

# Experiences of nurses grief after patient death essay sample

[Life](#), [Death](#)



## Abstract

This is a concept analysis on the experiences of grief of registered nurses in the fields of oncology, pediatric ICU and adult ICU after a patient dies. The paper describes the reactions of nurses and how they are able to cope with grief. It also discussed the available resources that they use within their institution in response to the death of the patient. The concept analysis method that was used was based on: epistemological, pragmatic, linguistic and logical principles. Extensive literature search was done to review the concept mentioned. The need to recognize the grief of nurses after patient death is necessary for Nursing, feelings and reactions should be acknowledge and proper techniques of helping them should be utilized to eventually resolve this phenomenon. Nurses are mostly the one who spends more time in patient care. The need to address their need for support is of the utmost importance. Healthy coping mechanism must be encouraged so that nurses can grieve.

## Introduction

The concept of grief in patient care settings has always been apparent. Grief is defined as deep or intense sorrow or distressed, esp. at the death of someone: something that causes keen distress or suffering (Collins English dictionary, n. d). " Registered nurses have long provided end of life care and support to adult, geriatric and pediatric patients and their families. While the impact of death on family members has been well documented in the literature the reaction, response and grieving process of nurses during and following the death of a patient has not been researched extensively".

According to Brunelli & Calleja (as cited in Gerow et al. 2009). According to

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Costelo (as cited in Wilson & Kirshbaum, 2011) Nurses are mostly the one who has extensive contact with patients than any other healthcare professional. It is therefore of utmost importance for the need to further discuss and describe the feelings, responses and the coping mechanism nurses use after a patient dies. A nurse like any other human being in times of grief needs a form of support, formal or informal so that grief can be resolved using a healthy coping mechanism. The purpose of this concept analysis is to identify the responses of nursing staff after patient death and how it affects them. It also investigates how nurses cope with the loss of a patient and what are the available resources they use to resolve their grief.

#### Method

The literature search was conducted using the Current index of Nursing and Allied Health Literature (CINAHL), Medline and Academic Search Premier. The systematic search on these three databases was limited from 2008-2013 in order to present a current description of the concept. This included the word grief; nursing staff; experience and death of patient. The article that was used included the ones relevant to the title of the concept being analyzed. English was the primary language being searched in all the literature. The concept analysis was organized using a principle-based method by Penrod & Hupcey, this includes epistemological, pragmatic, Linguistic and Logical.

#### Epistemological

The nurses that were examined in the literature review were composed of nurses working in the oncology unit, Pediatric ICU and adult ICU. They were able to expressed experiences related to patients' death by question and

answers. The nurse's response to the death of a patient was related to the connection the nurse formed while caring for the patient (Gerow et al. 2009). Nurses view that it is essential to form a relationship with the patient in order to provide care for the dying. It depends on the level of engagement of the nurse on how easily or how hard she can cope with the lost a patient (Shorter & Stayt 2009). Some nurses immersed themselves and put themselves on the patient's shoes in order to develop that connection often times they would even asked relatives how the patient was like when he/she was still well.

The significance to the staff is also influenced more if both the caregiver and the patient shared the same demographics and culture. On the contrary some nurses try to distant themselves and try to avoid being too close to the patient and the family to shield them from grief. Nurses view patient death in two ways (a). Good death and (b). Bad death.( shorter & Stayt 2009). A good death is when the nurse is prepared and knows that death is imminent. The nurse has an idea on how the course of the treatment will be, it is therefore deemed less traumatic for them. Bad death happens when the demise of the patient is sudden. Feelings of regret and guilt plagues the caregiver, often wondering what could have been done to avoid death. Pragmatic

The operationalized view regarding this concept can be understood on the implication of the analysis on nursing practice. If the nurse had a positive experience during initial death experience or support they don't feel devastated and traumatized they carry that thought with them in dealing with future patient deaths (Gerow et al. 2009). The ways of coping with

nurses are divided to Formal and Informal. Formality is seen in the offering of pastoral care to nurses and psychological referrals, although most would avert from this as was implied in the studies. Nurses feel that talking to a person that was not there when the situation happened seemed very impersonal or intrusive. The more informal approach would be the choice for most staff; this includes informal chats with co-workers in the same area and having a time to reflect on what took place right after the patient died. ICU nurses and Oncology nurse often encounter what is called cumulative grief, which was described as the caregivers' response to multiple episodes of grief. It happens when multiple encounter with death are experienced at a given time that the individual is unable to have time to grieve (Shorter & Stayt, 2009). Cumulative grief results to decreases professional competency, low self-esteem and preoccupation with death.

### Linguistic

Grief is used interchangeably with bereavement and mourning. According to the National Cancer Institute, mourning is defined as the public display of grief, there is obvious overlap between the two. Bereavement is defined as the objective situation one faces after having lost an important person via death. Bereavement is conceptualized as the broadest of the three and a statement of the objective reality of a situation of loss via death. Logical

A grief experience of nurses in response to patient death still lacks logical maturity. The other areas of nursing care have not been explored yet. The literature review was only able to provide information regarding the areas of oncology pediatric ICU and adult ICU, there is not a lot of evidence yet in

regards to how nurses responds to grief in a community setting or even in a psychiatric facility. Other disciplines also confused patient death as a part of the nurses' professional role that nurses must get accustomed to.

Although nurses recognized the caring of other healthcare professionals it is often difficult to ask them for help or communicate. Physicians are often perceived to be distant from the nurses environment and perspective which results in misunderstandings (Wenzel, Shaha, Klimmek and Krumm, 2011). In the field of education, according to Aycock & Boyle (as cited in Wenzel et al 2011). 45% of nurses indicated they had not received education or skill development addressing work related coping. 30% indicated they had received periodic in-services related to workplace coping. Nurses around the country lack educational resources to address their concerns related to workplace coping.

## Conclusion

Nurse's experiences of grief is very complex, it also affects them profoundly. Help and support must be readily provided to staff while they go through these situations. Nurse educators and leaders must understand the impact of these on how nurses function. Although further research is needed on how to incorporate coping practices in the field. it is the main point that nurses experiences grief and is in need of appropriate intervention.