<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>PROPERTIES</th>
<th>RELATIONSHIPS</th>
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</table>
| Loss felt by nurse when a patient dies | 'Kinds of Loss':  
- Personal loss  
- Work loss  
- Social loss | |
|  | **Consequences:**  
- Impact on nurse  
- Impact on care | |
|  | **Qualities:**  
- Perceived as unfair  
- Perceived as natural  
- Perceived as social loss | |
| Calculating social loss | **Hierarchy:**  
- High social loss  
- Low social loss | Social loss is calculated over time. Factors such as age and apparent and learned characteristics mediate whether the potential social loss will be high or low. |
|  | **Mediating factors:**  
- Age (¶5)  
  - Dying children  
  - Aged people  
  - Patients in the middle years  
- Apparent characteristics  
- Learned characteristics (¶7)  
  - Talent  
  - Education  
  - Accomplishments  
  - Family status  
  - Occupation | |
| Developing a social loss story | **Process:**  
- Learning more about patient (¶9)  
- Adjustment of the story (¶10)  
- Story becomes and entity apart  
- Social loss story gains historical aspect  
- Termination of social loss story  
- Story development after death | Where there is no time to develop a ‘social loss story’, social loss will be mainly calculated on apparent characteristics (¶10) |
|  | **Qualities:**  
- Social loss story developed over time,  
- as a product of nurse-patient relationship, and  
- becomes an entity apart | The reason why the social loss story becomes an entity apart is that the learned characteristics on which it is based “are themselves something apart from any one person”. |
| Impact of social loss (on nurses) | **Hierarchy:**  
- On nurses’ feelings (‘principal’)  
- On patients’ care (‘secondary’) (¶16) | (Stated since the beginning) |
|  | **Contexts:**  
Type of ward (¶21)  
Length of stay (¶22) | |
| Impact on care | **Continuum:**  
- From minimal to more than routine care (¶16-17) | Low social loss ⇔ minimal routine care; high social loss ⇔ more than routine care. However, if the impact on nurse is too upsetting, care may be only routine. |
| Handling death | **Strategies:**  
- Creating loss rationales (¶18)  
- (Providing only routine care?) | Impact on social loss on nurse is greater is a loss rationale cannot be created |