

Ensuring Success for Grieving Nursing Students through Mentorship and Community

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ABSTRACT

Background: Approximately 22-30% of undergraduate college students have experienced the loss of a loved one within the last year, and almost 50% within the last two years. A College of Nursing located in the Southeastern United States saw an increase in students experiencing an immediate family member loss. The demanding curricula and clinical experiences encountered by these students further heighten grief symptoms and social isolation.

Aim: This study aimed to develop a tailored program to provide resources and a support system to nursing students who have experienced loss and grief.

Methods: This study employed a quasi-experimental design with two data collection points. Relationships, self-esteem, purpose, and optimism relating to grief symptoms were assessed pre-and-post program using the Flourishing Scale. Due to the limited sample size, the Mann-Whitney U nonparametric test was used to assess differences in Flourishing scores.

Results: The results indicated no significant differences between the pre-and-post Flourishing Scale scores. However, participant feedback towards the support group was positive.

Conclusion: Grief groups tailored to nursing students provide an important community of support that maintains positive student health and well-being.

Submitted 15 September 2023; accepted 11 December 2023

Keywords: undergraduate nursing students, grief group, shared experiences, supportive peer-relationships, mentoring

INTRODUCTION

Students often experience first-time grief due to the loss of a peer or family member during their college years. Approximately 22–30% of undergraduate students have experienced the loss of a loved one within last year, and almost 50% within the last two years (Newton & Ohrt, 2018; Roberts, 2017). A College of Nursing within the Southeastern United States has experienced an increase of grieving students. The demanding curricula and clinical



experiences encountered by these students can further heighten grief symptoms and social isolation. Limited research exists regarding programs geared to the nursing student experiencing loss. Developing and piloting a program to build on volunteerism, story sharing, and supportive peer relationships could offer nursing student opportunities to discuss specific obstacles faced as a nursing student experiencing grief and develop a support structure with other peers. This manuscript outlines a grief-group pilot program designed specifically for nursing students.

BACKGROUND

Students who have experienced loss are more likely to have negative student success outcomes, such as a lower GPA and degree attainment (Liew & Sevaty-Seib, 2018; Newton & Ohrt, 2018; Roberts, 2017; Tedrick Parikh, & Sevaty-Seib, 2013) and feeling isolated among peers (Newton & Ohrt, 2018). Students within a healthcare program of study, such as nursing, could have even more difficulty coping with loss. Nursing is a challenging program of study, and for the student experiencing loss, clinical rotations may further complicate grief. The grieving student may be assigned patients who are terminally ill, experiencing a life-threatening event, or diagnosed with the same disease or disorder as the lost loved one, which could trigger emotions that interfere with the ability to provide optimal care (Dorney, 2016). To adequately learn how to care for patients as nursing students, students dealing with grief must prepare their own support resources to address situations involving grief.

Learning techniques to manage grief symptoms and valuing community support can help nursing students personally and further impact their future career as a nurse (Mayer et al., 2022). Nursing is a valued profession and the public view nurses as competent practitioners who are dedicated to care for individuals in all situations (Rodriguez-Perez et al., 2022). Death is common in the hospital setting, and society expects nurses to be experienced with stressful and devastating loss, yet student nurses often lack the resources to adequately cope (David, 2023). If a nurse is inexperienced with the appropriate actions to cope with their grief, it can lessen the nurse's productivity and lower their morale (Dorney, 2016; Jenko et al., 2011). Najafi et al. (2023) conducted a qualitative study with 10 nurses to analyze bereavement experiences following the death of colleagues. This study discovered a variety of bereavement themes and complex grief reactions, such as functional disorders, depression, and an urge to leave the profession. It is essential to create grief-group programs in nursing schools to teach students coping skills, as these skills can be applied in their student roles and future professional nurse roles to impact coping positively.

Program Aim

This pilot study aimed to implement a grief-group program specific to nursing students who experienced loss and grief. There were three objectives for the program: (1) identify grief emotions and coping strategies aimed at improving the nursing student's experience in the program, (2) create a community to decrease self-isolation and improve well-being in nursing, and (3) evaluate the effectiveness of the intervention.

