UNRAVELLING GRIEF

A scoping review of physicians' & nurses' experiences of grief during COVID-19

Unravelling grief: A scoping review of physicians' and nurses' experiences of grief during COVID-19

Comprendre le deuil:Étude de la portée de la COVID-19 sur l'expérience du deuil chez les médecins et infirmier(e)s

Sarah Burm[1], Erin Kennedy[2], Frances Kilbertus[3], Selena MacDonald[4], Anna MacLeod[1], Carolyn Melro[1], Jackie Phinney[5], Susan Robinson[6]

[1]Dalhousie University, Faculty of Medicine
[2]Western University, Faculty of Nursing
[3]Northern Ontario School of Medicine
[4]Dalhousie University, School of Information Management
[5]Dalhousie University, Dalhousie Libraries
[6]Canadore College, Faculty of Health Sciences

Unravelling grief is co-funded by the Social Sciences and Humanities Research Council and Employment and Social Development Canada.

Comprendre le deuil est cofinancé par le Conseil de recherches en sciences humaines et Emploi et développement social Canada.

Design credit: Jessica Bershatsky

TABLE OF CONTENTS

EXECUTIVE SUMMARY

BACKGROUND

Coping with grief is arduous, but amid a global pandemic, it can feel insurmountable. For physicians and nurses, these last few years have been especially turbulent as they shoulder unprecedented workloads, experience greater than normal patient and coworker loss, and face higher threat of infection for themselves and their loved ones. While some argue that attending to grief is ubiquitous in health care, physicians and nurses are beyond their breaking point, bearing witness to loss in new and unforeseen forms. To change institutional patterns and prevent profound health and socio-economic implications, we need to deepen our understanding of grief in the context of the pandemic.

OBJECTIVES

Our scoping review was designed to deepen our understanding of the unique losses physicians and nurses are experiencing during this challenging time so that relevant stakeholders can promptly and meaningfully respond. Specifically, we asked:

1. What does the literature tell us about physicians' and nurses' experiences of grief during the COVID-19 pandemic?
2. How has the pandemic influenced physicians' and nurses' experiences of grief?
3. What steps might healthcare and education institutions take to address the inevitable toll of healthcare work, and support grieving physicians and nurses?

METHODOLOGY

Our scoping review followed the steps outlined by Arksey and O'Malley (2005) and adhered to the reporting standards outlined in the PRISMA-ScR guidelines. We focused on literature published from December 2019-May 2022 to ensure we captured all pandemic-related literature.

RESULTS

101 evidence sources were ultimately included. Included sources were representative of multiple countries; however, the greatest number of studies originated in the United States (n=66), followed by the United Kingdom (n=10), and Canada (n=6). Of the included sources, 52 (52%) focused on nurses as their central focus, 35 (35%) focused on physicians, and 13 (13%) focused on the interests of both physicians and nurses. We were struck by the number of text and opinion-based pieces (n=66, 65%) we identified; these pieces largely outnumbered research/evaluation articles (n=29, 29%), and evidence sources in another format (e.g., poem, program description) (n=5, 5%). The most obvious forms of loss described across sources were experiences of bereavement, often compounded by persistent systemic racism and changing political and organizational responses. Other forms of loss reported were more subtle and non-death related, yet still affecting physicians' and nurses' well-being. A significant number of sources (n=78, 77%) outlined various coping mechanisms for physicians and nurses attending to their grief. Coping mechanisms were classified into two types: individually driven (n=43) and institutionally initiated (n=18), with a few sources focusing on both (n= 17).

KEY MESSAGES

We urge relevant stakeholders to develop goals and objectives focused on creating “grief literate” (Breen et al. 2022) learning and work environments. Within the context of medicine and nursing this would mean:

- Acknowledging that grief is a universal human experience that will be provoked or experienced by professionals working in health care settings.
- Addressing the reasons why physicians and nurses choose not to talk about, or seek help with, their grief in the context of their work environments.
- Equipping offices of human resources, including employee assistance programs (EAPs) with diverse resources and treatment options.
- Broadening the types and prominence of qualitative research and literature synthesis methods to generate valuable insights into healthcare providers' grieving experiences.
- Recognizing that institutional structures and policies may be contributing to the prevalence of grief and high rates of burnout amongst physicians and nurses.

BACKGROUND

Managing unprecedented workloads, in the face of underinvestment in healthcare and societal scrutiny, physicians and nurses across Canada's were on the cusp of burning out long before the pandemic hit (Dall'Ora et al. 2020; Gómez-Urquiza et al., 2017). The COVID-19 pandemic has exacerbated broader systemic, organizational, and professional pressures, and combined with the intensity and emotional toll of caring for patients, feelings of disconnectedness, isolation, and loneliness felt by many physicians and nurses have been magnified (Khan et al., 2021; Klowak, 2020; Ontario Medical Association, 2021). In the pandemic's wake, these professionals have been especially challenged to find time to process their new reality. Bearing the burden of grief and the other complicated emotions that accompany loss 'as part of one's job' can be overwhelming and lonely to navigate. The uncertainty of the pandemic and ensuing restrictions means physicians and nurses are bearing witness to and encountering grief and loss in new and unforeseen forms. Left unaddressed, emotions arising from multiple losses could worsen the experience of grief and sense of isolation physicians and nurses are experiencing, with negative effects on patients and the functioning of the health care system.

According to David Kessler (2019), one of the world's foremost grief experts, "grief is the experience and natural feelings that come with loss" (p. 13). All of us, at one time or another will encounter loss (e.g., death of a loved one, dissolution of a close relationship, uncertainty around what the future holds). Experiencing loss and coping with the grief response that accompanies such loss is a universal experience. For physicians and nurses however, the multiplicity and layers of loss encountered in their work environment can be numerous, prolonged, and oftentimes interwoven into other facets of their lives, particularly since the start of the pandemic, thus posing a greater threat to their physical and mental well-being (Khan et al., 2021; Muller et al., 2020; Rabow et al., 2021).

The most obvious forms of loss physicians and nurses encounter, both prior to and exacerbated by the COVID-19 pandemic, are experiences of bereavement, including the (un)expected or sudden death of a patient. Other forms of loss may be more ambiguous, and therefore trigger higher levels of social isolation and loneliness, such as the right to grieve someone others may be less inclined to grieve for (e.g., the loss of a patient who is both medically and socially vulnerable). Add to this "the fear of bringing disease home to loved ones, fear of becoming critically ill and the stress of having to take care of their own colleagues" (Cann et al., 2020, p. 12), the enormity of the novel and excessive emotional and cognitive burden these professionals are carrying becomes glaringly obvious.

Most physicians and nurses, by virtue of their chosen vocation, are no stranger to stress, the ethical dimensions of care and the characteristics of grief. Nevertheless, mechanisms for coping with grief are not widely understood, and as a result, frequently mischaracterized to be a personal problem (i.e., stress, anxiety, or depression) or cautiously expressed for fear of being perceived by others as weak, unprofessional, or psychologically unwell (Kim, 2019; Shear, 2015). While efforts to assist physicians and nurses to better understand and process grief have been endorsed, these supports are often elective, infrequently offered, or challenging to meaningfully implement both in a professional context as well as across the health professions education continuum (Granek et al., 2012; O'Connor & Breen, 2014; Silkstrom et al., 2019).This is further complicated by competing curriculum priorities and institutional

and cultural norms preventing physicians and nurses from carving out "time and space to process emotion at work" (Funk et al., 2017, p. 2218). Consequently, there is a massive upsurge in healthcare providers leaving their profession. In Canada alone, more than 60% of physicians and nurses reported experiencing severe burnout (Maunder et al., 2021a) indicating that there is a disconnect between current scholarship and the policies and support mechanisms related to professional wellness.

OBJECTIVES

We conducted a scoping review designed to better understand how physicians and nurses are experiencing and processing grief and loss during the pandemic. Scoping reviews follow "a systematic approach to map evidence on a topic and identify main concepts, theories, sources, and knowledge gaps" (Tricco et al., 2018, p. 467). Given the number of factors compounding physicians' and nurses' grief experiences, and the urgent need to understand and interpret existing literature, relying on scoping review methodology made sense for identifying strengths and gaps in the quantitative and qualitative literature while also mapping out future lines of inquiry (Rumrill et al., 2010). Review findings will be used to identify future research directions and inform the design and implementation of tailored education initiatives and psychosocial supports that put the unique losses physicians and nurses are experiencing in perspective during this unprecedented time.

Our specific research questions were:

1. What does the literature tell us about physicians' and nurses' experiences of grief during the COVID-19 pandemic?
2. How has the pandemic influenced physicians' and nurses' experiences of grief?
3. What steps might healthcare and education institutions take to address the inevitable toll of healthcare work, and support grieving physicians and nurses?

METHODS

SEARCH STRATEGY AND INFORMATION SOURCES

Our scoping review (protocol available via the Open Science Framework (Burm et al. 2022) followed the steps outlined in the landmark paper by Arksey and O'Malley (2005) and adheres to the reporting standards outlined in the PRISMA-ScR (Tricco et al., 2018) and PRISMA-S (Rethlefsen et al., 2021) guidelines. Once our question was developed, test searches were developed by a health sciences librarian (Co-A JP) and run in Medline (via Ovid) to develop a comprehensive search strategy using both index terms and keywords that captured relevant test articles (see Appendix A for all search strategies). After a draft search strategy was finalized, it was peer reviewed by two health sciences librarians using the PRESS checklist (McGowan et al., 2016), and suggested changes were tested then incorporated. The final search was executed in May 2022 across five bibliographic databases that are highly relevant to this topic: Medline (via Ovid), Embase (via Elsevier), the Cumulative Index of Nursing and Allied Health Literature (via Ebsco), PsycINFO (via Ebsco), and Sociological Abstracts (via ProQuest). We opted not to

search Scopus (via Elsevier) at this juncture but intend to include it when we update our search in December 2022.

To capture studies relevant to COVID-19, where language encompassing the pandemic was not explicitly stated in the database record, we opted not to use a validated COVID-19 search filter but instead, limit the database results from 2019-date of search (as COVID-19 was first identified in December of 2019). Grey literature searching of professional websites (via Google) and Google itself took place in August 2022 (see Appendix B for all search strategies). The search strategies were developed by a health sciences librarian (Co-A JP) and carried out by a Ph.D. level Research Assistant (CM). All results were uploaded to the Covidence systematic review software, and duplicates were automatically removed upon upload with further duplicates identified by team members using the manual button feature within Covidence.

STUDY SELECTION

The eligibility criteria were developed by all team members (see Appendix C for screening criteria) and were pilot tested by all team members before final criteria were agreed upon. Given the condensed timeline and composition of our team, we specifically considered texts focusing on the nursing and medical professions for the purposes of this scoping review. We did not exclude evidence sources based on genre; our scoping review included both qualitative and quantitative studies with primary and secondary data, as well as letters, opinion pieces, and commentaries relating to the topic of healthcare provider grief. Review articles that met the study inclusion criteria were also included. Participants in/authors of these evidence sources had to be patient-facing regulated health professionals: specifically, residents, fellows, practicing physicians (may be referred to as attendings or staff), and nurses. Screening occurred in duplicate and in two phases: 1) Team members first screened results at the title/abstract level (and disagreements were solved by consensus or with help from a third team member); and 2) The team reviewed the full text of papers to determine their final applicability to this review. Articles at the full-text level which did not provide enough information for the reviewers to determine applicability were marked for author follow-up, and the evidence provided by these authors will be screened then integrated into the final manuscript of this review. During the review phase, a senior team member (PI SB) engaged with relevant stakeholders to discuss our findings and issues pertinent to this topic (see section on Knowledge Mobilization Activities for more information).

DATA EXTRACTION

A data extraction template was created in Microsoft Excel, then inputted into Covidence for final data charting (see Appendix D for data charting template). We extracted several key variables to map themes across the included evidence sources in the review. All team members piloted the tool in Covidence, screening approximately 10% of studies before final modifications were made. All included studies were extracted in duplicate by team members, with a third team member resolving disagreements between reviewers. The studies included in this review will undergo searching of citing references and cited by references upon completion of the next and final search update, and new evidence will be screened and charted using the same processes described here.

DATA ANALYSIS AND PRESENTATION

Data was analyzed descriptively (e.g., frequency counts and percentages) to enhance our understanding

of individual variables and the population of interest. A qualitative content analysis approach was used to analyze text data. For the purposes of this review, we drew on Hsieh & Shannon's (2005) definition of qualitative content analysis defined "as a research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns" (p. 1278). Our decision to utilize a qualitative content analysis technique aligns with our intended purpose for conducting this scoping review and is endorsed by JBI and scholars intimately familiar with the conduct and reporting of knowledge synthesis (Levac et al., 2010; Pollock et al., 2022). Team members met regularly to inform the analysis of the qualitative data. As seen in the next section, we use both graphical and narrative approaches to present our scoping review findings.

RESULTS

GENERAL OVERVIEW

We identified 3730 studies, of which 1950 duplicates were removed. We completed title and abstract screening of the remaining 1780 studies with 1432 studies deemed irrelevant. 348 full-text studies were assessed for eligibility leaving us with 101 studies. Please see Appendix E which outlines the flow of information for our scoping review, including reasons for exclusions. Included studies were representative of multiple countries; however, the greatest number of studies originated in the United States (n=66), followed by the United Kingdom (n=10), and Canada (n=6). See Figure 1 for further details about the number of studies conducted in each country.

