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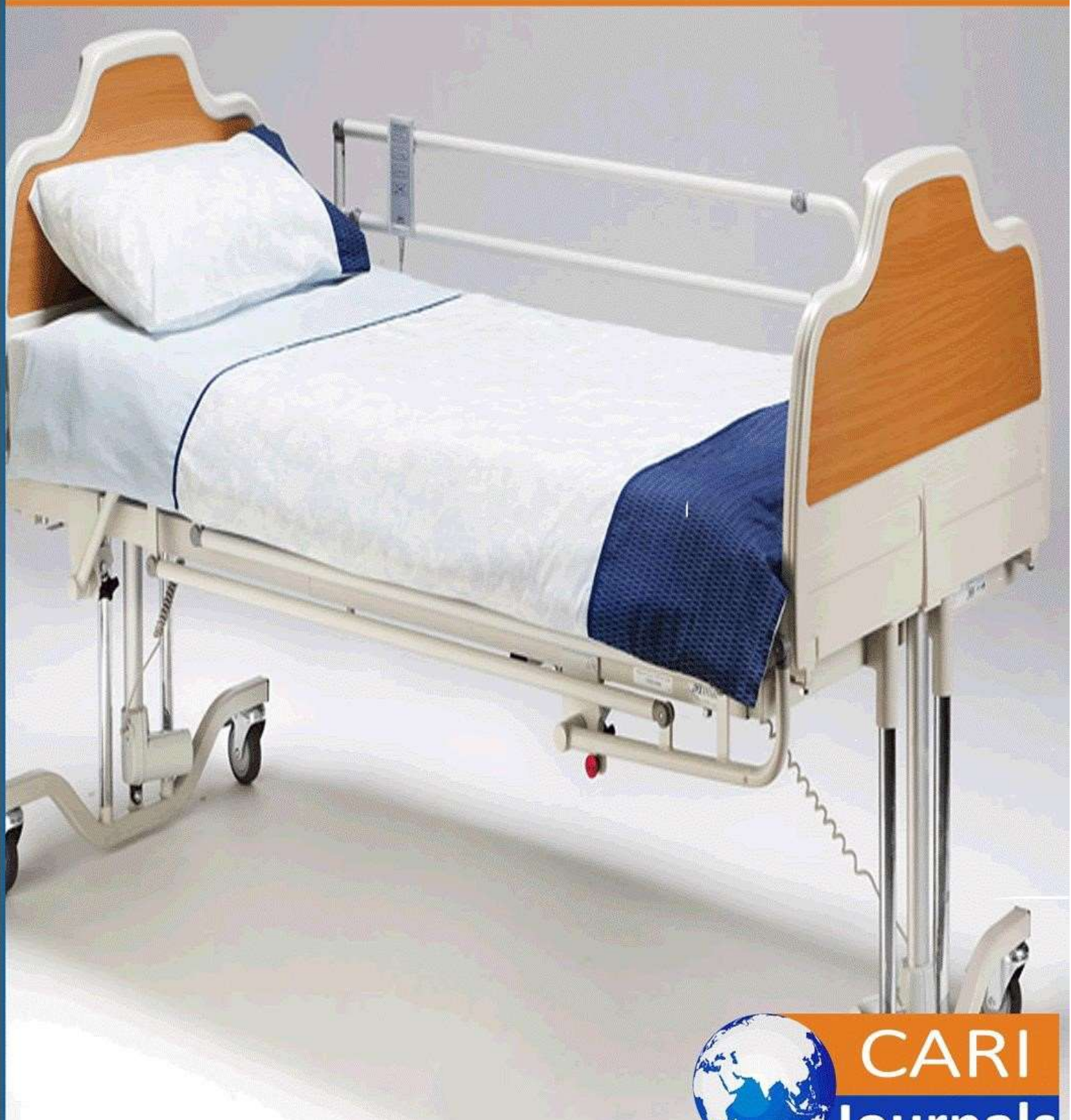

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Experiences of Grief and Nursing Support for Family Caregivers after a Death in a Neurosurgery Unit: A Retrospective Psychosocial and Cultural Analysis at Yaoundé Central Hospital

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Abstract

Purpose: The purpose of this study was to investigate on the mourning process of family caregivers after the death of a patient in the neurosurgery ward of Yaoundé Central Hospital, especially the effects of psychosocial and cultural factors, the support of nurses in dealing with death, and the overall caregiver experience.