METHODS

This study employed a quasi-experimental design with two data collection points (pre-intervention, post-intervention) to assess a student's relationships, self-esteem, purpose, and optimism relating to grief symptoms. The intervention

was a piloted grief-group program for traditional Bachelor of Science in Nursing students. Institutional Review Board approval was received prior to program implementation.

Participants and Recruitment

The grief-group program was formed at a College of Nursing located at a university in the Southeastern United States. The College of Nursing has a traditional Baccalaureate program of study; students apply, and roughly 200 are accepted into the 5-semester program in their junior year. The pilot grief-group program was advertised within the College of Nursing with flyers and emails. Students were provided the option to join the research study when registering for the grief group. Those not interested in the research study were welcomed members of the grief-group and did not have their data collected. For those interested participating in data collection for the grief group, an information letter was provided, and the study participants completed a pre-intervention questionnaire and demographics sheet via Qualtrics. Completion of the questionnaire and demographic sheet indicated consent to participate (Table 1).

Table 1

Demographic Information of Participants Who Responded to The Surveys

	Pre-Survey (<i>n</i> = 16)	Post Survey (<i>n</i> = 10)
Age	20.88 (0.89)	22.00 (0.47)
Gender		
Male	1 (6.3%)	3 (30%)
Female	15 (93.8%)	7 (70%)
First Generation		
Yes	1 (6.3%)	1 (10%)
No	15 (93.8%)	9 (90%)
Ethnicity		
White	14 (87.5%)	10 (100%)
Black	1 (6.3%)	0 (0%)
Asian	1 (6.3%)	0 (0%)
Education Classification		
Junior	9 (56.3%)	0 (0%)
Senior	7 (43.8%)	10 (100%)
# of Death Experiences past 2 years		
1	10 (62.5%)	3 (30%)
2	3 (18.8%)	4 (40%)
3	1 (6.3%)	
4	1 (6.3%)	1 (10%)
More than 6		2 (20%)
Death Distance		
Immediately	2 (12.5%)	0 (0%)
< 1 year	2 (12.5%)	4 (40%)
1 – 3 years	4 (25%)	6 (60%)
3 – 5 years	3 (18.8%)	0 (0%)
5+ years	4 (25%)	0 (0%)
Relationship to the Deceased Individual		
Immediate family member	10 (62.5%)	4 (40%)
Extended family member	5 (31.3%)	1 (10%)
Friends	1 (6.3%)	2 (20%)
Others	0 (0%)	3 (30%)

Intervention

The grief-group pilot program was modified from the Kids Supporting Kids 10-Step Group Counseling Protocol (Tillman & Prazek, 2018) and the Broken hearts-healing hearts workshop (Jenko et al., 2011), a workshop for healthcare workers balancing their own grief and the responsibilities at work. This template allowed for investigators to interject common themes often expressed by nursing students experiencing loss while in school (Dorney, 2016) into an existing grief-group structure.

The pilot program consisted of three components: (1) shared experiences, (2) coping strategies, and (3) social connectiveness. Shared experiences and coping strategies were addressed through monthly group meetings based on themes presented in the literature and research. Each meeting was conducted in a casual, non-formal setting encouraging students to be open and supported by peers and facilitators. The first 10–15 minutes of each meeting was comprised of a welcome, small talk period allowing students to become more comfortable with other attendees and facilitators. The next portion was led by facilitators encouraging conversation regarding a specific topic geared towards student relationships, self-esteem, purpose, and optimism. Over the course of an academic calendar, monthly topics modified from the Kid Supporting Kids 10-Step Group Counseling Protocol (Tillman & Prazek, 2018) and Broken Hearts-Healing Hearts workshop (Jenko et al., 2011) were as follows:

1. Establishing safety and getting acquainted
2. Sharing stories
3. Sharing stories continued
4. Positive remembrances
5. Healthy expression of emotions
6. Grief as a nurse
7. Coping skills for grief emotions
8. Celebrating you

In addition to the selected topics, students participated in service projects and social events, such as Friendsgiving and pumpkin painting. These projects and events were integrated into the monthly meetings. Although attendance was not recorded at each session, facilitators estimated attendance per meeting ranged from 8-20 students.

