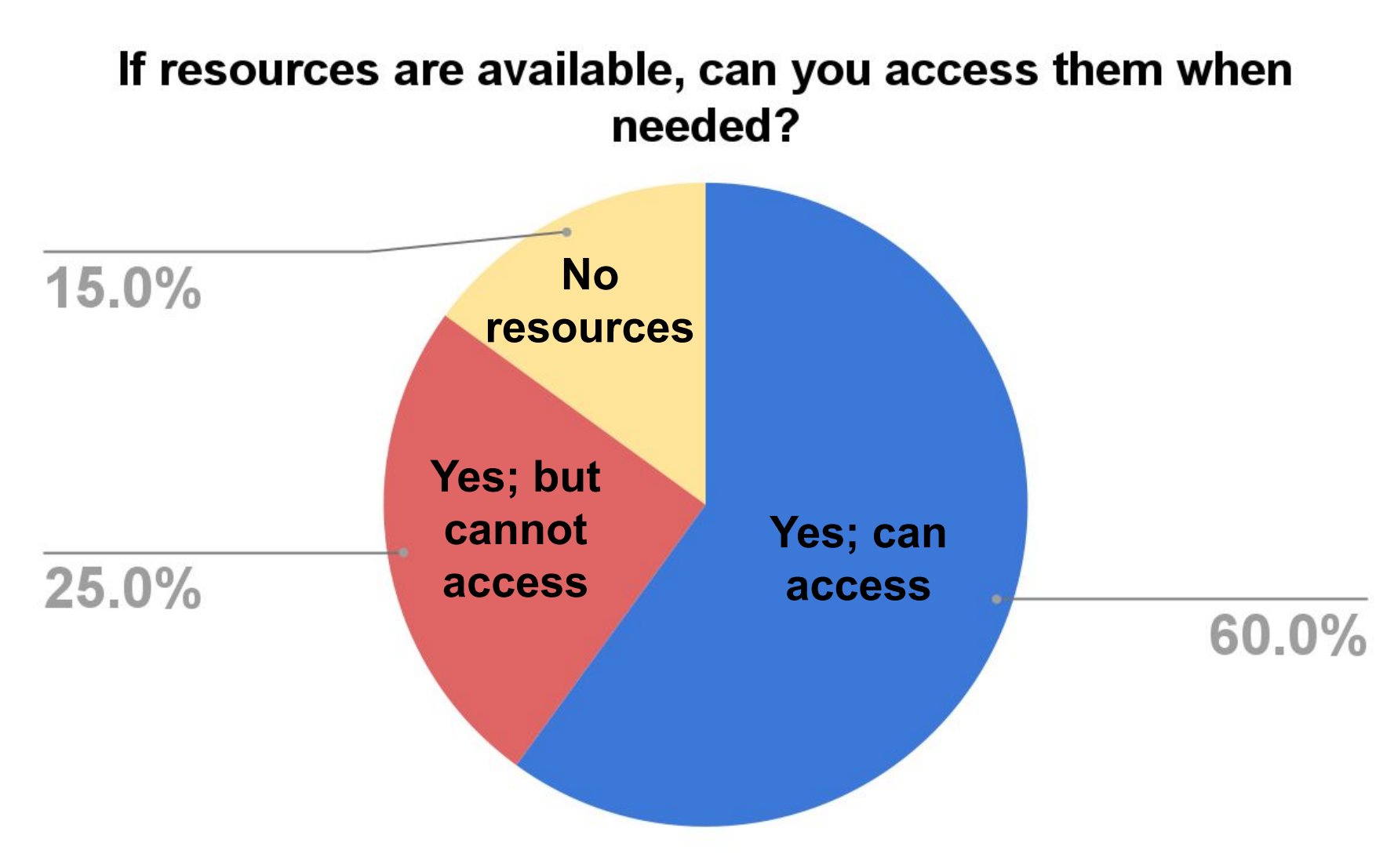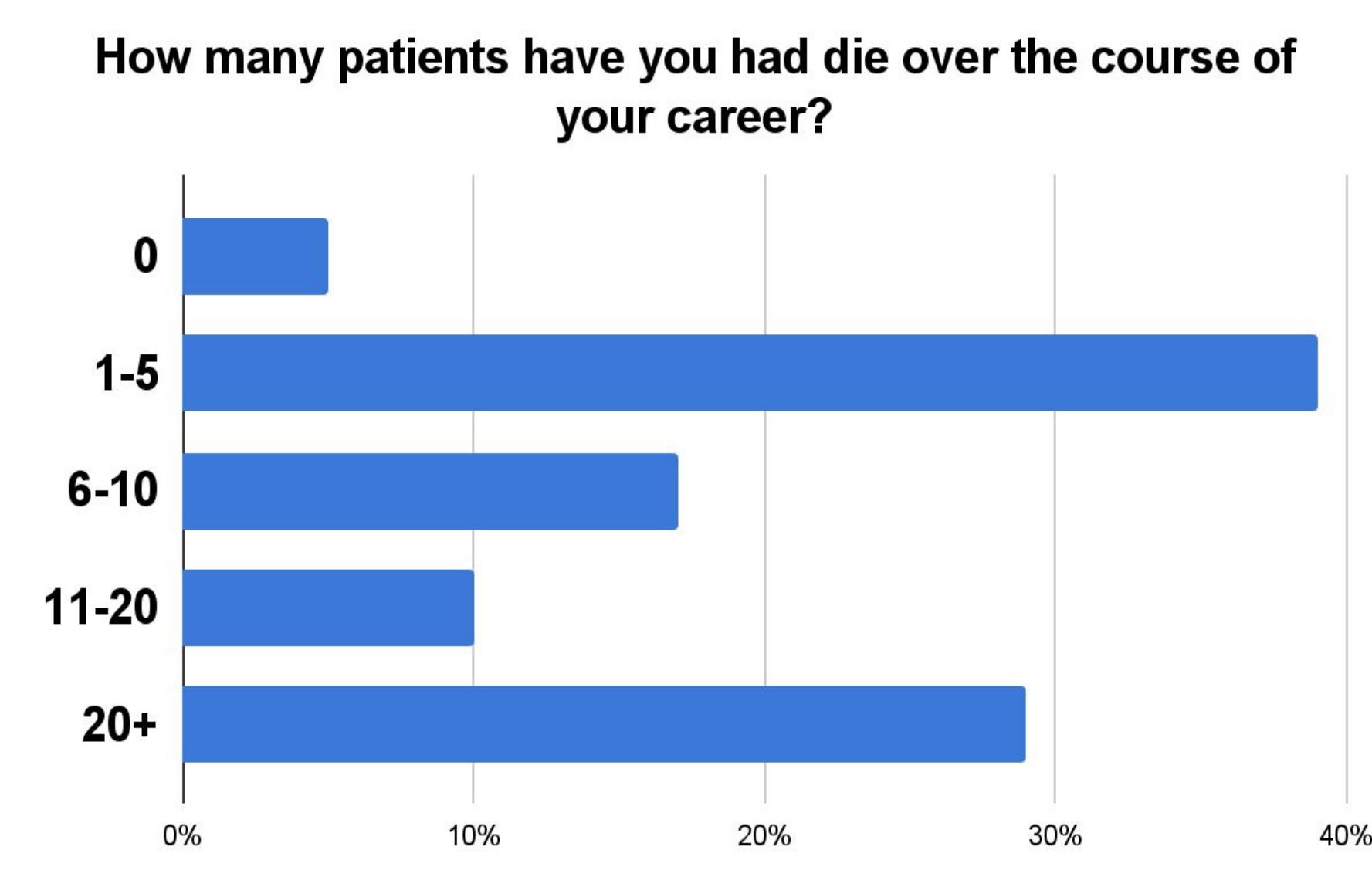### When asked about experiences coping with patient death…