Methodology: A qualitative, retrospective design was used. Family caregivers of the deceased patients in the neurosurgery unit were purposefully included, and data were gathered through in-depth, semi-structured interviews conducted post-mourning period. The interviews were audio-recorded, transcribed word-for-word, and analyzed by themes.

Findings: The results showed that caregivers went through very strong emotional distress consisting of shock, sadness, helplessness, and skepticism regarding their faith. Death was perceived as a community and spiritual affair; consequently, the cultural and spiritual beliefs were the key factors that shaped the grief experiences. The participants pointed out that there was a shift in family roles and that they were going through both emotional and financial hardships. A few caregivers were thankful to the nurse for the support, but the majority of them viewed nursing support as inadequate and brought up poor communication and lack of cultural sensitivity in mourning care as reasons for that.

Unique contribution to theory, practice, and policy: This study contributes to theory by incorporating the African hospital context into psychosocial and cultural models of mourning. The nursing practice is informed by the study through the suggestion of a structured, culturally responsive support for mourning in neurosurgical units. The policy implications are that the findings stress the need for the inclusion of bereavement care guidelines and training in hospital protocols to improve the care centered around families after the death of a patient.

Keywords: *Grief, Family Caregivers, Nursing Support, Neurosurgery Unit, Psychosocial Factors, Cultural Beliefs, Bereavement.*

Introduction

For family caregivers, death in the healthcare environment is nonetheless very distressing, particularly when it occurs in specific departments of the healthcare facility, such as those dealing with neurological surgery, where the progression of the disease often has been swift, severe, and extremely unpredictable (Khalid et al., 2025). The swift progression of the disease and the high mortality rate are common features of diseases such as those involving the neurological surgery of the brain, including brain tumors, instances of intracranial hemorrhage, and trauma related to the brain. As a result of these factors, families frequently do not have sufficient time to emotionally prepare for an approaching loss. Grief is a multifaceted experience that includes emotional, psychological, social, and cultural reactions to the loss of a loved one (El-Jawahri et al., 2020).

Nevertheless, despite its universality, a culture's views and beliefs regarding death and grief have a large impact on grief expression and understanding (Phan et al., 2025). Death is commonly understood in biological and spiritual terms in many African societies, such as in Cameroon, drawing on notions of God's will or the ancestors. What is at stake in culturally competent practice in professional contexts can be seen in the manner in which such views shape family understanding of death and grief and their responses to seeking help (Hamdan Alshehri et al., 2025).

In low- and middle-income countries, family caregivers also form a major part of patient care, offering patient assistance and care while admitted in the healthcare institution. The caregiver also has to make a drastic transition from being a caregiver of the patient to a caregiver of the family during the time of grief, without any kind of preparation or intervention. Unresolved bereavement can lead to a variety of problems, such as chronic suffering, misery, anxiety, and impaired social functioning (Mazza et al., 2025).

Nurses have their own significant role to offer support to family members before and following the death of the patient. This is due to the amount of time they dedicate to their patients and carers, giving the nurses more time to support these groups (Coelhoet al., 2025). Effective support for patients and their carers following the death of a loved one encompasses kindness and empathy, support, provision of information, and embracing different beliefs and customs (Jesus-Ferreira & Reis-Pina, 2025). Nevertheless, research has found that rather than showing support to carers following the death of the patient within their care, nurses within many hospitals have more duties to undertake, including patients and hospital work, rather than providing complete support to carers (Gautam, 2023). Where resources within hospitals and settings remain inadequate, factors including a heavy workload, a lack of specialist training to handle emotional and social aspects of care, and no policies within the hospital further exacerbate the difficulty of providing quality support to carers following patient death (Villa et al., 2025). While great attention is given to family-centered and culturally sensitive care, very few studies address how families are affected when their loved one dies, and more especially, the support provided by nurses during the process in the neurosurgery units in Cameroon. Yaoundé Central Hospital is one of Cameroon's referral hospitals with a high percentage of deaths in neurosurgery. Nonetheless, minimal data exists on how families deal

with this situation and how nurses approach the support needs of the families where a patient dies. This information should be understood in order to develop responsive nursing care for this group.

