

Interviewer: Kyla Johnson

Interview: Parker Larson

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*Interview went something similar to the following, taken from notes:

K: Hello Parker! Thank you so much for talking with me today. I know you are super busy. I see your work at Altru Hospital on the Labor and Delivery floor and the Med Surg floor. Is that correct?

P: Yes, that is right. I primarily work between these two floors, but because I am a nurse assistant, I can get moved around a lot. Recently when I'm not on those floors I have been volunteering to work in the psych unit as well as surgeries. I love the flexibility of this position and how I am able to work around the entire hospital and see many different things and experience many different situations. It helps me to continue to learn and navigate this field.

K: That is awesome! Well, today I have some questions that my class for grief, loss, and bereavement has come up with regarding working in the medical profession. A lot of the questions have to deal with loss and grief but I do have an abundance of questions I would love to ask you today if you have the time.

P: Yes of course. I love sharing about my job and what I experience day to day as I have truly learned so much about other people and how the mind works, exceptionally when it comes to loss because unfortunately, this is something I see a lot. Lets jump right into it!

K: Can you tell me a time that you have dealt with a patient who is facing bereavement?

P: Unfortunately a part of working in the medical field is seeing loss and bereavement. I see a lot of this on the labor and delivery floor which is something I didn't really think about when I got assigned to this floor. I see a lot of grieving mothers when they find out their child has a condition that does not label their baby as "healthy" or even if a child is born stillborn. One specific time that I dealt with a patient facing bereavement is when I had a mother give birth and give the child up for adoption. It was a really beautiful moment since the birth parents were in the room and got to watch their baby be born but it was really hard to watch the biological mother hand over the baby. In North Dakota there is the 48hr law where the mother gets the choice and she chooses to not hold the child and try not to form the attachment because she knew she wanted the adoptive family to have this child. You could see the grief on this mother's face but she knew she was doing what's right for her. In this moment the best thing to do was to support her. As a nurse aid I did my best to offer her support and comfort as such a beautiful moment held so much pain and loss.

K: How do you perceive yourself personally and as a professional when a patient passes away?

P: It's so important to not get overly involved in the situation as it can really affect you when you go home but for myself I need to pour my heart into these patients to relate to them, sympathize, and help them. As a nurse aid I don't get to always do all the fun medical procedure things but one thing I can do is offer my support. I get to form relationships with my patients whether it be surface level or even deeper when they have long hospital stays. While working on the med surgery floor we have a lot of geriatric patients who are admitted. You are with these patients day in and day out and get to learn so much about them. You hear about their personal lives, how they were when they were your age, and so much more. You also get to hear a lot about the things they have done and regret as they know their time is limited. This is always hard for me to

process as they are accepting death as they know it is close. Professionally I have to keep doing my job and go to the next patient but it truly does hurt. You grow close to these patients in a way and truly feel a loss when they pass.

K: When working with a terminally ill patient, what are some legacy interventions you have used, and how do you feel they helped the patient and family?

P: From being a nurse aide I don't get to do that many legacy interventions as usually social workers come in and help with the families (no child life program at this hospital). When working on the labor and delivery floor and sometimes getting to visit patients in the NICU I have seen the social workers and other staff create memory boxes for the infants that have passed. They will put the little hats they wore, the medical bracelets, notes on their incubators, and create ceramic tiles of their hand and feet prints. This is such a beautiful way to honor the child and the family during a hard time. I think that they help the family know there was a team rallying behind them and that they have support. It's also a great way to get all the important memorabilia together for the family to have.

K: At any point in your career, has an experience with a dying patient/their families ever made you reevaluate if this is the career you want to be in?

P: I love my job. I understand that losing patients is a part of it but it doesn't mean it's not easy when this happens. There are many different times where I have gone home at night absolutely defeated. After terrible losses it's hard to know that for the rest of your life you will be experiencing things like this (Parker is working as a Nurse Aid while she is finishing her schooling to become a PA). I'll be working in an inpatient hospital setting for many more years before I switch to clinic care so I know these next many years I will have to be around loss and

death from various different forms. I do love that I get to help others and that is what keeps me going. I don't think the hard part of this job could ever outweigh the positives.

K: In what ways do you mentally prepare yourself with the emotions while switching from client to client?

P: Some clients are tougher than others. You get to know who you are working with and the best treatment of care for them. When switching from one patient to the next I like to take a second and reset. Whether it's a drink of water or a few deep breaths I know that I need to be focused on the patient, and only the patient, when I walk into the room. Whether I came from a terminally ill patient who is getting transitioned to hospice or a mother who just had a healthy patient I know I cannot bring what happened into the next room.

K: Does your workplace have grief support groups for when you lose a patient, and if so, do you utilize the support groups?

P: I personally do not utilize the support groups provided at the hospital. We do have care for staff that have lost patients or have to deal with hard cases but I have never looked into them. I know they are there for me and that I can use them if I need to but I do seek support through other ways. I seek support from my family and friends. It also helps that I am still a student because I can always ask my professors about how things played out or if I have any questions. I also utilize counseling centers at my university for personal and professional care. I know that in fields like the medical field having the option to seek support is so important. Some might utilize it more than others but I know it is always there.

K: How are you able to help patients and their families who are in denial of the situation?

P: I'm a big advocate of meeting the patient and their family where they are at. It would be no help if I stormed in the room and told the patient what I thought when they were in denial. You

need to get to their level and work with them. Provide the support, the care, and help answer and questions. Another huge part of denial in these situations is that sometimes they simply just don't understand. If you can explain to them in a way they understand they might be more receptive to listening. I always suggest just being available to support is so important.

K: How do you cope with losing a patient while not letting it affect your personal life or other work duties?

P: Creating work life balance is so important. Making sure to keep work at work and life at home is so important. You don't want to come home after a long grueling hard day of work and sit there and ponder what you should have said or what had happened. Although you should reflect, you shouldn't let it get in the way of your personal life. I will usually let my boyfriend know that I lost a patient that day and it was hard to get tech support I need but I make sure to keep myself accountable to not dwell on the situation. If you need to take a moment, take a moment. If you need to keep working, keep working. Take time for yourself too if time gets hard. Self care is really important whether you are a nurse, an aid, or even the doctor. We are all seeing the hard stuff and forming connections so losing a patient will be hard.

K: What forms of self-care do you engage in outside of work to keep yourself balanced and reduce emotional burnout?

P: I love talking about self care as I am an advocate for it in this field. I love working out. It keeps my mind off what has happened at work and is also an outlet for all the stress and emotions I build at work. I also love surrounding myself with my peers. My roommates, my boyfriend, my friends, everyone. I try to always stay busy as well, with school, work, and a personal life; this is something that is not hard to do. After long days I also love to take time for myself whether it's taking a bath, reading a book, or even going to bed early to reset my mind for

the next day. Self care is super important and something that needs to be done. You can't just work work work you will get tired. You need to have a life outside of the hospital to be successful.