Emotional distress was the most frequently reported theme, with respondents describing deep grief, lasting emotional impact, and the challenge of coping, especially when support was limited or absent

Peer support was the second most common theme, with participants describing it as immensely helpful


Lack of training and resources was the third most common theme, with many participants calling for "formal trainings" and more preparation during graduate education

How many patients have you had die over the course of your career?

Range	Percentage
0	~5%
1-5	~38%
6-10	~17%
11-20	~11%
20+	~29%

If resources are available, can you access them when needed?

- Yes; can access — 60.0%
- Yes; but cannot access — 25.0%
- No resources — 15.0%

Top 3 barriers to accessing resources

1. Time constraints	91.7% endorsed as a barrier
2. Stigma/fear of judgment	16.7%
3. Limited availability/capacity of resources	12.5%

Top 3 coping strategies used after death

1. Informal peer support	78.9% endorsed as a strategy
2. Spending time with loved ones	68.8%
3. Hobbies	63.3%

Have you received training on patient death?

- Yes — 29.0%
- No — 71.0%
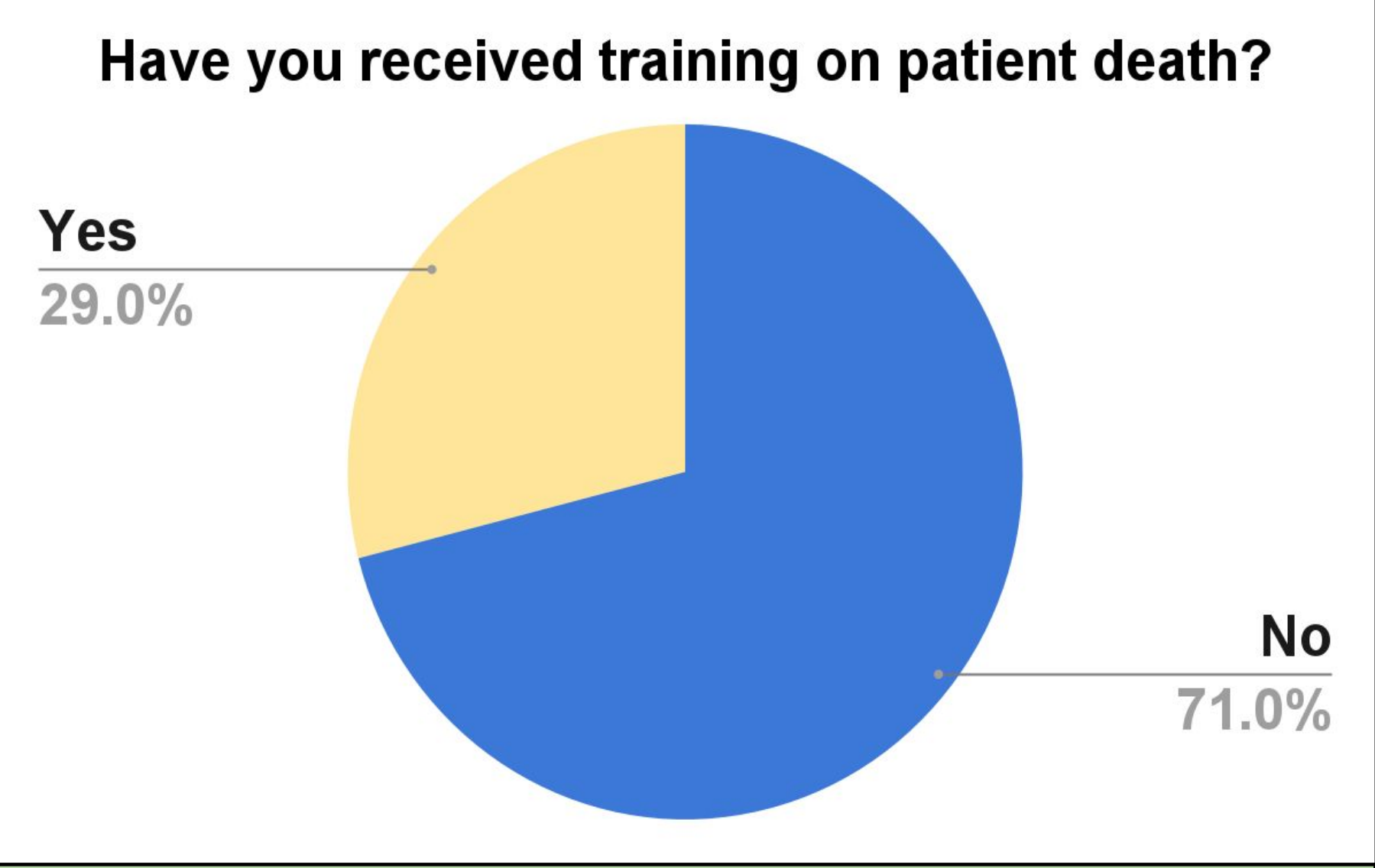
What type of training did you receive? (N=29)

Informal guidance _prior_ to death	17 participants
Elective formal workshop	10
Informal guidance _after_ the death	10
Graduate school training	9
Required formal workshop	5
Other (i.e., volunteer experiences)	1

Top 3 available resources after death	1. Informal peer support *Rated the most effective resource	68% have access
	2. Counseling/EAPs **Rated the least effective resource	52%
	3. Debriefing sessions	45%
3 least available resources after death	1. Time off for patient loss	2%
	2. Adjusted workload after patient loss	5%
	3. Sick time	19%

When asked about what resources would help…

Systems change emerged as the most frequently endorsed need

Respondents called for structural supports such as:
- _Protected time after a death_
- _Clear policies_
- _Routine access to bereavement resources_
- _Education and training_

MAKE CHANGE HAPPEN

Discussion

- While informal **peer support is the most common and effective coping resource**, institutional supports like **Employee Assistance Programs (EAPs) are less effective despite being widely available**
- Most respondents (71%) reported **no formal training in processing patient death**, relying instead on personal strategies and informal guidance
- **91.7% of respondents stated time constraints as their top barrier to accessing resources**
- **Systems-level changes**, such as protected time after a patient death, clear protocols, and built-in bereavement resources, **were the most frequently requested improvements**
- Respondents emphasized **the need for more training on coping with patient death, especially for trainees**
- Many called for **normalization of grief in healthcare settings** through debriefs, memorials, and space to process

Data Collection is Ongoing!
Take the Survey Here:

References Available Upon Request