Measures

The Flourishing Scale (Diener et al., 2009) was utilized in this study to investigate positive relationships, feeling of competence, meaning and purpose in life, and engagement in daily activities. It consists of eight, seven-point Likert-type items, for example, “I lead a purposeful and meaningful life.” The participants responded to each item from 1 = *strongly disagree* to 7 = *strongly agree*. The total possible scores range from 8 to 56, with higher scores indicating a higher level of positive functioning and lower score indicating a lower level of positive functioning. Diener et al. (2009) reported the Cronbach’s alpha for the Flourishing Scale as .87. The internal Cronbach’s alpha in the current study was .89.

Students participating in the research study completed the pre-intervention Flourishing Scale as a baseline before beginning the grief-group pilot program. At the end of the academic school year, the students completed a post-

intervention Flourishing Scale and additional questions for program evaluation developed by the investigators. The additional questions included “how many grief-group sessions did you attend,” “what is your program status within the college of nursing (on-track to graduate on time, out of sequence, unsuccessful),” and “what has been the most beneficial aspect of this group?”

Data Analysis

Due to the small sample size, Mann-Whitney U nonparametric test was used to examine the participants’ responses on each item in the Flourishing Scale in the pre- and post-survey. Significant level α was set at .05.

RESULTS

The results indicated that participants exhibited a similar level of positive relationships, feeling of competence, meaning and purpose in life, and engagement in daily activities in both pre and post survey no, $U = 77.50$, $Z = 0.13$, $p = .90$. Furthermore, by examining each item using the same analysis procedure, no significance was found on any of the items (Table 2).

Table 2

Participants' Responses in Flourishing Scale and Mann-Whitney U Test Results ($\alpha = .05$)

	Pre (n=16)							Post (n=10)							U	Z	p		
	SD 1 f(%)	2 f(%)	3 f(%)	4 f(%)	5 f(%)	6 f(%)	SA 7 f(%)	M (SD)	SD 1 f(%)	2 f(%)	3 f(%)	4 f(%)	5 f(%)	6 f(%)				SA 7 f(%)	M (SD)
Q1	0 (0.0)	0 (0.0)	3 (18.8)	0 (0.0)	0 (0.0)	2 (12.5)	11 (68.8)	6.50 (0.82)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	3 (30.0)	2 (20.0)	5 (50.0)	6.20 (0.92)	65.00	-0.91	.36
Q2	0 (0.0)	0 (0.0)	1 (6.3)	0 (0.0)	0 (0.0)	4 (25.0)	11 (68.8)	6.50 (1.03)	0 (0.0)	0 (0.0)	0 (0.0)	2 (20.0)	2 (20.0)	0 (0.0)	6 (60.0)	6.00 (1.33)	67.00	-0.81	.42
Q3	0 (0.0)	0 (0.0)	0 (0.0)	1 (6.3)	3 (18.8)	4 (25.0)	8 (50.0)	6.19 (0.98)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	3 (30.0)	2 (20.0)	5 (50.0)	6.20 (0.92)	79.00	-0.03	.98
Q4	0 (0.0)	0 (0.0)	0 (0.0)	1 (6.3)	3 (18.8)	4 (25.0)	7 (43.8)	6.13 (0.99)	0 (0.0)	0 (0.0)	1 (10.0)	1 (10.0)	1 (10.0)	1 (10.0)	6 (60.0)	6.00 (1.49)	72.00	-0.18	.86
Q5	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	3 (18.8)	4 (25.0)	9 (56.3)	6.38 (0.81)	0 (0.0)	0 (0.0)	0 (0.0)	1 (10.0)	0 (0.0)	3 (30.0)	6 (60.0)	6.40 (0.97)	76.00	-0.24	.81
Q6	0 (0.0)	0 (0.0)	0 (0.0)	1 (6.3)	1 (6.3)	4 (25.0)	8 (50.0)	6.19 (0.98)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (10.0)	4 (40.0)	5 (50.0)	6.40 (0.70)	73.50	-0.37	.71
Q7	0 (0.0)	0 (0.0)	0 (0.0)	1 (6.3)	1 (6.3)	5 (31.3)	9 (56.3)	6.37 (0.89)	0 (0.0)	0 (0.0)	0 (0.0)	1 (10.0)	2 (20.0)	2 (20.0)	5 (50.0)	6.10 (1.10)	70.00	-0.58	.56
Q8	0 (0.0)	0 (0.0)	0 (0.0)	1 (6.3)	5 (31.3)	4 (25.0)	6 (37.5)	5.94 (1.00)	0 (0.0)	0 (0.0)	0 (0.0)	2 (20.0)	1 (10.0)	5 (50.0)	2 (20.0)	5.70 (1.06)	70.50	-0.52	.60