The present study deals with grief experienced by family caregivers and support provided by nurses following patient death in the neurosurgery department at Yaoundé Central Hospital in Cameroon. It appears that the research applies the concept of focus to gain insight into the role of emotional, social, and cultural issues to discover how nurses can offer improved care that suits family members

Statement of the Problem

Deaths in neurosurgery units tend to be sudden and can result from serious injuries in the brain and stroke or advances in neurological illnesses among patients. This sudden death can cause emotional suffering and intense grief in the families of patients due to a lack of time to prepare for the bereavement (Glatt, 2018). At organizational levels in hospitals that lack adequate resources, after patients die, the key aspect for the nurses would be taking care of patients at the time of death and paperwork, rather than attending to the emotional and social needs of the bereaved families (Costa & Barbosa, 2025).

In African healthcare environments, including Cameroonian healthcare facilities, the first and foremost people supporting the patient during his or her stay in a healthcare institution are caregivers or families. They not only provide emotional support, assistance, and care but also other essential elements (Sedaghatiet al., 2024). Once the patient passes away, it is very possible that the caregivers or families immediately shift from supporting the patient to grappling with personal loss and grief(Martz & Morse, 2017). This is because this transition from supporting a patient to dealing with personal grief is always very stressful, especially if the individual is shocked or confused, or if the healthcare team communicates inefficiently, not enough, or not clearly about the patient's situation, cause of death, or other follow-ups (Barnard, 2019).

In Cameroon, for instance, ideas about illness and death, such as the intervention of spirits, anger by the spirits, and fate, play a rather significant role in influencing the experience of grief for the people (Neimeyeret al., 2021). In fact, the beliefs about death may harden the grief experience and the management of the loss by the families. If the practitioners in the healthcare sector do not consider such beliefs, the families feel abandoned by the healthcare system (Klass & Chow, 2021).

Nurses also play a crucial part in helping families that are in need of emotional and mental support because of the considerable time they spend with patients and their families. But the support that grieving families receive in hospitals is usually poorly planned and more task-oriented (Gilbert& Horsley, 2021). Nurses also have to work under heavy pressure and lack the skills and guidelines to provide support to grieving families, making it difficult to provide adequate care(Anderson & Bruera, 2021). Because of these difficulties, many family caregivers also leave the hospitals, surrendering to their grief, and also without much assistance from the hospital staff (Esplenet al., 2022).

The Central Hospital of Yaoundé is a type of research hospital where many patients with serious neurological injuries are admitted and sometimes do not survive. Although there is a lack of studies on the grieving process, little is known about the coping strategies used by families of such patients to deal with the loss or how nurses provide them with emotional and cultural support. Without understanding how such families feel in such a context, it is challenging to devise strategies for providing them with care and considering their emotions and culture in such care.

Research Questions

Main Research Question

What are the experiences of family caregivers after losing a relative? How does nursing staff provide emotional and culturally sensitive grief care to families?

Secondary Research Questions

1) What emotional and social reactions might family members display following the loss of a loved one in a Neurosurgical setting?
2) What types of support do nurses offer the family members of a deceased patient in the Neurosurgical unit of Yaoundé Central Hospital?
3) How do the cultural background and practices of family members influence their grieving process and their perception of the support offered by nursing personnel?

Objectives of the study

General Objective

To examine the experiences of the psychosocial and cultural nurse supports to patients in the neurosurgical unit at the Yaoundé Central Hospital and the experiences of the family carers in relation to the grief of losing a loved one,

Specific Objectives

1) To explain the psychosocial aspects of bereavement within the family of a patient who died in the neurology department.
2) Evaluation of the nature of nursing care received by the bereaved family during the grieving process.
3) To determine the extent to which family carers' cultural traditions and beliefs affect the process of grieving, as well as the level of support expected from the nursing staff.

Methodology

Study Area and Justification

The study took place at Yaoundé Central Hospital, mainly in the Neurosurgery Unit. As one of the largest referral and teaching hospitals in Cameroon, it is the place where a great number of severely ill neurological patients are brought. Consequently, the unit is exposed to a large number of patient deaths, in which case it becomes a relevant setting to investigate the psychosocial experiences of grief among family caregivers and the nursing support provided

after patient death. The hospital is, therefore, an ideal place to examine the impact of culture on the grieving process since it caters to the needs of a diverse population.