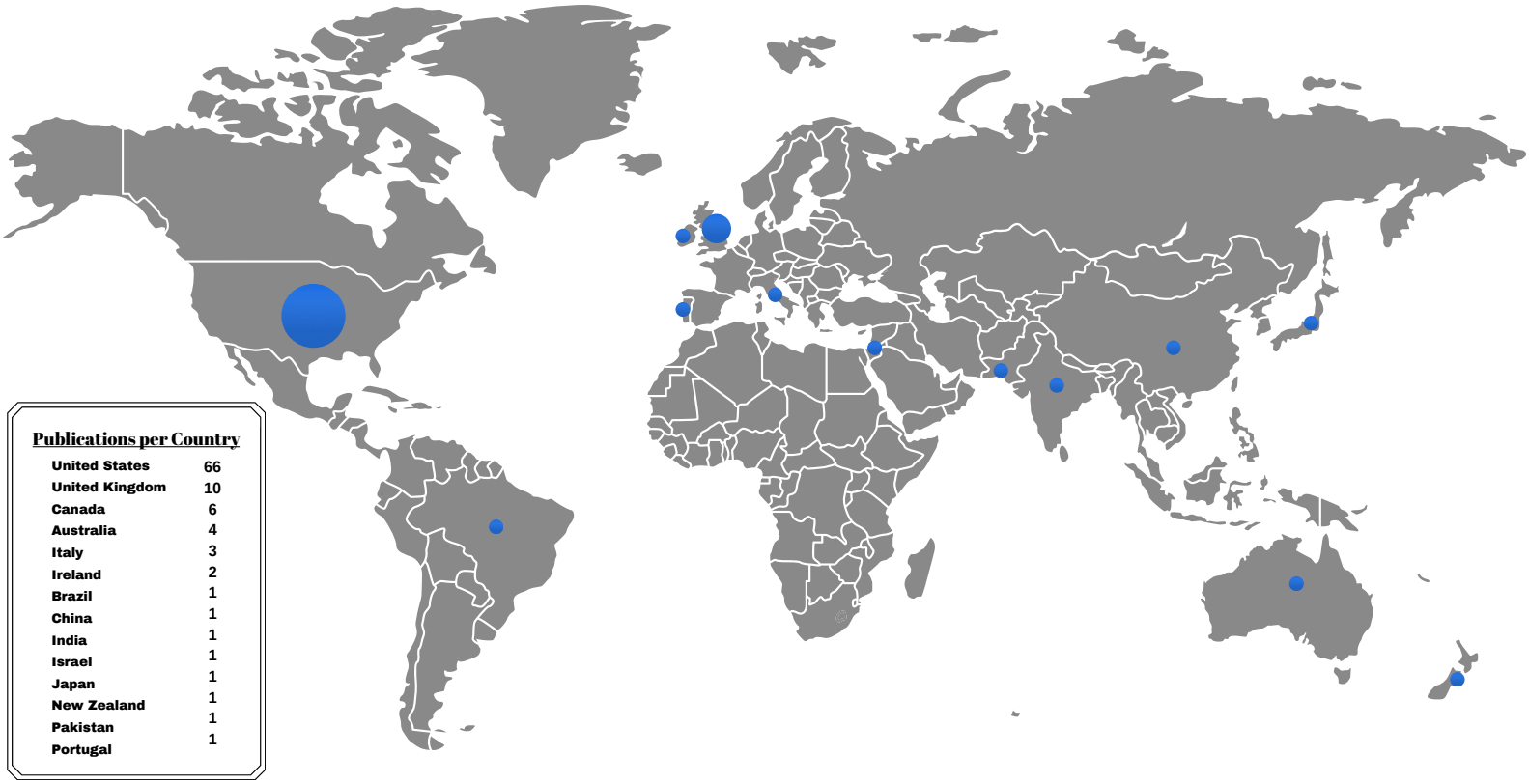


Figure 1: Representation of included studies by country

The most cited sources were text and opinion-based pieces (also referred to as non-research evidence) (n=66, 65%). We differentiated text and opinion-based pieces into two categories for the purposes of this study: 1) Observation texts (e.g., commentaries, newspaper/magazine articles, reports) where the author(s) considered grief and loss in relation to the relevant population (e.g., physicians and/or nurses) (n=37) and 2) First-person texts (e.g., "I" perspective) where the author was writing about their unique grief experience within the scope of their practice/clinical specialty (n=29). See Figure 2. Of the remaining evidence sources, 29 (29%) were research/evaluation and 5 (5%) were another format (e.g., poem (n=1) and program description (n=4)). Of the 29 research/evaluation studies, 15 were qualitative, 8 were quantitative, 3 were reviews, 2 were mixed methods, and 1 was an evaluation study.

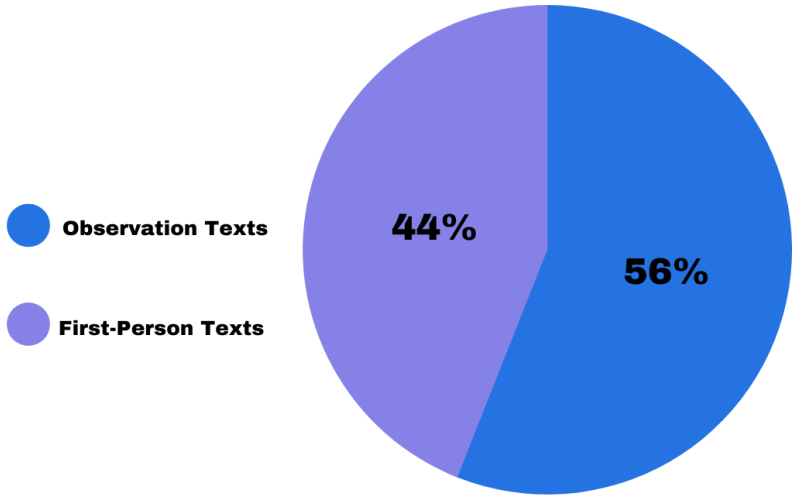


Figure 2: Distribution of text and opinion-based pieces about grief and loss published between 2019-2022

Of the included evidence sources, 52 (52%) focused on nurses as their central focus, 35 (35%) focused on physicians, and 13 (13%) focused on the interests of both physicians and nurses. Not all included evidence sources indicated a particular clinical specialty. However, examples of specialties mentioned include critical care, emergency medicine, oncology and psychiatry.

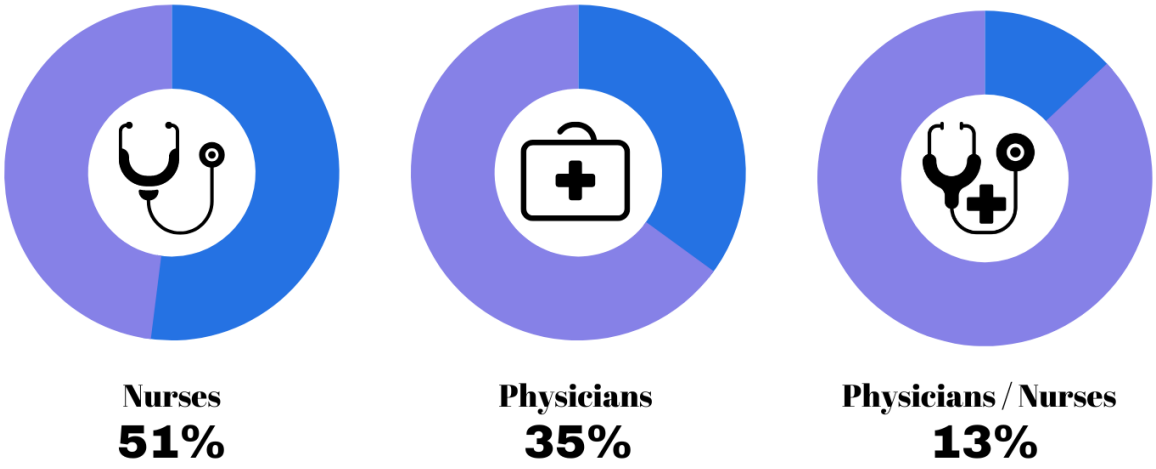


Figure 3: Representation of relevant populationsin included studies

Within the included evidence sources, 16 texts additionally featured the perspectives of one or more of the following groups: other healthcare providers (e.g., physician assistants, midwives), those working in health administration (e.g., program managers, secretaries), and those outside the healthcare profession (e.g., spiritual care workers, families, and patients).

WHAT DOES THE LITERATURE TELL US ABOUT PHYSICIANS AND NURSES EXPERIENCES OF GRIEF DURING THE COVID-19 PANDEMIC?

Within the total sample of included evidence sources, 62% identified grief as their primary focus (n=63). The majority (n=74, 73%) of evidence sources explicitly mentioned COVID-19. Given the nature of this study, we were interested in looking at the proportion of studies that looked at the association between COVID-19 and grief. Of the studies that explicitly mentioned COVID-19 (n= 74), almost two thirds of the evidence sources (65%) mentioned grief (n=48). Of the sources where COVID-19 was not mentioned (n=27), we found that grief was the primary aim in 60% (n=15).

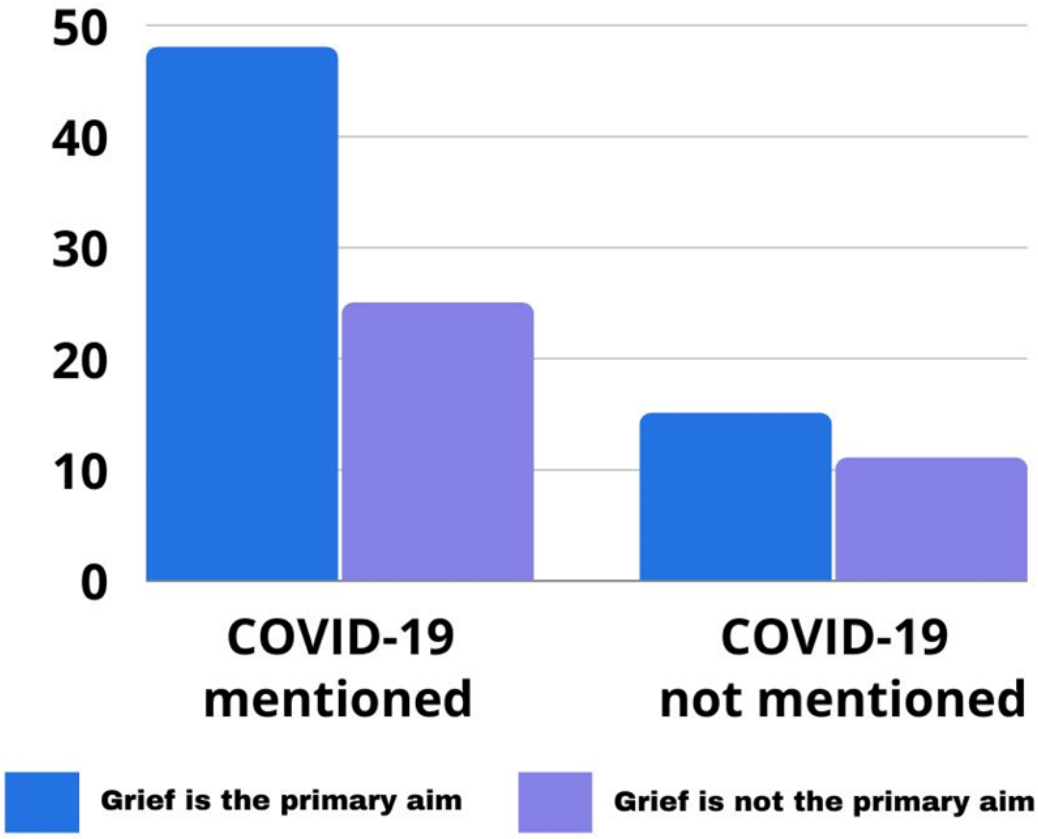


Figure 4: Distribution of evidence sources exploring COVID-19 and grief as the primary aim

The majority (n=74, 73%) of evidence sources explicitly mentioning COVID-19 referenced immediate and enduring consequences on physicians and nurses. As a result, these impacts could not be neatly characterized into distinct categories. Instead, we organized them into the following five thematic areas: 1) changes to clinical practice; 2) effects on healthcare provider wellness; 3) patient and employee safety; 4) increased deaths; 5) disruption to routine practices

Impacts of COVID-19	Specific examples
Changes to clinical practice	Increased reliance on personal protective equipment (PPE) Shift to remote care Delay in care (i.e. cancelled procedures)
Effect on healthcare provider wellness	Increased levels of burnout Heightened anxiety
Patient and employee safety	Concerns around understaffing Inadequate PPE
Increased deaths	Patients Colleagues Family members Friends
Disruption to routine practices	Canceled or postponed clinical placements Shift to remote learning Inability to participate in death-related rituals

Table 1: Identified impacts of COVID-19 on physicians and nurses

HOW HAS THE PANDEMIC INFLUENCED PHYSICIANS' AND NURSES' EXPERIENCES OF GRIEF?

Included evidence sources described physicians and nurses experiencing multiple forms of loss during the COVID-19 pandemic. The most obvious form of grief were experiences of bereavement, with all but 8 sources referencing death-related losses. Other identified forms of loss were more subtle and non-death related (See Table 2 for examples).