The students who agreed to participate in the research study and completed the post-survey indicated they were on-track to graduate on time. In addition, most ($n = 4$) attended three grief-group sessions, followed by five group sessions ($n = 3$). The remaining three students who completed the post-survey indicated attending 1, 4, and 6 meetings, respectively. Participants' feedback indicated that the support group provided a sense of community and safe place for them to talk. Participants noted "being able to talk to someone and just relax and have a safe space" and "being able to hear other people's experiences and know that it is normal to feel certain ways." In addition, students commented, "being with a group of people going through the same phase of life that gives you a sense of community."

DISCUSSION

Although there is limited research regarding grief groups for nursing students, literature supports grief-group sessions for university students as they provide opportunities to share experiences and form supportive peer-relationships (Jenko et al., 2011; Newton & Ohrt, 2018; Varga, 2021). Results of the Flourishing Scale indicated that the students' well-being perception was positive prior to the grief-group pilot program. Therefore, sustaining this reported level of well-being was important. The comments from the post-intervention open-ended questions were overwhelmingly positive, which supports existing research – building a community of peers leads to less grief symptoms among college students (Dorney, 2016; Newton & Ohrt, 2018). Lastly, students who have experienced loss are more likely to have negative student success outcomes, such as a lower GPA and attainment of a degree (Liew & Sevaty-Seib, 2018; Newton & Ohrt, 2018; Roberts, 2017; Tedrick Parikh, & Servaty-Seib, 2013). However, all students who participated in the grief-group pilot program were able to progress through nursing school efficiently and successfully and graduate on time.

Study Limitations

As this was a pilot study, there was a small sample size. In addition, the students that completed the initial grief-group questionnaire were not the same students as those that completed the final grief-group questionnaire. Therefore, investigators could not measure individual change over time, only group differences. Lastly, the students who completed the Flourishing Scale at baseline were already experiencing positive behavior and, therefore, the scale did not evaluate the effectiveness of the program since the students were already thriving.

Due to increasing demands of the nursing student schedule (i.e., clinical demands and coursework), not all students could attend all scheduled events. However, one student stated "I know that a majority of the time I was unable to attend the grief-group meetings. However, knowing it was always an option for me to attend and knowing there was a group of students and staff there to support me was still comforting." Even though each group was not attended by all, grief-group availability, if needed, was important to students.

Implications and Recommendations

Facilitators analyzed the data from the pilot grief-group and determined need and diverse life challenges impacted group involvement. The piloted grief-group evolved from an immediate grief only focused group to a more encompassing organization, renamed as SOAR (Supporting Optimism Acceptance and Resilience). SOAR offers

weekly opportunities for students to meet with peers and SOAR facilitators (i.e., nursing faculty and academic advisors) to provide academic guidance, emotional support, and resilience strategies in a non-intimidating environment.

Two advisors were added as facilitators of SOAR which provides additional opportunities for meetings, mentorship, and expansion into the pre-nursing program. In addition, the name change from Grief Group to SOAR piqued the interest of not only the upper division nursing students, but also the pre-nursing students. Students stated the name SOAR demonstrated optimism and not sadness, and attendance to SOAR events by current and pre-nursing students increased.

The name and purpose change were a strategic move toward inclusivity and the commitment to support not only grieving students, but also students navigating other life challenges. Other colleges and university could model this multifaceted approach, guided by dedicated faculty and staff, to create an organization that goes beyond conventional academic support.

CONCLUSION

A College of Nursing in the Southeastern United States saw a need to develop a grief-group program as faculty and staff noticed an increase in the number of students reporting immediate family loss (e.g., fathers and mothers). Developing a grief-group program for all nursing students proved challenging due to students' schedules and diverse needs. This piloted grief-group provided invaluable information to build the current program, SOAR, which is committed to fostering a resilient and supportive community for all students regardless of their life challenge.

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Author's Note

Auburn University College of Nursing was a recipient of the BHAC Evidence Based Practice Grant for the 2022-2023 cycle. This funding supported the project. The authors have no other conflicts of interest to disclose.