Study Design

A retrospective qualitative study design was utilized to explore the experiences of family caregivers in grief and their perceptions of nursing support after the death of a patient by reviewing past patient deaths and contacting the family caregivers to explore their experiences of grief and perceptions of nursing support. The retrospective design permitted the collection of information on previously unrecorded psychosocial and cultural experiences that could not influence the events.

Sampling and Sample Size Estimation

A purposive sampling technique was employed to recruit adult caregivers (≥18 years) directly involved in patient care during hospitalization, who were family members of patients who died in the Neurosurgery Unit within 3–12 months.

Inclusion criteria

- Adult caregivers, 18 years of age or older, who were directly involved with the patient's care during hospitalization.
- Family members of patients who passed away in the Neurosurgery unit within the past 3 to 12 months
- Willing to participate in the research and give informed consent

Exclusion criteria

- Caregivers who were under severe emotional stress
- Caregivers who declined to participate

A total of 12 participants from families took part in this research, and the sample size was based on saturated data.

Data Collection Tool

A semi-structured interview guide was used for data collection. Interviews were held either physically or through phone calls, depending on what was possible for the interviewees. Each participant was interviewed for 30 to 60 minutes. The interviews were recorded with the prior permission of the participants. Field notes were also recorded.

Data Analysis

The data were analyzed using thematic analysis as follows:

1. Verbatim transcription of audio recordings
2. Familiarization with the data through repeated reading
3. Coding of significant statements
4. Grouping of codes into categories and themes
5. Thematic analysis of psychosocial and cultural factors

Ethical Considerations

Authorization to carry out the research was obtained from two major ethical review boards: the Regional Ethical Committee and the Institutional Review Board at the Yaoundé Central Hospital in Cameroon. Some of the major ethical principles discussed in the research include the free and voluntary consent of the research subjects, the confidentiality and privacy of the information collected, the provision of adequate emotional support, as well as the appropriate protection of the collected

Results

Socio-Demographic Profile of the Participants

Table 1: Socio-Demographic Profile of Participants (n=12)

Characteristic	Category	Frequency (n)	Percentage (%)
Gender	Male	5	41.7
	Female	7	58.3
Age range	18–30 yrs	2	16.7
	31–45 yrs	5	41.7
	46–60 yrs	4	33.3
	60+ yrs	1	8.3
Connection to Patient	Spouse	4	33.3
	Parent	4	33.3
	Sibling	3	25.0
	Child	1	8.3
Level of Education	No formal education	1	8.3
	Primary education	3	25.0
	Secondary education	5	41.7
	University	3	25.0
Occupation/Activity	Unemployed	2	16.7
	Freelancer	5	41.7
	Employed	5	41.7
Months after Death	3–4 months	4	33.3
	5–6 months	4	33.3
	7–8 months	3	25.0
	9–10 months	1	8.3

The majority were in the middle-age group, aged 31-45 years, which comprised 41.7%, and the female participants comprised 58.3%. In the caregiver variable, the majority comprised parents and spouses (66.6%). In terms of educational attainment, the majority were moderately literate, with 41.7% having secondary qualifications and 25% having university qualifications. The time elapsed since the death ranged from three to ten months, allowing for reflection upon the grieving process.

Thematic Analysis by Objectives

Table 2: Categories and Themes from the Interview

Category	Themes
Experiences of Grief Among Family Caregivers	Sadness and Shock.
	Psychological Discomfort and Recurrent Thoughts
	Social Withdrawal and Life Disruption
Family Description of Nursing Assistance	Supportive and Empathetic Nursing Care
	Limited or Inconsistent Nursing Support
Cultural Influences on Grief and Perceptions of Nursing Support	Importance of Cultural and Spiritual Practices
	Cultural Respect and Exchange of Information

Experiences of Grief Among Family Caregivers

Three themes were identified as family members outlined their psychosocial experiences while mourning:

Sadness and Shock.

The initial reactions from the participants were shock, and with the passage of time, they experienced themselves being drawn into sadness and despair, as shown by the quotations below:

I don't think I will ever forget that particular moment when the nurse stopped me in the corridor running to pay for a magnetic resonance imaging scan and announced to me that my husband had kicked the bucket and that I shouldn't worry about paying for the scan. My heart almost stopped, and I was in serious shock, couldn't say anything, and just fell to the floor. Even after leaving the hospital, I kept thinking about what happened and asking God why so soon. It was like the whole world would fall on my head (P3).