Examples of non-death related loss	Illustrations from text
• Loss of health (e.g., fear of contracting COVID-19; decline in health status) • Loss of stability/safety • Loss of professional identity or purpose • Loss of social connectedness • Loss of personal freedom (e.g., feeling isolated, unable to travel) • Loss of personal and professional boundaries • Loss of confidence • Loss of ceremony and tradition • Loss of financial security	*"Collectively, we are undergoing grief due to loss of jobs, loss of our way of life, loss of hope, loss of physical contact, loss of travel." (Abhyankar, n.d.)* *"Lost to the participants was the ability to depend on routines and usual care procedures, along with working with familiar peers on the units in the specialty in which they had experience and expertise. Feeling like a novice created a sense of guilt about not achieving the usual level of quality care. Lost too were the abilities to comfort patients and their families and to save lives." (Smeltzer et al., 2020)* *"As our world focus shifts to new variant waves and global vaccination we must keep exploring learning strategies in supporting nurses towards recovery from the trauma of caring for people in the midst of a pandemic" (Graham, 2022)*

Table 2: Types of non-death loss identified in included evidence sources

The intensity and prevalence of these losses appeared influenced by a combination of factors: geographic context, professional norms and values, clinical specialty, pandemic wave, previous trauma or loss, and an individual's social location. In many circumstances, physicians' and nurses' grief experiences were compounded by systemic pressures (e.g, volume of patients, not enough time) increasing health and racial disparities, and changing political and organizational responses. (Brocksom, 2020; Chen, 2020; Dillon, 2020; Fowler, 2020; Gubernikoff, 2020; Hubert & Eichenberger, 2021; Kanellopoulos et al, 2021; Omran & Callis, 2021; Poland, 2022; Rosenfeld et al, 2022; Vora, 2021).

Of the evidence sources where a grief response was described (n=96), just over half of included sources (n= 57, 59%) mentioned physicians and nurses experiencing a range of feelings, thoughts, and reactions. Physicians' and nurses' reactions to grief were thematically categorized as intensely physical (e.g., extreme fatigue, tearfulness), emotional (e.g., anger, sadness), sparking changes in behaviour (e.g., hypervigilance, deepening of faith and spirituality), and deeply impacting one's professional identity and career trajectory (e.g., considering a career change). In response to increased incidences of grief, a significant number of sources (n=78, 77%) outlined various coping mechanisms for helping physicians and nurses tolerate, reduce, and deal with the loss and grief experienced during COVID-19. Coping mechanisms were classified into two types: individually driven (n=43) and institutionally initiated (n=18), with a few sources focusing on both (n= 17). Within the sources where individual coping mechanisms were highlighted (n=43), sources overwhelmingly focused on adaptive coping mechanisms (e.g., relaxation activities, support, memorializing; n=40). However, in a few instances (n=3), maladaptive coping mechanisms (e.g., smoking, substance use, avoidance) were reported. Of the sources specifically describing institutional-level strategies (n=18), many were positioned as calls to action aimed at mitigating some of the harmful effects of the pandemic (e.g., heightened psychological stress). Institutionally initiated coping mechanisms were largely problem-solving oriented (e.g., debrief sessions, access to psychotherapy; n=13).

DISCUSSION

Our study findings indicate that the grief physicians and nurses have shouldered these last few years has both intensified and compounded since COVID-19 was first identified. Many factors attribute to this amplification of grief: the weight of pandemic care throughout the COVID-19 crisis, the inability of physicians and nurses to meaningfully connect with patients, families, and colleagues due to isolation and infection control measures, and perhaps most distressing, the epidemic of burnout and mental health issues rampaging throughout both medicine and nursing's professional culture (LaDonna et al., 2021; Mayo Foundation for Medical Education and Research, 2019). In many cases, physicians' and nurses' grief experiences were situated within the included literature as an inevitable result of working in health care or a response to unfortunate circumstances outside their control. As a result, we found a significant portion of included evidence sources suggesting ways physicians and nurses can individually deal with their escalating grief and manage distressing emotions, rather than acknowledging and remedying the institutional factors that may be contributing to a negative or overwhelming grief response.

WHAT STEPS MIGHT HEALTHCARE AND EDUCATION INSTITUTIONS TAKE TO ADDRESS THE INEVITABLE TOLL OF HEALTHCARE WORK, AND SUPPORT GRIEVING PHYSICIANS AND NURSES?

Grief is not meant to be circumvented, nor should it lead to self-condemnation. However, when people are unable to respond to their grief in a healthy or productive manner due to an onslaught of challenges (e.g., lack of resources, support), then it becomes a problem. To prevent profound health and socio-economic implications, we urge healthcare and education institutions to normalize grief, not only in the context of the pandemic, but as something all of us have or will eventually experience.

IMPLICATIONS

Our analysis of the state of knowledge regarding physicians' and nurses' experiences of grief provides insight into the different forms of loss that exist, and the ways grief manifests, contributing to a better understanding of the personal and professional toll the pandemic has taken on this group of professionals. We urge academic and health care stakeholders to develop a set of goals and objectives focused on creating "grief literate" (Breen et al. 2022) learning and work environments. A grief literate milieu means advocating for and investing in a comprehensive, collaborative, and compassionate approach to the experience of loss where individuals "understand and accept the uniqueness and variability of grief, rather than stigmatizing the grief of others via their own assumptions, experiences, beliefs, and expectations" (p. 428). See Table 3 for the complete definition of grief literacy.

GRIEF LITERACY CAN BE DEFINED AS:

- The capacity to access, process, and use knowledge regarding the experience of loss.
- This capacity is multidimensional: it comprises knowledge to facilitate understanding and reflection, skills to enable action, and values to inspire compassion and care.
- These dimensions connect and integrate via the interdependence of individuals within sociocultural contexts.

Table 3: Definition of grief literacy (Breen et al. 2022, p. 427)

What follows are a set of 5 implications, and related recommendations, for research, practice, and policy aimed at reimagining the relationship between professional culture and personal fulfillment within medicine and nursing while remaining sensitive to the unique and multifaceted nature of grief presently being experienced.

01 ACKNOWLEDGE THAT GRIEF IS A UNIVERSAL HUMAN EXPERIENCE THAT WILL BE PROVOKED OR EXPERIENCED BY PROFESSIONALS WORKING IN HEALTH CARE SETTINGS.

a. We were deeply moved by the number of first-person narratives written about grief (n=29) and the textual descriptions featured in the qualitative research articles documenting how physicians and nurses were experiencing grief (n=15). We wondered whether participation in these reflective endeavors provided a therapeutic outlet for physicians and nurses to talk about and process their grief. Perhaps what these physicians and nurses were looking for was validation. It may be that they were looking to be seen, heard and understood. Physicians and nurses must be encouraged to speak frequently and openly about grief – with their patients, with families, with colleagues, and with learners.

02 ADDRESS THE REASONS WHY PHYSICIANS AND NURSES CHOOSE NOT TO TALK ABOUT, OR SEEK HELP WITH, THEIR GRIEF IN THE CONTEXT OF THEIR WORK ENVIRONMENTS.

a. The prevailing culture in healthcare clinical workplaces and the hidden curriculum in health professions' education cannot continue to operate under the supposition that physicians and nurses disassociate from their professional role. In our opinion, such behaviour is the antithesis of compassionate clinical care. Educators and leaders are encouraged to be strategically proactive in acknowledging the potential for a grief response in crisis situations and ensure steps are taken so that both individuals and institutions are prepared. Examples we noted include regularly reminding employees of the formal (e.g., employee assistance programs) and informal (e.g., reaching out to colleagues) supports available to them, integrating opportunities for debrief and self-care into workplace practices and providing opportunities for employees to participate in mental health first aid training.
b. Integrating grief education throughout formal health professions educational curricula and informal workspaces can additionally override the implicit academic, social, and cultural messages that leave many physicians and nurses mischaracterizing their grief as a moral failing. In our review, both physicians and nurses reported little attention during their formal training on how to manage their own grief, particularly in situations where they were required to persist with their work (Conning et al., 2021; Heilman, 2021; Leitão et al., 2022; Meltzer, 2022; Omran & Callis, 2021). We urge educators and leaders to collaborate with diverse professional groups and community agencies to take a multi-dimensional and inclusive approach to talking about grief. Similarly, embedding the language and practice of grief and loss into education offerings and organizational culture can help ensure that different forms of loss (e.g., non-death losses) are acknowledged and validated. For example, a clinical department might consider introducing 'grief rounds' whereby professionals come together to discuss their grief as it pertains to a particular clinical case.

03 EQUIP OFFICES OF HUMAN RESOURCES, INCLUDING EMPLOYEE ASSISTANCE PROGRAMS (EAPS) WITH DIVERSE RESOURCES AND TREATMENT OPTIONS

a. All professionals, regardless of years of service and employment status should be entitled to engage in the process of healthy grieving. EAPs need to be easily accessible (i.e., "hardwired" into organizations) so that professionals can readily access these services to deal with the effects of stress, loss, trauma and grief without concern over the application of time limits (i.e., restrictions on the number of sessions/support available).
b. Embed EAP providers into the structure of healthcare teams to share expertise, knowledge, and skills to improve personal/professional wellbeing.

04 BROADEN THE TYPES AND PROMINENCE OF QUALITATIVE RESEARCH AND LITERATURE SYNTHESIS METHODS TO GENERATE VALUABLE INSIGHTS INTO HEALTHCARE PROVIDERS' GRIEVING EXPERIENCES

a. There is certainly room for more rigorous, critical, and theoretically oriented research in the broad area of grief as it is experienced by both physicians and nursing. In particular, we see a role for phenomenological explorations of the lived experience of grief in its various manifestations.
b. Given the abundance of non-traditional scholarly contributions (opinion pieces, letters, poems, etc.), we see a place for innovative bibliometric work, which attempts to synthesize, classify, and draw parallels between various non-traditional contributions.
c. Further, we encourage institutions of higher education to follow recent movements in the research world, where organizations such as the Declaration on Research Assessment (DORA) recognize the need to improve the ways in which researchers and the outputs of scholarly research are evaluated. We encourage academic employers to deliver thoughtful metrics to account for these meaningful contributions.

05 EMPLOYERS NEED TO RECOGNIZE THAT THEIR OWN INTERNAL STRUCTURES AND POLICIES MAY BE CONTRIBUTING TO THE PREVALENCE OF GRIEF AND HIGH RATES OF BURNOUT AMONGST PHYSICIANS AND NURSES.

a. We noticed that many of the evidence sources we reviewed encouraged physicians and nurses to prioritize self-care. Unquestionably, incorporating self-care into daily practice is essential for restoring one's mind, body and spirit. However, even the most purposeful engagement in self-care will not fix systemic challenges. Identifying and addressing various facets of institutional culture with respect to grieving practices should be a priority. Our literature review demonstrates that the everyday expectations of health care workplaces must be deliberately explored with an eye on identifying taken-for-granted ideas in the broad area of grief as it is reinforced through policy and in various structural elements. We encourage institutions to open themselves up to critical research and scholarship designed to explore institutional culture to begin the hard work of naming and addressing problematic practices related to grief. Examples of such perspectives include institutional ethnography and critical discourse analysis.

CONCLUSION

The pandemic has undoubtedly contributed to the excessive workload and emotional trauma physicians and nurses are shouldering, stressors that will unlikely diminish after the pandemic wanes. In conducting this literature review, we hope to have deepened educators' and leaders' understanding of grief in the context of the pandemic. We acknowledge the fluidity of this time in history; out report presents a mere glimpse into the types of loss and levels of grief physicians and nurses have experienced. Further research will be necessary to explore the long-term effects of pandemic induced grief on those working in health care. In the meantime, there are tangible steps that relevant stakeholders can take to reduce the alienation and anguish physicians and nurses report feeling. We believe our results are transferable to other health professionals who might be struggling to name and navigate loss and can be applied to future catastrophic scenarios such as infectious disease outbreaks and global disasters.

KNOWLEDGE MOBILIZATION ACTIVITIES

Integrated knowledge translation and mobilization remains a priority for our team (Kothari et al., 2017). Throughout all phases of our scoping review, we engaged with relevant stakeholders to seek input on our review process, determine whether our findings reflect the contextual realities of those working on the frontlines, and identify potential venues that enhance reach and enable use of our research findings (See Table 4, Stakeholder Engagement Meetings).

Stakeholder	Focus of Meeting
Family Physician, presently working within a rural community in Ontario	Provided firsthand information and experience into the challenges healthcare providers have encountered and continue to face because of COVID-19. Discussion also focused on the availability of supports to healthcare providers and the unique challenges of dealing with grief and loss as a physician practicing within a rural context.
Associate Professor, School of Nursing, University of Ottawa	Esteemed scholar in nursing ethics, palliative care, grief and loss. Provided insight into how the scholarly landscape around the above-mentioned topics has evolved in response to COVID-19. Provided advice around how to engage end-users around sensitive topics like grief and loss and suggested potential organizations (e.g., the Canadian Nursing Palliative Care Association) that would be receptive to learning about our research findings.
Professor and Endowed Chair in Palliative Care, Dalhousie University	Medical anthropologist and esteemed scholar in palliative care, parental bereavement, and cultural aspects of health and illness. Provided insight into the work they and others are conducting about grief literacy including suggestions on how to approach dissemination around this topic area.
Former practicing physician, presently working in medical education in British Columbia	Former physician. Shared their experiences working in medicine, including the rationale for choosing to leave clinical practice. Discussed how the terminology around grief remains ambiguous and is often conflated with other closely aligned but different concepts such as burnout, wellness, moral injury, and resilience.
Associate Professor, School of Nursing, Lakehead University	Esteemed scholar in the area of socially just nursing practice, moral distress, and expressions of well-being. Provided insight into how to incorporate narrative and arts-based inquiry into the study of health professional

Table 4: Stakeholder Engagement Meetings

The table below captures the various knowledge mobilization activities in progress and those we intend to pursue over the next 6 months (See Table 5, Knowledge Mobilization Activities).

