



Invisible Grief: Understanding and Supporting Professional Bereavement in Geriatric Care

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Introduction

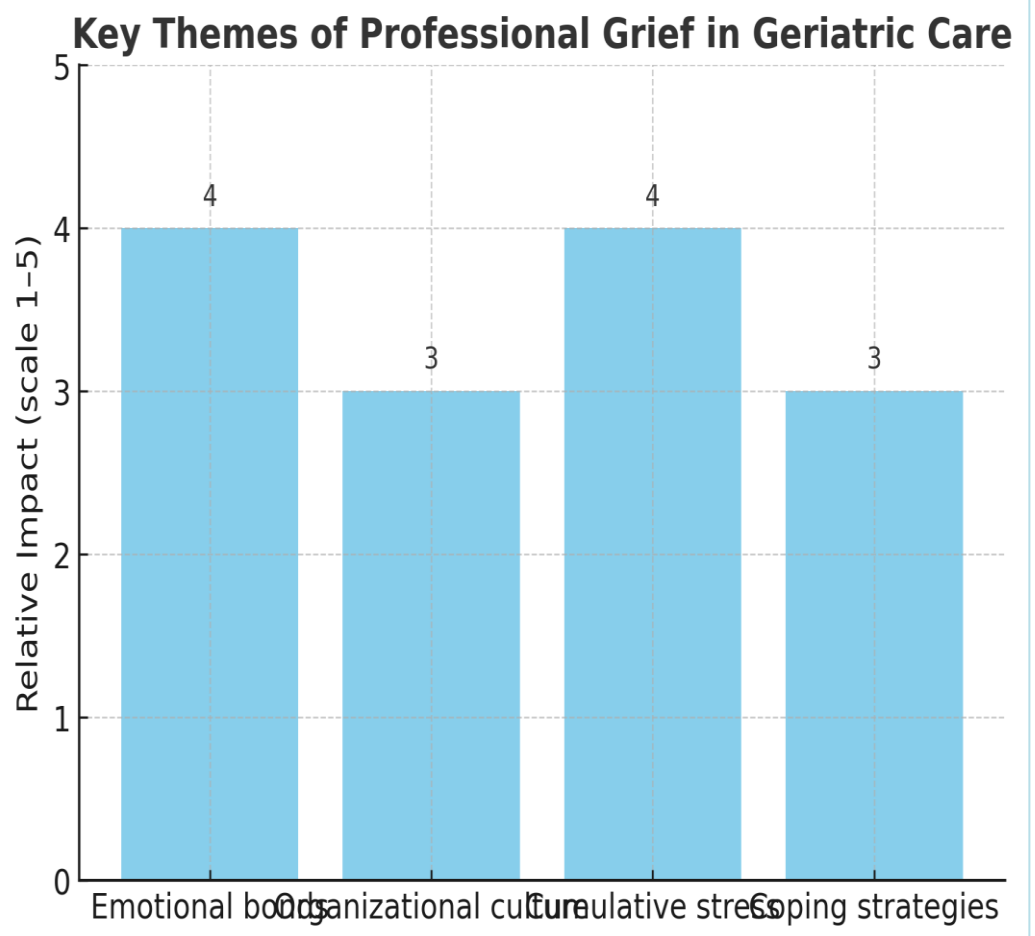
Healthcare professionals working in geriatric and long-term care are repeatedly exposed to patient deaths. Over time, these experiences can accumulate into what is often called **professional grief**. Unlike the grief experienced by families, this form of bereavement is rarely acknowledged or supported within institutions. When left unaddressed, professional grief may contribute to emotional exhaustion, compassion fatigue, and reduced quality of care.

Methods

This poster draws on evidence from qualitative studies, mixed-method research, and narrative accounts of nurses and physicians working in geriatric units and long-term care facilities. The aim was to identify common themes in how staff experience grief, the ways they cope with loss, and the protective versus risk factors that influence their well-being.

Results

- ❑ Several recurring themes emerged from the literature:
- ❑ **Emotional bonds:** Long-term relationships with patients deepen the sense of loss when death occurs.
- ❑ **Organizational culture:** In many settings, there is no formal acknowledgment or space for mourning, leaving staff to cope in isolation.
- ❑ **Cumulative stress:** Repeated exposure to death without debriefing opportunities contributes to compassion fatigue and burnout.
- ❑ **Coping strategies:** Staff often rely on informal peer support, personal rituals, or reflective practice. Access to structured support, however, is inconsistent and varies widely between institutions.



Discussion

Invisible or professional grief reminds us that bereavement does not affect only families but also the staff who care for older adults through their final stages of life. Recognizing and supporting staff grief is not just about protecting worker well-being — it is also essential for sustainable, compassionate care delivery. Creating grief-aware environments, where staff have safe spaces to process losses, can reduce isolation and strengthen resilience.

Conclusion

- ❑ **Professional grief** is a real and important phenomenon in geriatric care.
- ❑ **Institutions** should embed grief-aware policies, such as debriefing sessions, grief-informed supervision, and staff support programs.
- ❑ **Normalizing** staff grief can enhance resilience, reduce burnout, and sustain compassionate care.
- ❑ **A more inclusive** approach to bereavement — one that embraces both families and professionals — is vital in geriatric practice.

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Conflict of Interest Statement: The author declares no conflict of interest.