I couldn't believe it when I found out that my son gave up during the surgery. I was not even crying, but was in total shock and denial. Even now, I still cry for him, especially when I see any of his belongings, and it is as if my soul went with him (P7).

Psychological Discomfort and Recurrent Thoughts

Respondents described having continued psychological challenges such as anxiety, insomnia, and recurrent thoughts of death.

It was really difficult for me to sleep, as I was continuously waking up every night thinking about what happened and what I could have done to prevent it. I usually ask myself these questions: Was I not systematic in purchasing his medications? Was Central Hospital a good choice? I got exhausted all night, and I always turned to God for peace through prayers, but the more I prayed, the more I became overwhelmed." (P1)

At times, I usually discover myself imagining the last moments of my younger brother, thinking about the machines and the alarms and blaming the nurses for not doing enough for him. It seems those images are pinned to my mind. (P4)

Social Withdrawal and Life Disruption

Grief also affected social life and daily functioning, with many caregivers withdrawing from family and community activities.

Months after his death, I never wanted to attend social gatherings, especially family meetings, because every question about him made me feel the pain even more. All my friends and neighbours were complaining, and I felt like no one could understand my suffering, and I just wanted to be left alone (P5)

The situation made me take some days off work, not because I really wanted to, but because I could not concentrate as I found it difficult to perform simple tasks at home. The loss disrupted the quality of my entire life (P11).

Family Description of Nursing Assistance

Two themes emerged from this category: *empathetic and supportive nursing care and inadequate nursing assistance.*

Supportive and Empathetic Nursing Care

According to the bereaved families, some nurses provided support, empathy, and clarity while they grieved. For example, one individual recounted:

After I got the information, a nurse came and sat quietly by my side and observed me for a while. She held me by my shoulders and explained carefully what had happened and reassured me that everything possible was done, but God made the last decision. I remember feeling a little comforted, knowing that someone understood my pain and was not rushing me (P2).

After declaring my mother's death, I cried and shouted for some time; then one nurse held me and gave me a seat. She paid close attention to what I had to say and patiently addressed all my worries without expressing any sign of impatience or distraction. Her calm presence and attentive listening helped me to cross the denial stage of grieving and acknowledge the passing away of my mother (P6).

Limited or Inconsistent Nursing Support

Despite some positive experiences, several participants reported insufficient bereavement support on the part of the nurses

After announcing the death, none of them bothered to check on us thereafter. They left us alone with our pains and were concentrating on other patients, and this made us feel abandoned in that critical moment of grief (P8).

I know in a unit like neurosurgery, nurses are usually overwhelmed by machine technologies and critical patients' conditions with multiple tasks and duties, but when my brother passed away, they only gave us death declaration forms to sign, and after signing, we left. None of them cared about our feelings, and they never bothered to see if we needed help. That distance made the grief even heavier and very painful (P10).

Cultural Influences on Grief and Perceptions of Nursing Support

Importance of Cultural and Spiritual Practices

Cultural and spiritual practices shaped how participants experienced grief and judged the support provided, as illustrated in the quotation below:

Our culture demands that immediately after the loss of a loved one, family members should gather and pray for him, but when my father died, the hospital limited the number of people near him, and that made the experience very painful. I felt as if our ancestors would turn against us for not respecting the rituals, and this added to our sufferings (P4).

It was crucial to me that the nurse let us pray next to the body. Because it acknowledged our views and provided some comfort during an intolerable period, that small act of respect had a profound impact' (P12)

Cultural Expectations Concerning Respect and Exchange of Information

Participants felt that speaking respectfully and in a culturally sensitive manner is critical when declaring deaths

In our culture and belief system, how the nurses break the news about death is significantly important since it allows one to grieve smoothly. Communicating death gently, respectfully, and in a constructive manner helps an individual accept loss if the nurse offers a detailed explanation of the events (P1).

Respectful communication by nurses with the family is important to me because rude, rushed, or insensitive communication only serves to increase the pain of the grieving family. (P6).

Discussion

This study on grief experiences of family caregivers is retrospective and aims to explore such experiences after the death of loved ones in the neurosurgical unit of Yaoundé Central Hospital, and it focuses on the psychosocial impacts, nursing support system, and culture. The results of the study reveal the complex and multifaceted experiences of mourning, the diverse nursing support systems, and the central aspect of spiritual practices and culture on the experiences of grief.