Activity and Reach	**Activity and Reach**	**Activity and Reach**
Knowledge User Consultations – local & national	Exchange	Ongoing
Focused and deliberate discussion and consultation with frontline healthcare providers as well as educators, and researchers working in medical education and nursing across the country continue to occur in order to facilitate greater understanding of the factors complicating grief during COVID-19 and its impact on physicians and nurses. We will utilize national meetings (e.g., Canadian Association of Schools of Nursing) and annual conferences (e.g., Canadian Conference on Medical Education, Society of Rural Physicians of Canada) as forums to meet with relevant healthcare providers, learn about challenges and existing resources for healthcare providers experiencing COVID-related grief and loss, and exchange ideas.		
Project Website	Dissemination	August 2022 and ongoing
We are working with a communications consultant to create a professional and engaging website including site architecture, layout, and user design. The website will serve as a 'home base' for users to access KMb products and information related to KMb activities/events.		
Podcasts	Dissemination	November 2022 and ongoing
We plan to collaborate with Dalhousie MedIT and Dalhousie Medicine New Brunswick (DMNB) to produce a mini-series related to the topic of healthcare provider grief that will be launched as part of Dalhousie Medicine's existing Fac Dev Lounge podcast. We are additionally exploring opportunities to appear as a guest on other podcasts in the health professions field to share our research findings with a wider audience.		
Publications – practitioner/professional publications	Dissemination	November 2022 and ongoing
The topic of grief is one of growing interest to many professional organizations representing physicians and nurses across the career continuum. We intend to target professional magazines such as the Registered Nurse Journal (RNJ) and The Medical Post as potential venues to disseminate our research findings. It is anticipated that this method of knowledge dissemination will increase awareness about the ways grief impacts public health care delivery and consumption and serve as a resource to help HCPs identify, acknowledge, and normalize the multiple losses they may be experiencing.		
Publications – Academic and Public Scholarship	Dissemination	November 2022 and ongoing
To maximise reach and accessibility, we intend to share our research findings in open access journals (e.g., Perspectives on Medical Education) and in hybrid journals that allow open access for a fee (e.g., Journal of Nursing Scholarship, Academic Medicine). Journals that focus on health professions education and social science research on health will be targeted. We will also seek opportunities to contribute to knowledge-based journalism for use by the wider public. One potential venue we intend to target is The Conversation Canada – an open-access, independent source of news and views from the academic research community that provides more informed explanations of complex problems, delivered directly into the public arena.		

Presentations – Academic Conferences and Professional Meetings	Dissemination	November 2022 and ongoing
We will share findings from our research with colleagues, decision-makers and knowledge users at local, national, and international academic conferences and professional meetings. Opportunities that focus on health professions education, physical and mental health/well-being and educational design will be specifically targeted. These opportunities may occur in-person or virtually.		
Knowledge Mobilization Forum – national	Exchange	November 2022
As per the expectations of the SSHRC Knowledge Synthesis Grant, we will participate in the in-person or virtual knowledge mobilization forum. Our participation in this event will allow us to share research findings with community practitioners and knowledge users representing different academic disciplines and communities of practice.		
Integration of Findings	Application	Ongoing
It is anticipated that opportunities to work collaboratively with educators, administrators, and frontline HCPs involved in health professions education at Dalhousie University, across medical and nursing schools in Canada and internationally will be realized throughout our scoping review. Insights garnered from engaging in the research process will be translated and presented in a user-friendly and actionable manner.		

Table 5: Knowledge Mobilization Activities

REFERENCES

Arksey, H. & O'Malley, L. (2005). Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology, (8)*1, 19-32. https://doi:10.1080/1364557032000119616

Bains, C. (2020, July 7). Essential workers during COVID-19 susceptible to 'moral injury' and PTSD, hospital says. *CBC News*. https://www.cbc.ca/news/health/covid-stress-essential-workers-1.5641405

Breen, L. J., Kawashima, D., Joy, K., Cadell, S., Roth, D., Chow, A., & MacDonald, M. E. (2022). Grief literacy: A call to action for compassionate communities. *Death Studies, 46*(2), 425–433. https://doi.org/10.1080/07481187.2020.1739780

Brocksom, J. (2020). With hope in our hearts. *British Journal of Nursing, 29*(9), S3. https://doi.org/10.12968/bjon.2020.29.9.S3

Burm, S., Kennedy, E., Kilbertus, F., MacDonald, S., MacLeod, A., Melro, C., & Robinson, S. (2022, November 2). Unravelling grief: A scoping review of physicians' and nurses' experiences of grief during COVID-19 [Project Protocol]. Retrieved from osf.io/5jnq4

Cann, C. K., Hebb, M., Devine, M., Forneret, A., Gilbert, A., Williams, L., Gailing, S., Perez-Protto, S., & Adwish, R. (2020, June 10). *Death, grief and funerals in the COVID age.* https://static1.squarespace.com/static/5ea741819616d93530f653b1/t/5ee3976f0995a44c639de12e39de12e/1591973749217/Death%2C+Grief+and+Funerals+in+the+COVID+Age_V4.pd

Chen, A. (2020, May 12). *'It Just Broke Me': Health Workers Struggle For Time To Grieve Patients Lost To COVID-19*. wbur Coronavirus Coverage. Retrieved October 26, 2022, from https://www.wbur.org/news/2020/05/11/health-worker-mental-health-coronavirus

Dall'Ora., C., Ball, J., Reinus, M., & Griffiths, P. (2020). Burnout in nursing: A theoretical review. *Human Resources for Health, 18*(41):1-17. https://doi.org/10.1186/s12960-020-00469-9

Dillon, A. (2020). Physician know thyself: learning to value our lived experience. *British Journal of Haematology, 189*. https://doi.org/10.1111/bjh.16638

Duong, D. (2021, January 21). Frozen grief at the frontlines of the pandemic. *CMAJ News,* https://cmajnews.com/2021/01/21/covid-grief-1095918/

Fowler, M. D. (2020). Woe is Me, I am Undone: Lament in a Time of Suffering and Distress. *The Online Journal of Issues in Nursing, 25*(3), 1–7. https://doi.org/10.3912/OJIN.Vol25No03PPT69

Funk, L.M., Peters, S., Stiebler Roger, K. (2017). The emotional labour of personal grief in palliative care: Balancing caring and professional identities. *Qualitative Health Research, 27*(14), 2211-2221. https://doi.org/10.1177%2F1049732317729139

Gómez-Urquiza, J.L., De la Fuente-Solana, E. I., Alberndin-Garcia, L., Vargas-Pecino, C., Ortega-Campos, E., & Canadas-De la Fuente, G. (2017). Prevalence of burnout syndrome in emergency nurses: A meta-analysis. *Critical Care Nurse, 37*(4): e1-e9. https://doi.org/10.4037/ccn2017508

Granek, L., Mazzotta, P., Tozer, R., & Kryyzanowska, M. K. (2012). What do oncologists want? Suggestions from oncologists on how their institutions can support them in dealing with patient loss. *Support Care Cancer, 20*: 2627-2632. doi: 10.1007/s00520-012-1528-2.

Gubernikoff, G. (2020). Empathy Revisited. *JAMA, 323*(15), 1447–1448. https://doi.org/doi:10.1001/jama.2020.3790

Hsieh, H.-F., & Shannon, S. E. (2005). Three Approaches to Qualitative Content Analysis. *Qualitative Health Research, 15*(9), 1277–1288. https://doi.org/10.1177/1049732305276687

Hubert, P. M., & Eichenberger, B. (2021). Caring Science to Mitigate Nurses' Moral Distress in the COVID-19 Pandemic. *International Journal of Caring Sciences, 14*(2), 1492–1498.

Kanellopoulos, D., Solomonov, N., Ritholtz, S., Wilkins, V., Goldman, R., Schier, M., Oberlin, L., Bueno-Castellano, C., Dargis, M., Cherestal, S., & Gunning, F. (2021). The CopeNYP program: A model for brief treatment of psychological distress among healthcare workers and hospital staff . *General Hospital Psychiatry, 73,* 24–29. https://doi.org/10.1016/j.genhosppsych.2021.09.002

Kessler, D. (2019). *Finding meaning: The sixth stage of grief.* Scribner.

Khan N., Palepu A., Dodek P., Salmon, A., Leitch, H., Ruzycki, S., Townson, A., & Lacaille, D. (2021). Cross-sectional survey on physician burnout during the COVID-19 pandemic in Vancouver, Canada: The role of gender, ethnicity and sexual orientation. *BMJ Open*, 11:1-7. doi:10.1136/ bmjopen-2021-050380

Kim, M. (2019). The right to grieve. *Journal of the American Medical Association, 321*(16): 1569-1570. DOI: 10.1001/jama.2019.4265

Kothari, A., McCutcheon, C., & Graham, I. D. (2017). Defining integrated knowledge translation and moving forward: A response to recent commentaries. *International Journal of Health Policy and Management, 6*(5), 299–300. https://doi.org/10.15171/ijhpm.2017.15

Klowak, M. (2020, December 14). Health-care providers hit hard by grief as COVID-19 numbers continue to climb. *CBC News*. https://www.cbc.ca/news/canada/manitoba/health-care-workers-grief-1.5838102

Kűbler-Ross, E. & Kessler, D. (2005). On grief and grieving: *Finding the meaning of grief through the five stages of loss.* Scribner.

LaDonna, K. A., Cowley, L., Touchie, C., LeBlanc, V. R., & Spilg, E. G. (2021). Wrestling with the invincibility myth: Exploring physicians' resistance to wellness and resilience-building interventions. *Academic Medicine*, (published ahead of print), 1-29. doi:10.1097/ACM.0000000000004354

Levac, D., Colquhoun, H., & O'Brien, K. K. (2010). Scoping studies: advancing the methodology. *Implementation Science, 5*(69). https://doi.org/10.1186/1748-5908-5-69

Maunder, R.G., Heeney, N.D., Strudwick, G., Shin, H.D., O'Neill, B., Young, N., Jeffs, L.P., Barrett, K., Bodmer, N.S., Born, K.B., Hopkins, J., Jűni, P., Perkhun, A., Price, D.J., Razak, F., Mushquash, C.J., & Mah, L. (2021a). Burnout in hospital-based healthcare workers during COVID-19. *Science Briefs of the Ontario COVID-19 Science Advisory Table. 2*(46), 1-24. https://doi.org/10.47326/ocsat.2021.02.46.1.0

Maunder, R.G., Henney, N.D., Kiss, A., Junter, J.A., Jeffs, L.P., Ginty, L., Johnstone, J., Loftus, C.A., & Wisenfeld, L.A. (2021b). Psychological impact of the COVID-19 pandemic on hospital workers over time: Relationship to occupational role, living with children and elders, and modifiable factors. *General Hospital Psychiatry,* 71: 88-94. https://doi.org/10.1016/j.genhosppsych.2021.04.012

Maunder, R. & Strudwick, G. (2021, August 29). High rates of COVID-19 burnout could lead to shortage of health-care workers. *The Conversation,* https://theconversation.com/high-rates-of-covid-19-burnout-could-lead-to-shortage-of-health-care-workers-166476

Mayo Foundation for Medical Education and Research. (2019). Healing the professional culture of medicine. *Mayo Clinic Proceedings, 94*(8):1556-1566. https://www.mayoclinicproceedings.org/article/S0025-6196(19)30345-3/pdf

McGowan, J., Sampson, M., Salzwedel, D. M., Cogo, E., Foerster, V., & Lefebvre, C. (2016). PRESS peer review of electronic search strategies: 2015 guideline statement. *Journal of Clinical Epidemiology*, 75, 40–46. https://doi.org/10.1016/j.jclinepi.2016.01.021

Mortazavi, S.S., Assari, S., Alimohamadi, A., Rafiee, M., & Shati, M. (2020). Fear, loss, social isolation, and incomplete grief due to COVID-19: A recipe for a psychiatric pandemic. *Basic and Clinical Neuroscience, 11*(3.Covid19), 225-232. https://dx.doi.org/10.32598/bcn.11.covid19.2549.1

Muller, A.E., Hafstad, E.V., Peter Williams Himmels, J., Smedslund, G., Flottorp, S., Stensland, S. O., Stroobants, S., Van de Velde, S., & Vist, G. E. (2020). The mental health impact of the covid-19 pandemic on healthcare workers, and interventions to help them: A rapid systematic review. *Psychiatry Research, 293*, 1-11. doi: 10.1016/j.psychres.2020.113441.

Neufield, A. (2021, July 25). 'An alarming exodus': Ontario nursing sector slammed with staffing shortage as many rethink careers. *CTV News,* https://toronto.ctvnews.ca/an-alarming-exodus-ontario-nursing-sector-slammed-with-staffing-shortage-as-many-rethink-careers-1.5522610

O'Connor, M.& Breen, L.J. (2014). General practitioners' experiences of bereavement care and their educational support needs: A qualitative study. *BMC Medical Education, 14*(59): 1-10. https://doi.org/10.1186/1472-6920-14-59

Omran, T., & Callis, A. M. (2021). Bereavement Needs of Critical Care Nurses: A Qualitative Study. *Dimensions of Critical Care Nursing, 40*(2), 83–91. https://doi.org/10.1097/DCC.0000000000000460

Ontario Medical Association. (2021). *Healing the healers: System-level solutions to physician burnout: Recommendations of the Ontario medical association burnout task force.* Ontario Medical Association. https://www.oma.org/uploadedfiles/oma/media/pagetree/advocacy/health-policy-recommendations/burnout-paper.pdf

Poland, C. A. (2022). I Love You. *JAMA, 327*(11), 1027–1028. https://doi.org/10.1001/jama.2022.2668

Pollock, D., Peters, M. D. J., Khalil, H., McInerney, P., Alexander, L., Tricco, A. C., Evans, C., de Moraes, É. B., Godfrey, C. M., Pieper, D., Saran, A., Stern, C., & Munn, Z. (2022). Recommendations for the extraction, analysis, and presentation of results in scoping reviews. *JBI Evidence Synthesis*. https://doi.org/10.11124/JBIES-22-00123

Portage. (n.d.). *The portage network*. https://portagenetwork.ca/

Rabow, M.W., Huang, C.H.S., White-Hammond, G.E., & Tucker, R.O. (2021). Witnesses and victims both: Healthcare workers and grief in the time of COVID-19. *Journal of Pain and Symptom Management, 62*(3): 647-656. https://doi: 10.1016/j.jpainsymman.2021.01.139

Rethlefsen, M. L., Kirtley, S., Waffenschmidt, S., Ayala, A.P., Moher, D., Page, M.J., Koffel, J.B., & PRISMA-S Group, (2021). PRISMA-S: an extension to the PRISMA Statement for Reporting *Literature Searches in Systematic Reviews. Systematic Reviews, 10*(39). https://doi.org/https://doi.org/10.1186/s13643-020-01542-z

Rosenfeld, P., DeMarco, K., & Rodenhausen, N. (2022). Forever Changed: RNs Speak of their COVID-19 Experiences through a System-Wide Nursing Web Site. JONA: *The Journal of Nursing Administration, 52*(1), 12–18. https://doi.org/10.1097/NNA.0000000000001097

Rumrill, P. D., Fitzgerald, S., & Merchant, W. R. (2010). Using scoping literature reviews as a means of understanding and interpreting existing literature. *Work, 35*(3): 399-404. doi:10.3233/WOR-2010-0998

Shanafelt, T., Ripp, J., & Trockel, M., (2020). Understanding and addressing sources of anxiety among health care professionals during the COVID-19 pandemic. *Journal of the American Medical Association, 323*(21): 2133-2134. doi:10.1001/jama.2020.5893

Shear, M.K. (2015). Complicated grief. The New England Journal of Medicine, 372,153-160. doi: 10.1056/NEJMcp1315618

Silkstrom, L., Saikaly, R., Ferguson, G., Mosher, P. J., Bonato, S., & Soklaridis, S. (2019). Being there: A scoping review of grief support training in medical education. *PLoS ONE, 14*(11): e0224325. https://doi.org/10.1371/journal.pone.0224325

Sukhera, J. Kulkarni, C., & Taylor, T. (2021). Structural distress: Experiences of moral distress related to structural stigma during the COVID-19 pandemic. *Perspectives on Medical Education,* 10: 222-229. https://doi.org/10.1007/s40037-021-00663-y

Tarchichi, T., & Syzmusiak, J. (2021). Continuing medical education in the time of social distancing: The case for expanding podcast usage for continuing education. *Journal of Continuing Education in the Health Professions, 41*(1): 70-74. https://doi: 10.1097/CEH.0000000000000324

Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., Moher, D., Peters, M.D.J., Horsley, T., Weeks, L., Hempel, S., Aki, E.A., Chang, C., McGowan, J., Stewart, L., Hartling, L. Aldcroft, A., Wilson, M.G., Garritty, C., Lewin, S.,…Straus, S. E. (2018). PRISMA extension for scoping reviews (PRISMA-ScR): Checklist and explanation. *Annals of Internal Medicine, 169*(7): 467-473. https://doi.org/10.7326/M18-0850

Trudel, L., Vonarx, N., Simard, C., Freeman, A., Vézina, M., Brisson, C., Vinet, A., Bourbonnais, R., & Dugas, N. (2009). The adverse effect of psychological constraints at work: A participatory study to orient prevention to mitigate psychological distress. *Work, 34*, 345-357. doi10.3233/WOR-2009-0933

Vora, A. (2021). Dear Mother of My Patient. *Journal of Palliative Medicine, 24*(2), 291–292. http://doi.org.ezproxy.library.dal.ca/10.1089/jpm.2020.0427

APPENDICES

APPENDIX A: DATABASE SEARCH STRATEGIES

OVID MEDLINE(R) ALL <1947-MAY 27,2022>:

Exp Physicians/
Exp Medical staff/
Exp Anesthetists/
Physician*.ti,ab,kf
Doctor*.ti,ab,kf
Allergist*.ti,ab,kf
Anesthesiologist*.ti,ab,kf
Cardiologist*.ti,ab,kf
Dermatologist*.ti,ab,kf
Endocrinologist*.ti,ab,kf
Gastroenterologist*.ti,ab,kf
General Practitioner*.ti,ab,kf
Gynecologist*.ti,ab,kf
Primary Care Physician*.ti,ab,kf
Family Physician*.ti,ab,kf
Geriatrician*.ti,ab,kf
Hematologist*.ti,ab,kf
Hospitalist*.ti,ab,kf
Intensivist*.ti,ab,kf
Neonatologist*.ti,ab,kf
Nephrologist*.ti,ab,kf
Neurologist*.ti,ab,kf
Obstetrician*.ti,ab,kf
Occupational Health Physician*.ti,ab,kf
Oncologist*.ti,ab,kf
Ophthalmologist*.ti,ab,kf
Osteopathic Physician*.ti,ab,kf
Otolaryngologist*.ti,ab,kf
Pathologist*.ti,ab,kf
Pediatrician*.ti,ab,kf
Paediatrician*.ti,ab,kf
Physiatrist*.ti,ab,kf
Psychiatrist*.ti,ab,kf
Pulmonologist*.ti,ab,kf

Radiologist*.ti,ab,kf
Rheumatologist*.ti,ab,kf
Neurosurgeon*.ti,ab,kf
Surgeon*.ti,ab,kf
Urologist*.ti,ab,kf
Resident*.ti,ab,kf
Fellow*.ti,ab,kf
Exp Nurses/
Exp Nursing staff/
Nurse*.ti,ab,kf
OR/1-44
Exp Bereavement/
Bereave*.ti,ab,kf
Grief.ti,ab,kf
Griev*.ti,ab,kf
Mourn*.ti,ab,kf
Sorrow.ti,ab,kf
OR/46-51
45 AND 52
Limit 53= 2019-Current

EMBASE (VIA ELSEVIER: 1966 (MEDLINE) & 1974 (EMBASE)-MAY 27,2022):

'physician'/exp
‘medical staff’/exp
‘Anesthetist’/exp
Physician*:ti,ab,kw
Doctor*:ti,ab,kw
Allergist*:ti,ab,kw
Anesthesiologist*:ti,ab,kw
Cardiologist*:ti,ab,kw
Dermatologist*:ti,ab,kw
Endocrinologist*:ti,ab,kw
Gastroenterologist*:ti,ab,kw
“General Practitioner*”:ti,ab,kw
Gynecologist*:ti,ab,kw
“Primary Care Physician*”:ti,ab,kw
“Family Physician*”:ti,ab,kw
Geriatrician*:ti,ab,kw
Hematologist*:ti,ab,kw
Hospitalist*:ti,ab,kw
Intensivist*:ti,ab,kw

'Neonatologist*:ti,ab,kw
Nephrologist*:ti,ab,kw
Neurologist*:ti,ab,kw
Obstetrician*:ti,ab,kw
“Occupational Health Physician*”:ti,ab,kw
Oncologist*:ti,ab,kw
Ophthalmologist*:ti,ab,kw
“Osteopathic Physician*”:ti,ab,kw
Otolaryngologist*:ti,ab,kw
Pathologist*:ti,ab,kw
Pediatrician*:ti,ab,kw
Paediatrician*:ti,ab,kw
Physiatrist*:ti,ab,kw
Psychiatrist*:ti,ab,kw
Pulmonologist*:ti,ab,kw
Radiologist*:ti,ab,kw
Rheumatologist*:ti,ab,kw
Neurosurgeon*:ti,ab,kw
Surgeon*:ti,ab,kw
Urologist*:ti,ab,kw
Resident*:ti,ab,kw
Fellow*:ti,ab,kw
‘Nurse’/exp
‘Nursing staff’/exp
Nurse*:ti,ab,kw
OR/1-44
‘Bereavement’/exp
Bereave*:ti,ab,kw
Grief:ti,ab,kw
Griev*:ti,ab,kw
Mourn*:ti,ab,kw
Sorrow:ti,ab,kw
OR/46-51
45 AND 52
#53 AND (2019:py OR 2020:py OR 2021:py OR 2022:py)

CINAHL (VIA EBSCOHOST WITH FULL TEXT: 1982-MAY 27,2022):

MH "Physicians+"
MH “Medical staff+”
MH “Anesthetists+”
TI (Physician*) OR AB (Physician*)
TI (Doctor*) OR AB (Doctor*)
TI (Allergist*) OR AB (Allergist*)
TI(Anesthesiologist*) OR AB (Anesthesiologist*)
TI (Cardiologist*) OR AB (Cardiologist*)
TI (Dermatologist*) OR AB (Dermatologist*)
TI(Endocrinologist*) OR AB(Endocrinologist*)
TI(Gastroenterologist*) OR AB(Gastroenterologist*)
TI(“General Practitioner*”) OR AB(“General Practitioner*”)
TI(Gynecologist*) OR AB(Gynecologist*)
TI(“Primary Care Physician*”) OR AB(“Primary Care Physician*”)
TI(“Family Physician*”) OR AB(“Family Physician*”)
TI(Geriatrician*) OR AB(Geriatrician*)
TI(Hematologist*) OR AB(Hematologist*)
TI(Hospitalist*) OR AB(Hospitalist*)
TI(Intensivist*) OR AB(Intensivist*)
TI(Neonatologist*) OR AB(Neonatologist*)
TI(Nephrologist*) OR AB(Nephrologist*)
TI(Neurologist*) OR AB(Neurologist*)
TI(Obstetrician*) OR AB(Obstetrician*)
TI(“Occupational Health Physician*”) OR AB(“Occupational Health Physician*”)
TI(Oncologist*) OR AB (Oncologist*)
TI(Ophthalmologist*) OR AB(Ophthalmologist*)
TI(“Osteopathic Physician*”) OR AB(“Osteopathic Physician*”)
TI(Otolaryngologist*) OR AB(Otolaryngologist*)
TI(Pathologist*) OR AB(Pathologist*)
TI(Pediatrician*) OR AB(Pediatrician*)
TI(Paediatrician*) OR AB(Paediatrician*)
TI(Physiatrist*) OR AB(Physiatrist*)
TI(Psychiatrist*) OR AB(Psychiatrist*)
TI(Pulmonologist*) OR AB(Pulmonologist*)
TI(Radiologist*) OR AB(Radiologist*)
TI(Rheumatologist*) OR AB(Rheumatologist*)
TI(Neurosurgeon*) OR AB(Neurosurgeon*)
TI(Surgeon*) OR AB(Surgeon*)
TI(Urologist*) OR AB(Urologist*)
TI(Resident*) OR AB(Resident*)

TI(Fellow*) OR AB(Fellow*)
MH “Nurses+”
TI(Nurse*) OR AB(Nurse*)
OR/1-43
MH “Bereavement+”
TI(Bereave*) OR AB(Bereave*)
TI(Grief) OR AB(Grief)
TI(Griev*) OR AB(Griev*)
TI(Mourn*) OR AB(Mourn*)
TI(Sorrow) OR AB(Sorrow)
OR/45-50
44 AND 51
Limiters - Published Date: 20190101-20221231

PSYCINFO (VIA EBSCOHOST: 1887-MAY 27.2022):