Psychosocial Experiences of Grief

Family caregivers reported an overwhelming emotional and psychological phenomenon at the point of a loved one's death, characterized by feeling extremely sad, shocked, and distressed for longer periods. Such experiences agree with the theories on grief, specifically those focusing on the reality of loss that needs to be accepted and integrated, coupled with emotional pain processing (Solaet al., 2024). Sudden and unexpected deaths within neurosurgical settings commonly contribute to complicated grief, as evidenced by rumination and difficulties in returning to daily life routines (Burns,2023). Social withdrawal among caregivers can be reflected in previously conducted hospital-based bereavement research, where grief damaged social roles and engagements in society (Abrutyn & Lizardo, 2020).

Nursing Support of the Bereaved

A considerable degree of nursing support was identified as being either empathetically involved and emotionally supportive or very lacking in emotional support. Care that was compassionate and caring, as outlined in the Human Caring Science (Watson's Theory et al., 2008), including empathetic care, presence, and familial support, might be beneficial in terms of facilitating coping efforts and diminishing suffering, but a lack of task-oriented and possibly insensitive support could increase the emotional suffering of the bereaved family when communication is concise and unemotional.

Cultural and Spiritual Factors

Grief experiences, as well as the perception of nursing support, were embedded within cultural/spiritual frameworks. It was indicated that having relatives present and praying, as well as accompanying grieving experiences through traditional rituals, were all essential grief-coping strategies that helped in coping with grief (Pentariset al., 2023). Limitations related to these practices in the hospital environment further increased grief, while provisions related to these within the healthcare setting were perceived as positive. Communication style was thus another critical determinant, in which respecting patients by communicating in a suitable, cultural manner made the procedure for acceptance easier, whereas communicating in a blunt, insensitive manner increased grief (Cue et al., 2024).

These results support current global evidence that grief after sudden deaths in hospitals is complex, encompassing emotions, psychological, and social elements. The differences found among levels and types of nursing support reflect global evidence that family bereavement care within hospitals remains variable due to workload and the absence of formal policies and guidelines (Raymond et al., 2017). Adding elements of formalized supportive care and training professionals in communicating empathy may improve family adaptation and reduce distress(Stephany, 2022) .

From a methodical point of view, the retrospective design of this research has allowed the illustration of the long-term perception of grief and nursing care in a case that might not be generalizable due to the possibility of a single unit and a lack of universality in this experience due to potential recall bias.

This paper illustrates that bereavement among family caregivers in neurosurgery hospitals is intense and is influenced by both psychosocial and cultural elements and care processes. Nursing support is essential in mitigating or precipitating suffering, but there is inequity in this process as well. Bereavement support and care need to become an essential part of hospital care to support these caregivers in their time of grief.

Limitations of the Study

The research offers a clear indication of how families experiencing grief due to death are affected by nursing support. However, there are a number of limitations, as highlighted by the researchers. The small sample size (n=12) in the study limits the ability to generalize this finding to other hospital settings and cultures; even when considering that qualitative data provides richness of data, findings cannot be generalized outside of this research group, and one must take into account that the functioning of a single center unit may not reflect the ability to support families in other units or locations. Recollecting grief experiences through a retrospective design introduced recall bias. In addition, the discussions of grieving and loss may have created emotional upheaval for some participants and subsequently influenced their responses. Furthermore, at times there are cultural and linguistic differences between languages regarding how grief can be expressed; thus, during transcription and analysis, expressiveness of how individuals experience and/or express grief may have been missing. Therefore, the views of nursing support from participants are based on their personal opinion or perspective and not universally applied. However, the study has provided significant psychological and sociocultural knowledge regarding bereavement and has demonstrated the critical part of nursing care provided to families needing support after losing someone or having a family member die during a neurosurgical operation, warranting continued research to improve working knowledge of families after losing loved ones in similar circumstances.