DE "Physicians" OR DE "Family Physicians" OR DE "General Practitioners" OR DE "Gynecologists" OR DE "Internists" OR DE "Neurologists" OR DE "Obstetricians" OR DE "Pathologists" OR DE "Pediatricians" OR DE "Psychiatrists" OR DE "Surgeons"
TI (Physician*) OR AB (Physician*)
TI (Doctor*) OR AB (Doctor*)
TI (Allergist*) OR AB (Allergist*)
TI(Anesthesiologist*) OR AB (Anesthesiologist*)
TI (Cardiologist*) OR AB (Cardiologist*)
TI (Dermatologist*) OR AB (Dermatologist*)
TI(Endocrinologist*) OR AB(Endocrinologist*)
TI(Gastroenterologist*) OR AB(Gastroenterologist*)
TI(“General Practitioner*”) OR AB(“General Practitioner*”)
TI(Gynecologist*) OR AB(Gynecologist*)
TI(“Primary Care Physician*”) OR AB(“Primary Care Physician*”)
TI(“Family Physician*”) OR AB(“Family Physician*”)
TI(Geriatrician*) OR AB(Geriatrician*)
TI(Hematologist*) OR AB(Hematologist*)
TI(Hospitalist*) OR AB(Hospitalist*)
TI(Intensivist*) OR AB(Intensivist*)
TI(Neonatologist*) OR AB(Neonatologist*)
TI(Nephrologist*) OR AB(Nephrologist*)
TI(Neurologist*) OR AB(Neurologist*)
TI(Obstetrician*) OR AB(Obstetrician*)
TI(“Occupational Health Physician*”) OR AB(“Occupational Health Physician*”)
TI(Oncologist*) OR AB (Oncologist*)
TI(Ophthalmologist*) OR AB(Ophthalmologist*)

TI(“Osteopathic Physician*”) OR AB(“Osteopathic Physician*”)
TI(Otolaryngologist*) OR AB(Otolaryngologist*)
TI(Pathologist*) OR AB(Pathologist*)
TI(Pediatrician*) OR AB(Pediatrician*)
TI(Paediatrician*) OR AB(Paediatrician*)
TI(Physiatrist*) OR AB(Physiatrist*)
TI(Psychiatrist*) OR AB(Psychiatrist*)
TI(Pulmonologist*) OR AB(Pulmonologist*)
TI(Radiologist*) OR AB(Radiologist*)
TI(Rheumatologist*) OR AB(Rheumatologist*)
TI(Neurosurgeon*) OR AB(Neurosurgeon*)
TI(Surgeon*) OR AB(Surgeon*)
TI(Urologist*) OR AB(Urologist*)
TI(Resident*) OR AB(Resident*)
TI(Fellow*) OR AB(Fellow*)
DE "Nurses" OR DE "Psychiatric Nurses" OR DE "Public Health Service Nurses" OR DE "School Nurses"
TI(Nurse*) OR AB(Nurse*)
OR/1-41
DE "Bereavement" OR DE "Grief"
TI(Bereave*) OR AB(Bereave*)
TI(Grief) OR AB(Grief)
TI(Griev*) OR AB(Griev*)
TI(Mourn*) OR AB(Mourn*)
TI(Sorrow) OR AB(Sorrow)
OR/43-48
42 AND 49
Limiters - Published Date: 20190101-20221231

MAINSUBJECT.EXACT.EXPLODE("Physicians")
ti(Physician*) OR ab(Physician*)
ti(Doctor*) OR ab(Doctor*)
ti(Allergist*) OR ab(Allergist*)
ti(Anesthesiologist*) OR ab(Anesthesiologist*)
ti(Cardiologist*) OR ab(Cardiologist*)
ti(Dermatologist*) OR ab(Dermatologist*)
ti(Endocrinologist*) OR ab(Endocrinologist*)
ti(Gastroenterologist*) OR ab(Gastroenterologist*)
ti("General Practitioner*") OR ab("General Practitioner*")
ti(Gynecologist*) OR ab(Gynecologist*)
ti("Primary Care Physician*") OR ab("Primary Care Physician*")
ti("Family Physician*") OR ab("Family Physician*")
ti(Geriatrician*) OR ab(Geriatrician*)
ti(Hematologist*) OR ab(Hematologist*)
ti(Hospitalist*) OR ab(Hospitalist*)
ti(Intensivist*) OR ab(Intensivist*)
ti(Neonatologist*) OR ab(Neonatologist*)
ti(Nephrologist*) OR ab(Nephrologist*)
ti(Neurologist*) OR ab(Neurologist*)
ti(Obstetrician*) OR ab(Obstetrician*)
ti("Occupational Health Physician*") OR ab("Occupational Health Physician*")
ti(Oncologist*) OR ab(Oncologist*)
ti(Ophthalmologist*) OR ab(Ophthalmologist*)
ti("Osteopathic Physician*") OR ab("Osteopathic Physician*")
ti(Otolaryngologist*) OR ab(Otolaryngologist*)
ti(Pathologist*) OR ab(Pathologist*)
ti(Pediatrician*) OR ab(Pediatrician*)
ti(Paediatrician*) OR ab(Paediatrician*)
ti(Physiatrist*) OR ab(Physiatrist*)
ti(Psychiatrist*) OR ab(Psychiatrist*)
ti(Pulmonologist*) OR ab(Pulmonologist*)
ti(Radiologist*) OR ab(Radiologist*)
ti(Rheumatologist*) OR ab(Rheumatologist*)
ti(Neurosurgeon*) OR ab(Neurosurgeon*)
ti(Surgeon*) OR ab(Surgeon*)
ti(Urologist*) OR ab(Urologist*)
ti(Resident*) OR ab(Resident*)
ti(Fellow*) OR ab(Fellow*)
MAINSUBJECT.EXACT.EXPLODE("Nurses")

ti(Nurse*) OR ab(Nurse*)
OR/1-41
MAINSUBJECT.EXACT.EXPLODE("Grief")
ti(Bereave*) OR ab(Bereave*)
ti(Grief) OR ab(Grief)
ti(Griev*) OR ab(Griev*)
ti(Mourn*) OR ab(Mourn*)
ti(Sorrow) OR ab(Sorrow)
OR/43-48
42 AND 49
Additional limits Date: From 2019 to 2022

APPENDIX B: GREY LITERATURE SEARCH STRATEGIES

GREY LITERATURE SEARCHES (LIMITS APPLIED: 12/1/2019-PRESENT (AUGUST 31, 2022)):

Source , Search Strategy Used

Canadian Medical Association , (Grief OR Grieve OR Grieving OR Mourn OR Mourning OR Mourned OR Bereave OR Bereaved OR Bereavement) site:https://www.cma.ca/

Royal College of Physicians and Surgeons of Canada , (Grief OR Grieve OR Grieving OR Mourn OR Mourning OR Mourned OR Bereave OR Bereaved OR Bereavement) site:https://www.royalcollege.ca/

Canadian Family Physicians of Canada , (Grief OR Grieve OR Grieving OR Mourn OR Mourning OR Mourned OR Bereave OR Bereaved OR Bereavement) site:https://www.cfpc.ca/

Society of Rural Physicians of Canada , (Grief OR Grieve OR Grieving OR Mourn OR Mourning OR Mourned OR Bereave OR Bereaved OR Bereavement) site:https://www.srpc.ca/

Canadian Hospice and Palliative Care Association , (Grief OR Grieve OR Grieving OR Mourn OR Mourning OR Mourned OR Bereave OR Bereaved OR Bereavement) site:https://www.chpca.ca/

Canadian Nursing Association , (Grief OR Grieve OR Grieving OR Mourn OR Mourning OR Mourned OR Bereave OR Bereaved OR Bereavement) site:https://www.cna-aiic.ca/

Canadian Palliative Care Nursing Association , (Grief OR Grieve OR Grieving OR Mourn OR Mourning OR Mourned OR Bereave OR Bereaved OR Bereavement) site:https://www.cpcna.ca/

PALLIUM Canada , (Grief OR Grieve OR Grieving OR Mourn OR Mourning OR Mourned OR Bereave OR Bereaved OR Bereavement) site:https://www.pallium.ca/

Google Search Engine , allintext: (Grief OR Grieve OR Grieving OR Mourn OR Mourning OR Mourned OR Bereave OR Bereaved OR Bereavement) AND (Nurse OR Doctor OR Physician) AND (COVID OR Pandemic OR Coronavirus)

APPENDIX C: SUMMARY OF INCLUSION AND EXCLUSION CRITERIA

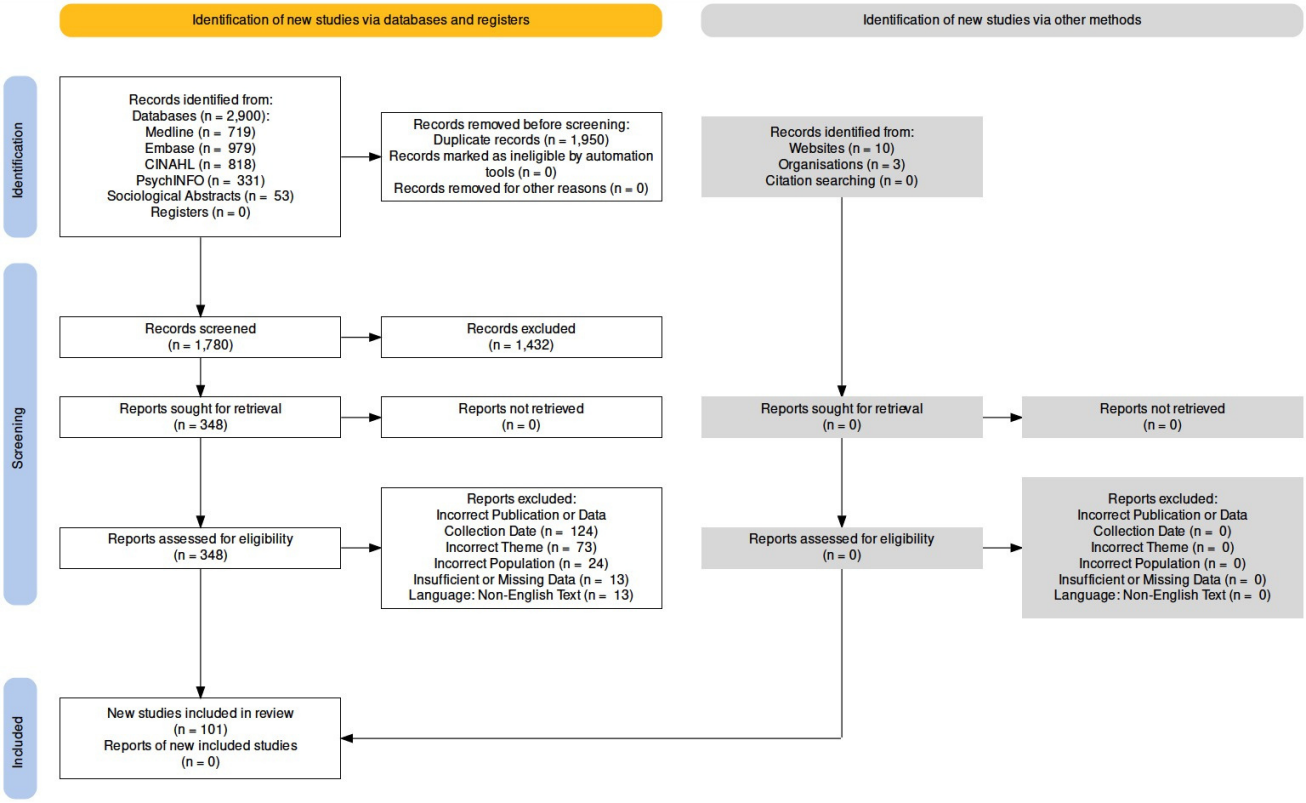
Inclusion Criteria	**Exclusion Criteria**
1. LANGUAGE: English text	1. LANGUAGE: English text
2. POPULATION: Must be regulated health professionals, specifically: • Residents • Fellows • Attending physicians • Nurses (nurse manager, nurse educators, etc.)	2. INCORRECT POPULATION: • Patients • Personal caregivers • Unregulated health professionals (e.g., physician assistant) • Medical or nursing students • Health professionals other than physicians or nurses
3. PUBLICATION DATE: • Published December 2019-present • For empirical research: study needs to have been conducted December 2019-present NOTE: The paper does not necessarily need to mention COVID-19	3. PUBLICATION DATE: • Published before December 2019 • For empirical research: Please exclude if study was conducted before December 2019
4. THEME (A single paper could focus on multiple themes) • Paper reports on physicians and/or nurses direct experiences with grief, loss, mourning and/or bereavement and the impact (+/-) on their professional work • Paper reports on factors that have amplified the experience of grief or loss for physicians and nurses • Paper reports on a grief/bereavement education intervention or support mechanism developed to directly support the HCP, physically, emotionally, mentally • Paper focuses on HCP grief management/coping strategies	4. INCORRECT THEME • Paper does not report on physicians and/or nurses direct experiences with grief, loss, mourning and/or bereavement and the impact (+/-) on their professional work • Paper reports on a grief/bereavement education intervention or support mechanism developed to enhance physicians and/or nurses' ability to support patients/families. • Paper focuses on what physicians and/or nurses can do to support patients/families in their grief processing. • Paper reports on types of grief (e.g. prolonged grief, complicated grief, etc.)
	5. INSUFFICIENT OR MISSING DATA (e.g. lack of information about study population)