Recommendations

Based on the findings of this study, the following recommendations are proposed to improve bereavement support for family caregivers in neurosurgical hospital settings: Strengthening bereavement support for family caregivers in neurosurgical settings by introducing structured bereavement protocols, providing culturally competent care and communication, integrating psychosocial support services such as grief counseling, and promoting ongoing staff education and reflective practice to ensure empathetic care, caregiver well-being, and a supportive care environment (Watson, 2008; Holland et al., 2010)

Conclusion

This study explores how nurses can support families grieving for patients who have died in the neurosurgery ward at a hospital in Yaoundé, Cameroon, and the impact that psychosocial and cultural issues have on bereavement. The article illustrates how culturally and emotionally available nursing support can reduce the experiences of suffering from the death of the patient, while delivering mechanical, task-oriented care to the family will have an adverse effect upon their ability to grieve. Based upon these findings, the authors emphasize that providing culturally competent nursing services, developing effective staff communication, and

providing psychosocial and bereavement support as part of a family-centered approach to care will enhance the family's experiences of grieving and improve the quality of nursing care.

References

Abrutyn, S., & Lizardo, O. (2020). Grief, Care, and Play: Theorizing the Affective Roots of the Social Self. *Advances in Group Processes*, *37*, 79–108. https://doi.org/10.1108/S0882-614520200000037004

Anderson, A. E., & Bruera, E. (2021). Staff Stress and Burnout in Palliative Care. *Textbook of Palliative Medicine and Supportive Care*, 727–734. https://doi.org/10.1201/9780429275524-76

Barnard, A. (2019). Grief Counselling and Grief Therapy: A Handbook for the Mental Health Practitioner, J. William Worden. *The British Journal of Social Work*. https://doi.org/10.1093/BJSW/BCZ004

Burns, R. B. (2023). Managing Grief and Death. *The Human Impact of the COVID-19 Pandemic*, 273–296. https://doi.org/10.1007/978-981-99-1710-5_9

Coelho, A., Albuquerque, S., & Neto, D. D. (2025). Bereavement support guidelines for caregivers in palliative care: a scoping review. *Frontiers in Psychology*, *16*, 1541783. https://doi.org/10.3389/FPSYG.2025.1541783/BIBTEX

Costa, F. L., & Barbosa, M. (2025). Follow-up of grieving families in general and family medicine: a cross-sectional study on the practices and attitudes of family doctors. *Family Medicine and Community Health*, *13*(3), e003296. https://doi.org/10.1136/FMCH-2025-003296

Cue, F. F., Mateo, M., Anne, M., Razo, G., & Ristevirta, L. (2024). *Communication Between Nurses and Relatives of Patients in the End-of-Life Care : A Descriptive Literature Review*. http://www.theseus.fi/handle/10024/866840

El-Jawahri, A., Greer, J. A., Park, E. R., Jackson, V. A., Kamdar, M., Rinaldi, S. P., Gallagher, E. R., Jagielo, A. D., Topping, C. E. W., Elyze, M., Jones, B., & Temel, J. S. (2020). Psychological Distress in Bereaved Caregivers of Patients with Advanced Cancer. *Journal of Pain and Symptom Management*, *61*(3), 488. https://doi.org/10.1016/J.JPAINSYMMAN.2020.08.028

Esplen, M. J., Wong, J., & Vachon, M. L. S. (2022). Supporting Resilience and the Management of Grief and Loss among Nurses: Qualitative Themes from a Continuing Education Program. *Journal of Hospice and Palliative Care*, *25*(2), 55. https://doi.org/10.14475/JHPC.2022.25.2.55

Gautam, R. (2023). Nursing Care Strategies for Grief and Bereavement. *Journal of Nursing Education of Nepal*, *14*(1), 87–90. https://doi.org/10.62143/Y8WNFK45

Gilbert, K. R., & Horsley, G. C. (2021). Technology and Grief Support in the Twenty-First Century: A Multimedia Platform. *Grief and Bereavement in Contemporary Society: Bridging Research and Practice*, 365–373. https://doi.org/10.4324/9781003199762-34/technology-grief-support-twenty-first-century-kathleen-gilbert-gloria-horsley

Glatt, A. (2018). A Death in the Family: The Differential Impacts of Losing a Loved One. *Canadian Journal of Family and Youth / Le Journal Canadien de Famille et de La Jeunesse*, *10*(1), 99–118. https://doi.org/10.29173/CJFY29344

Hamdan Alshehri, H., McParland, C., Bahri, H. A., & Johnston, B. (2025). Spiritual and cultural influences on end-of-life care decision-making: a comparative analysis of the Arab Middle East and the United Kingdom. *Current Opinion in Supportive and Palliative Care*, *19*(4), 242. https://doi.org/10.1097/SPC.0000000000000778