APPENDIX D: DATA EXTRACTION TEMPLATE

Covidence ID #	Unique for each article.
Article Title	Title of Published Article
Authors	Name of the author(s) of the published article.
Year	Year article was published.
Country of Publication	Country of origin for first author.
Article Type	Genre of article. Possible types include: • Research Article • Evaluation Article • Literature Review • First-Person Piece (author is writing about their own grief) • Observation Piece (author is addressing an important topic or issue related to their observations of grief) • Other
Study Design	Specifics around research methodology or approach. Possibilities include: • Review Article • Evaluation Study • Qualitative Study • Quantitative Study • Mixed-Methods Study • Not Applicable
Population	Please indicate speciality of nurse and/or physician in "Other"; • Physicians • Physicians in training • Nurses • Other • Additional Populations Included? • If the sample included other types of participants (e.g., social workers, medical students).
Is COVID-19 Mentioned Directly?	• Yes • No
If Yes, Describe	Please indicate the purpose of the study.
Types of Grief/Loss	Different types of grief physicians and/or nurses are experiencing and/or describing. These could be (if "Other,"; please indicate): • Death of family or friends • Death of a colleague(s) • Death of patient(s) • Loss of health (e.g., fears of contracting COVID-19 or decline in health status) • Loss of ceremony/tradition (e.g., funerals, weddings, etc.) • Loss of stability/safety. May be accompanied with feeling

	out of control or a sense of unease. • Loss of professional identity or purpose • Loss of social connectedness/relationships as they once were • Sense of personal freedom (i.e., feel stuck, isolated etc.) • Collective grief around systemic inequalities (impact on an entire community or large group) • Other
Level of Grief	• Personal • Professional • Systems Level • Societal • Other
Reactions to Grief	Please choose one of the following, if "Other"; please indicate: • Physical reactions (e.g., lack of energy, tearfulness) • Behavioural reactions: (e.g., Absent-mindedness, confusion) • Emotional reactions: (e.g., anger, shock, loneliness) • Social reactions to grief (e.g., withdrawing from friends or • activities, neglecting self-care, increased substance abuse) • Other
Coping Mechanisms	Identified strategies or supports for processing/responding to grief. This can be at the individual and/or institutional level.
Language Used to Describe Grief	List any additional words or memorable phrases used to describe/capture the grief experience.
Other Thematic Areas	If the article includes discussion of other relevant themes related to grief, please capture these here.
Other Notes	Observations or reflections you wish to capture about the article. This can include direct quotes from the text.
Send Back to Full Text for Exclusion?	• Yes • No • Other

APPENDIX E: PRISMA DIAGRAM



APPENDIX F: REFERENCES OF ARTICLES SELECTED FOR INCLUSION IN SCOPING REVIEW

Abhyankar, L. (n.d.). COVID-19 and the Burden of Secondary Grief. https://www.aafp.org/news/blogs/freshperspectives/entry/202001001fp-grief.html

Alexander, K. (2021). Shared Grief. JAMA: *Journal of the American Medical Association*, 325(4), 349–350. https://doi.org/10.1001/jama.2020.25000

Athanasios, A. (2020). Do doctors grieve: Addressing physician grief and cultivating better doctors doctors. *Pastoral Psychology*. https://doi.org/10.1007/s11089-020-00899-1

Balasco Cathcart, E. (2020). After the surge: How leaders promote healing and growth. *Nursing Management,* 51(10), 51–53. https://doi.org/10.1097/01.NUMA.0000698140.19548.71

Bamdad, M. C., Vitous, C. A., Rivard, S. J., Anderson, M., Lussiez, A., Jafri, S. M., Roo, A. D., & Suwanabol, P. A. (2022). "You Remember Those Days"-A Qualitative Study of Resident Surgeon Responses to Complications and Deaths. *Journal of Surgical Education*, 79(2), 452–462. https://doi.org/10.1016/j.jsurg.2021.09.011

Belling, C. (2020). Haunted Doctors. *Perspectives in Biology and Medicine*, 63(3), 466–479. https://doi.org/10.1353/pbm.2020.0034

Bennett, C. (2021). When Loss and Grief Knocks at Your Door...Reprinted with permission from Mississippi RN, Vol. 83, No.2, 2021, 6-6. *New Mexico Nurse, 66*(4), 10.

Betriana, F., Tanioka, T., Yokotani, T., Nakano, Y., Ito, H., Yasuhara, Y., Zhao, Y., & Locsin, R. C. (2021). Psychometric Properties of Grief Traits and State Scale for Nurses to Measure Levels of Grief. *Omega*. https://doi.org/10.1177/00302228211036862

Brandeland, M. A. (2022). The Labor of Story Telling. JAMA: *Journal of the American Medical Association,* 327(10), 925–926. https://doi.org/10.1001/jama.2022.2355

Brocksom, J. (2020). With hope in our hearts. British *Journal of Nursing*, 29(9), S3. https://doi.org/10.12968/bjon.2020.29.9.S3

Burger, J. (2020). The Peekaboo Visit. JAMA: *Journal of the American Medical Association*, 323(13), 1249–1250. https://doi.org/10.1001/jama.2020.3211

Byers, O. M., Fitzpatrick, J. J., McDonald, P. E., & Nelson, G. C. (2021). Giving while grieving: Racism-related stress and psychological resilience in Black/African American registered nurses. *Nursing Outlook*, 69(6), 1039–1048. https://doi.org/10.1016/j.outlook.2021.05.010

Campbell, S. (2020). Reflections on grief during COVID-19 from a personal and professional perspective. *The Royal College of Nursing*. https://www.rcn.org.uk/news-and-events/Blogs/reflections-on-grief-during-covid-19-from-a-personal-and-professional-perspective

Canady, V. A. (2020). Trauma healing program addresses challenges front-line professionals face. *Mental Health Weekly*, 30(22), 1–7. https://doi.org/10.1002/mhw.32384

Caputo, A. (2021). Telling a Complicated Grief: A Psychodynamic Study on Mental Health Nurses' Countertransference Reactions to Patients' Suicidal Behavior. *Archives of Suicide Research,* 25(4), 862–875. https://doi.org/10.1080/13811118.2020.1768990

Carter, S. (2021). Breathless. *The New England Journal of Medicine*, 384(10), 891–893. https://doi.org/10.1056/NEJMp2032522

Castaldo, A., Lusignani, M., Papini, M., Eleuteri, S., & Matarese, M. (2022). Nurses' experiences of accompanying patients dying during the COVID-19 pandemic: A qualitative descriptive study. *Journal of Advanced Nursing*. https://doi.org/10.1111/jan.15195

Chandra, A., & Vanjare, H. (2020). Coping by the healthcare workers during COVID-19 pandemic in developing countries—A review. *Anaesthesia, Pain and Intensive Care, 24*(3), 346–353. https://doi.org/10.35975/apic.v24i3.1288

Conning, R., Naidoo, R., & Bhagwan, R. (2021). The preparedness of emergency care providers to deal with death, dying and bereavement in the pre-hospital setting in Dubai. *Australasian Journal of Paramedicine, 18,* 1–7. https://doi.org/10.33151/ajp.18.944

Costello, K. (2021). Reflection: One journey, two deaths, multiple perspectives. *Journal of Primary Health Care, 13*(3), 201–203. https://doi.org/10.1071/HC21022

Critical Care Nurses Need Our Critical Care. (2021). https://community.cna-aiic.ca/blogs/cn-content/2021/04/27/critical-care-nurses-need-our-critical-care

Davidson, J. E., Accardi, R., Sanchez, C., & Zisook, S. (2020). Nurse suicide: Prevention and grief management. *American Nurse Today, 15*(1), 14.

Davis, J., & Zuber, K. (2020). Kidney professionals face the grief of a patient death. *Nephrology News & Issues, 34(*1), 26–28.

devsupport. (2020). Supporting yourself as a nurse through bereavement during Covid-19. *Nursing in Practice*. https://www.nursinginpractice.com/professional/supporting-yourself-as-a-nurse-through-bereavement-during-covid-19/

Dewan, M. (2022). I Cannot Let It Go. *Pediatric Critical Care Medicine*, 23(3), 214–215. https://doi.org/10.1097/PCC.0000000000002862

Dias, N. (2020). Helping nurses cope with bereavement during the Covid-19 pandemic. *Nursing in Practice: The Journal for Today's Primary Care Nurse, 116*, 29.

Dillon, A. (2020). Physician know thyself: Learning to value our lived experience. *British Journal of Haematology, 189,* 47. https://doi.org/10.1111/bjh.16638

Duong, D. (2021). Frozen grief at the front lines of the pandemic. Canadian Medical Association *Journal (CMAJ), 19*(6), E223–E224. https://doi.org/10.1503/cmaj.1095918

Duque, K. N. S. (2020). Barcelona. *Psychiatric Services, 71*(6), 635–636. https://doi.org/10.1176/appi.ps.71601

Farrell, C. M. (2020). A Song for Gram. JAMA: *Journal of the American Medical Association*, *324*(23), 2371–2372. https://doi.org/10.1001/jama.2020.23912

Ferreira, E. A. L., Valete, C. O. S., dos Santos, A. F. J., de Souza Passarini, J. N., Silva, A. E., & Miwa, M. U. (2021). Health care professionals and end-of-life care during the COVID-19 pandemic. *Revista Da Associacao Medica Brasileira, 67*(9), 1261–1267. https://doi.org/10.1590/1806-9282.20210417

Foster, S. (2020). These are the hands that care. *British Journal of Nursing, 29*(10), 585. https://doi.org/10.12968/bjon.2020.29.10.585

Fowler, M. D. (2020). Woe is Me, I am Undone: Lament in a Time of Suffering and Distress. *Online Journal of Issues in Nursing, 25*(3). https://doi.org/10.3912/OJIN.Vol25No03PPT69

Gee, P. M., Weston, M. J., Harshman, T., & Kelly, L. A. (2022). Beyond Burnout and Resilience: The Disillusionment Phase of COVID-19. *AACN Advanced Critical Care,* 1–9. https://doi.org/10.4037/aacnacc2022248

Gorbenko, K., Franzosa, E., Masse, S., Brody, A. A., Sheehan, O., Kinosian, B., Ritchie, C. S., Leff, B., Ripp, J., Ornstein, K. A., & Federman, A. D. (2021). "I felt useless": A qualitative examination of COVID-19's impact on home-based primary care providers in New York. *Home Health Care Services Quarterly, 40*(2), 121–135. https://doi.org/10.1080/01621424.2021.1935383

Graham, M. M. (2022). Navigating Professional and Personal Knowing Through Reflective Storytelling Amidst Covid-19. *Journal of Holistic Nursing: Official Journal of the American Holistic Nurses' Association*. https://doi.org/10.1177/08980101211072289

Green, A. (2021). Coping with the death of a colleague: Advice for nurses: How to deal with bereavement at work during the COVID-19 pandemic, when normal sources of support are difficult to access. *Emergency Nurse, 29*(2), 12. https://doi.org/10.7748/en.29.2.12.s10

Green, C. (2022). And sometimes, we say good night. International Journal of Africa Nursing *Sciences, 16.* https://doi.org/10.1016/j.ijans.2022.100400

Grief recovery: How to help a colleague. (n.d.). Canadian Medical Association. https://www.cma.ca/physician-wellness-hub/content/helping-colleague-with-grief, https://www.cma.ca/physician-wellness-hub/content/helping-colleague-with-grief

Groves, K. A., Adewumi, A., Gerhardt, C. A., Skeens, M. A., & Suttle, M. L. (2022). Grief in critical care nurses after pediatric suffering and death. *Annals of Palliative Medicine*. https://doi.org/10.21037/apm-21-3225

Gubernikoff, G. (2020). Empathy Revisited. JAMA: *Journal of the American Medical Association, 323*(15), 1447–1448. https://doi.org/10.1001/jama.2020.3790

Hauser, J. M. (2020). Walls. *Hastings Center Report, 50*(3), 12–13. https://doi.org/10.1002/hast.1121

Hawthorne, D. M., & Barry, C. D. (2021). Nurses' Use of Spiritual Practices in Caring for Self During the Pandemic. *Holistic Nursing Practice, 35*(5), 242–247. https://doi.org/10.1097/HNP.0000000000000467

Heilman, J. (2021). What Did I Sign Up For? *New England Journal of Medicine, 384*(23), 2173–2175. https://doi.org/10.1056/NEJMp2103371

Herdes, R., El Haija, M. A., Wren, A., Yeh, A. M., & Bensen, R. (2021). The angel project: Assessing provider experience and coping strategies after patient death in pediatric gastroenterology and hepatology. *Journal of Pediatric Gastroenterology and Nutrition, 73*, S290–S291.

Heuston, M. M., Grove, C., Harne-Britner, S., & Fox, B. A. (2021). Nurse Leaders and Staff as Partners to Manage Grief and Build Resiliency During COVID-19. *Nurse Leader, 19*(3), 308–311. https://doi.org/10.1016/j.mnl.2021.02.010

Hlubocky, F. J., Symington, B. E., McFarland, D. C., Gallagher, C. M., Dragnev, K. H., Burke, J. M., Lee, R. T., El-Jawahri, A., Popp, B., Rosenberg, A. R., Thompson, M. A., Dizon, D. S., Srivastava, P., Patel, M. I., Kamal, A. H., Daugherty, C. K., Back, A. L., Dokucu, M. E., & Shanafelt, T. D. (2021). Impact of the COVID-19 Pandemic on Oncologist Burnout Emotional Well-Being, and Moral Distress: Considerations for the Cancer Organization's Response for Readiness, Mitigation, and Resilience. *JCO Oncology Practice, 17*(7), 365–374. https://doi.org/10.1200/OP.20.00937

Hofmeyer, A., & Taylor, R. (2021). Strategies and resources for nurse leaders to use to lead with empathy and prudence so they understand and address sources of anxiety among nurses practising in the era of COVID-19. *Journal of Clinical Nursing (John Wiley & Sons, Inc.), 30(*1/2), 298–305. https://doi.org/10.1111/jocn.15520

Howard, M. S., Buck, M., Carpenter, H., & McMillan, K. (2021). Navigating the loss and grief of a nurse suicide: With employer support, nurses can help each other after a colleague's death. *American Nurse Today, 16*(3), 14–16.