Jesus-Ferreira, D., & Reis-Pina, P. (2025). Legacy-Oriented Interventions for Supporting Family Bereavement and Psychosocial Adaptation in Pediatric Palliative Care: A Systematic Review. *American Journal of Hospice and Palliative Medicine*. https://doi.org/10.1177/10499091251383152;CTYPE:STRING:JOURNAL

Khalid, N. M., Sajali, N. S., & Razali, A. (2025). Life transition stages of family caregivers for patients with chronic illness: A grounded theory study. *Belitung Nursing Journal*, *11*(4), 413. https://doi.org/10.33546/BNJ.3896

Klass, D., & Chow, A. Y. M. (2021). Culture and Ethnicity in Experiencing, Policing, and Handling Grief. *Grief and Bereavement in Contemporary Society: Bridging Research and Practice*, 341–353. https://doi.org/10.4324/9781003199762-32/culture-ethnicity-experiencing-policing-handling-grief-dennis-klass-amy-yin-man-chow

Martz, K., & Morse, J. M. (2017). The changing nature of guilt in family caregivers: Living through care transitions of parents at the end of life. *Qualitative Health Research*, *27*(7), 1006–1022. https://doi.org/10.1177/1049732316649352;ISSUE:ISSUE:DOI

Mazza, M., Hernández-Mendo, A., Silva, S., Martins, M. M., & Tavares, M. (2025). The Grieving Process and Reorganization: Experiences and Needs of Post-Caregivers After the Death of the Person Cared For. *Psychology International 2025, Vol. 7, Page 70*, *7*(3), 70. https://doi.org/10.3390/PSYCHOLINT7030070

Neimeyer, R. A., Harris, D. L., Winokuer, H. R., & Tornton, G. F. (2021). Grief and Bereavement in Contemporary Society: Bridging Research and Practice. *Grief and Bereavement in Contemporary Society: Bridging Research and Practice*, 1–479. https://doi.org/10.4324/9781003199762

Pentaris, P., Patlamazoglou, L., & Schaub, J. (2023). The role of faith in the experience of grief among sexually diverse individuals: a systematic review. *Psychology and Sexuality*, *14*(4), 640–656. https://doi.org/10.1080/19419899.2022.2057869;ISSUE:ISSUE:DOI

Phan, H. P., Ngu, B. H., Chen, S. C., & Hsu, C. S. (2025). How cultural beliefs and rituals may help alleviate grief and despair: a four-dimensional framework. *Frontiers in Sociology*, *10*, 1620016. https://doi.org/10.3389/FSOC.2025.1620016/BIBTEX

Raymond, A., Lee, S. F., & Bloomer, M. J. (2017). Understanding the bereavement care roles of nurses within acute care: a systematic review. *Journal of Clinical Nursing*, *26*(13–14), 1787–1800. https://doi.org/10.1111/JOCN.13503;WGROUP:STRING:PUBLICATION

Sedaghati, S. A., Bera, R. B., & Baker, J. (2024). Grief Support Following In-Hospital Deaths. *Encyclopedia of Gerontology and Population Aging*, 2233–2233. https://doi.org/10.1007/978-3-030-22009-9_301024

Sola, P. P. B., Santos, M. A., & Oliveira-Cardoso, É. A. (2024). Emotional Suffering After the COVID-19 Pandemic: Grieving the Loss of Family Members in Brazil. *International Journal of Environmental Research and Public Health 2024, Vol. 21, Page 1398*, *21*(11), 1398. https://doi.org/10.3390/IJERPH21111398

Stephany, K. (2022). Cultivating Empathy: Inspiring Health Professionals to Communicate More Effectively (Revised Edition). *Cultivating Empathy: Inspiring Health Professionals to Communicate More Effectively (Revised Edition)*, 1–211. https://doi.org/10.2174/9789815036480122010l

Villa, M., Palermo, A., Montemarano, D. G., Bottega, M., Deelen, P., Grassellini, P. R., Bernasconi, S., & Cassina, T. (2025). Nurse-Led Bereavement Support During the Time of Hospital Visiting Restrictions Imposed by the COVID-19 Pandemic—A Qualitative Study of Family Members' Experiences. *Nursing Reports*, *15*(7), 254. https://doi.org/10.3390/NURSREP15070254/S1

Watson's Theory, J., Caring, H., Ean, J., Atso, W., & Watson, J. (2008). *Introducing the Theorist*.