Iheduru-Anderson, K. (2021). Reflections on the lived experience of working with limited personal protective equipment during the COVID-19 crisis. *Nursing Inquiry, 28*(1), 1–15. https://doi.org/10.1111/nin.12382

Ingram, D. H., & Best, K. (2020). The Psychodynamic Psychiatrist and Psychiatric Care in the Era of COVID-19. *Psychodynamic Psychiatry, 48*(3), 234–258. https://doi.org/10.1521/pdps.2020.48.3.234

"It Just Broke Me": Health Workers Struggle for Time To Grieve Patients Lost To COVID-19. (n.d.). https://www.wbur.org/news/2020/05/11/health-worker-mental-health-coronavirus

Kahn, A. M., & Andrews, R. (2020). Cancer and COVID-19: How understanding grief helps the pandemic frontlines. *Current Oncology, 27*(4), 440–441. https://doi.org/10.3747/co.27.6777

Kalaichandran, A. (2020). *We're Not Ready for This Kind of Grief.* The Atlantic. https://www.theatlantic.com/ideas/archive/2020/04/were-not-ready-for-this-kind-of-grief/609856/

Kanellopoulos, D., Solomonov, N., Ritholtz, S., Wilkins, V., Goldman, R., Schier, M., Oberlin, L., Bueno-Castellano, C., Dargis, M., Cherestal, S., & Gunning, F. (2021). The CopeNYP program: A model for brief treatment of psychological distress among healthcare workers and hospital staff. *General Hospital Psychiatry, 73,* 24–29. https://doi.org/10.1016/j.genhosppsych.2021.09.002

Kannai, R., & Alon, A. R. (2021). Mourning My Patient, Mr. Schwartz. *Annals of Family Medicine, 19*(5), 460–462. https://doi.org/10.1370/afm.2710

Krzyzaniak, N., Scott, A. M., Bakhit, M., Bryant, A., Taylor, M., & Mar, C. D. (2021). Impact of the COVID-19 pandemic on the Australian residential aged care facility (RACF) workforce. *Australian Journal of Advanced Nursing, 38*(3), 47–58. https://doi.org/10.37464/2020.383.490

Laskowski-Jones, L. (2021). *Where the healing begins. Nursing, 51*(2), 6–6. https://doi.org/10.1097/01.NURSE.0000731880.77366.af

Lee, E., Mody, S., & Chung, A. (2021). A Qualitative Needs Assessment of COVID-19's Impact on Emergency Medicine Interns. *Annals of Emergency Medicine, 78*(2), S37–S38. https://doi.org/10.1016/j.annemergmed.2021.07.081

Leitão, M., & Neto, I. G. (2022). We need to talk: Mourning in oncology residents. *Palliative & Supportive Care,* 1–2. https://doi.org/10.1017/S1478951522000025

Lloyd, J. (2021). Black humour: Use it for the purposes of good and not evil. *Australian Nursing & Midwifery Journal, 27*(2), 8–8.

Luong, V., Burm, S., Bogie, B. J. M., Cowley, L., Klasen, J. M., MacLeod, A., & LaDonna, K. A. (2022). A phenomenological exploration of the impact of COVID-19 on the medical education community. *Medical Education*. https://doi.org/10.1111/medu.14793

Maffoni, M. (2021). The cry into the darkness of a burned-out physician. *Families, Systems, & Health, 39*(2), 394–394. https://doi.org/10.1037/fsh0000616

Malone Hubert, P., & Eichenberger, B. (2021). Caring Science to Mitigate Nurses' Moral Distress in the COVID-19 Pandemic. *International Journal of Caring Sciences, 14*(2), 1492–1495.

Manning, K. D. (2020). When Grief and Crises Intersect: Perspectives of a Black Physician in the Time of Two Pandemics. *Journal of Hospital Medicine, 15*(9), 566–567. https://doi.org/10.12788/jhm.3481

Maouyo, R., Noon, B., Hobilla, B., Hojung Kim, & Roush, K. (2020). A Message from Frontline Nurses: Let's Keep the Real Enemy in Sight. *AJN American Journal of Nursing, 120*(8), 64–65. https://doi.org/10.1097/01.naj.0000694596.85766.b4

McAdam, J. L., & Erikson, A. (2020). Self-Care in the Bereavement Process. *Critical Care Nursing Clinics of North America, 32*(3), 421–437. https://doi.org/10.1016/j.cnc.2020.05.005

Meltzer, K. (2022). Grieving in a Pandemic. *New England Journal of Medicine, 387*(3), 201–203. https://doi.org/10.1056/NEJMp2204888

Monette, D. L., Macias-Konstantopoulos, W. L., Brown, D. F. M., Raja, A. S., & Takayesu, J. K. (2020). A Video-based Debriefing Program to Support Emergency Medicine Clinician Well-being During the COVID-19 Pandemic. *Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 21*(6), 88–92. https://doi.org/10.5811/westjem.2020.8.48579

Murphy, J. M., Chin, E. D., Westlake, C. A., Asselin, M., & Brisbois, M. D. (2021). Pediatric Hematology/Oncology Nurse Spirituality, Stress, Coping, Spiritual Well-being, and Intent to Leave: A Mixed-method Study. *Journal of Pediatric Oncology Nursing, 38*(6), 349–363. https://doi.org/10.1177/10434542211011061

News ·, M. K. · C. (2021). Nurse, doctor exhausted and fear staff burnout from grief, trauma in Manitoba ICUs. *CBC News.* CBC. https://www.cbc.ca/news/canada/manitoba/covid-icu-burnout-grief-third-wave-1.6002618

Nugent, A., Donohue, G., & Higgins, A. (2022). Nurses' experiences of managing vulnerability when working with seriously ill children. *Nursing Children and Young People.* https://doi.org/10.7748/ncyp.2022.e1403

Omran, T., & Callis, A. M. (Browning). (2021). Bereavement Needs of Critical Care Nurses: A Qualitative Study. *Dimensions of Critical Care Nursing, 40*(2), 83–91. https://doi.org/10.1097/DCC.0000000000000460

Outside-the-Box Ideas for Nurses to Manage Grief. *TravelNursing.com.* (n.d.). https://www.travelnursing.com/news/features-and-profiles/outside-the-box-ideas-for-nurses-to-manage-grief/

Paone, M. (2020). A COVID-19 Loss Too Close to Home. *Emergency Medicine News, 42*(7), 29. https://doi.org/10.1097/01.eem.0000688900.64552.60

Pearce, C., Wong, G., & Barclay, S. (2021). Editorials Bereavement care during and after the COVID-19 pandemic. British Journal of General Practice, 71(706), 198–199. https://doi.org/10.3399/bjgp21X715625

Pearson, G. S. (2022). What Have We Lost? *Journal of the American Psychiatric Nurses Association, 28*(3), 191–192. https://doi.org/10.1177/10783903221091977

Peraza-Smith, G. (2021). President's Message: Promoting Personal Mental Health During a Pandemic. *Florida Nurse, 69*(1), 1–2.

Poland, C. A. (2022). I Love You. JAMA: *Journal of the American Medical Association, 327*(11), 1027–1028. https://doi.org/10.1001/jama.2022.2668

Rao, H., Mancini, D., Tong, A., Khan, H., Santacruz Gutierrez, B., Mundo, W., Collings, A., & Cervantes, L. (2021). Frontline interdisciplinary clinician perspectives on caring for patients with COVID-19: A qualitative study. *BMJ Open, 11*(5). https://doi.org/10.1136/bmjopen-2021-048712

Ratner, T. J. (2020). The Changing of the Seasons. JAMA: *Journal of the American Medical Association, 323*(17), 1653–1654. https://doi.org/10.1001/jama.2020.2746

Rhéaume, A., Breau, M., & Boudreau, S. (2022). A critical incident study of ICU nurses during the COVID-19 pandemic. Nursing Ethics, 29(2), 317–329. https://doi.org/10.1177/09697330211043270

Rodriguez, A., Spilker, A., & Goyal, D. (2020). Grief Among Neonatal Intensive Care Nurses. *MCN: The American Journal of Maternal Child Nursing, 45*(4), 228–232. https://doi.org/10.1097/NMC.0000000000000634

Rosa, W. E., Levoy, K., Battista, V., Dahlin, C., Thaxton, C., & Greer, K. (2021). Using the Nurse Coaching Process to Support Bereaved Staff During the COVID-19 Crisis. *Journal of Hospice & Palliative Nursing, 23*(5), 403–405. https://doi.org/10.1097/NJH.0000000000000773

Rosenfeld, P., DeMarco, K., & Rodenhausen, N. (2022). Forever Changed: RNs Speak of their COVID-19 Experiences through a System-Wide Nursing Web Site. JONA: *The Journal of Nursing Administration, 52*(1), 12–18. https://doi.org/10.1097/NNA.0000000000001097

Saleem, J., Ishaq, M., Zakar, R., Khan Suddahazai, I. H., Fischer, F., & Suddahazai, I. H. K. (2021). Experiences of frontline Pakistani emigrant physicians combating COVID-19 in the United Kingdom: A qualitative phenomenological analysis. *BMC Health Services Research, 21*(1), 1–8. https://doi.org/10.1186/s12913-021-06308-4

Sanoff, H. K. (2020). Managing Grief, Loss, and Connection in Oncology—What COVID-19 Has Taken. *JAMA Oncology, 6*(11), 1700–1701. https://doi.org/10.1001/jamaoncol.2020.2839

Selman, L. (2021). Covid grief has cracked us open: How clinicians respond could reshape attitudes to bereavement—An essay by Lucy Selman. *The BMJ, 374.* https://doi.org/10.1136/bmj.n1803

Sharp, L.-A. (2020). Looking after your mental health during the COVID-19 pandemic. *Australian Nursing & Midwifery Journal, 26*(11), 4–4.

Sheer, B., & Russell, N. (2021). Living with COVID-19: Voices from the grassroots. *Journal of the American Association of Nurse Practitioners, 33*(6), 416–418. https://doi.org/10.1097/JXX.0000000000000607

Shi, H., Shan, B., Zheng, J., Zhang, Y., Zhang, J., & Hu, X. (2022). Grief as a mediator of the relationship between empathy and compassion fatigue. *Psycho-Oncology, 31*(5), 840–847. https://doi.org/10.1002/pon.5875

Siegel, A. W. (2021). Can You PACE Yourself? Using PACE in the Clinical Setting, at End of Life and in Grief Work. *Journal of Radiology Nursing, 40*(1), 80–87 https://doi.org/10.1016/j.jradnu.2020.12.002

Smeltzer, S. C., Copel, L. C., Bradley, P. K., Maldonado, L. T., D Byrne, C., Durning, J. D., Havens, D. S., Brom, H., Mensinger, J. L., & Yost, J. (2022). Vulnerability, loss, and coping experiences of health care workers and first responders during the covid-19 pandemic: A qualitative study. *International Journal of Qualitative Studies on Health and Well-Being, 17*(1). https://doi.org/10.1080/17482631.2022.2066254

Vora, A. (2021). Dear Mother of My Patient. *Journal of Palliative Medicine, 24*(2), 291–292. https://doi.org/10.1089/jpm.2020.0427

Walker, W., & Efstathiou, N. (2020). Support after patient death in the intensive care unit: Why "I" is an important letter in grief. *Nursing in Critical Care, 25*(5), 266–268. https://doi.org/10.1111/nicc.12534

Wei, E., Segall, J., Villanueva, Y., Dang, L. B., Gasca, V. I., Gonzalez, M. P., Roman, M., Mendez-Justiniano, I., Cohen, A. G., & Cho, H. J. (2020). Coping with trauma, celebrating life: Reinventing patient and staff support during the covid-19 pandemic. *Health Affairs, 39*(9), 1597–1600. https://doi.org/10.1377/hlthaff.2020.00929

Weinstock, D. (2020). On Grieving for the Out-of-Practice. *New England Journal of Medicine, 383*(19), 1809–1811. https://doi.org/10.1056/NEJMp2003297

When Grief Goes Beyond Burnout, Organizations Must Intervene. (n.d.). ONS Voice. https://voice.ons.org/news-and-views/when-grief-goes-beyond-burnout-organizations-must-intervene

Wightman, L. (2021). The Next Chapter: A Leader's Lessons Learned Through Grief. *Nurse Leader, 19*(4), 421–424. https://doi.org/10.1016/j.mnl.2021.03.006

Wolfe, A. H. J., Hinds, P. S., Arnold, R. M., Soghier, L., & Tompkins, R. (2022). Vulnerability of Inexperience: A Qualitative Exploration of Physician Grief and Coping after Impactful Pediatric Patient Deaths. *Journal of Palliative Medicine, d0c, 9808462.* https://doi.org/10.1089/jpm.2022.0050

Zimmerman, E. (2021). Finding the balance. *Nursing, 51*(4), 48–49 https://doi.org/10.1097/01.NURSE.0000736932.62681.43

FOR MORE INFORMATION
CONTACT SARAH BURM: