# RЕFLЕСTIОN ОN LОSS АND GRIЕF

## Introduction

In every nursing school, death is something that is part of life. The nurses are aware that death is something that everyone living under the sun has to deal with especially the nurses. Since it is something that is common in the nursing profession, coping with loss is part of the learning for someone who wants to become a nurse. It does not matter how long one has known a patient it can be for five minutes, ten years or a lifetime and in most occasions, it is very painful but it is part of the job. The only important factor is to know how to manage the emotions when the time comes. The best advice is always to remember that it is part of the job.

## Description

During my intern at my university hospital after my graduation, I was given the responsibility of taking care of twelve years old boy who had fallen in a pit latrine. In the Ward, the boy was put under medication, and keen observation on his health was also recommended. Due to his shortness of breath and the level of oxygen saturation, there was need for him to be oxygenated; this could only be administered through a nasal Cannula. During my watch, I observed that he was scoring almost zero all the time, this was contradicting the first symptoms which suggested that he was suffering from shortness of breath.

In most occasions he was complaining of pain in his lower abdomen, the parents suggested that he had been suffering from constipation for the past two weeks. I decided to prescribe Senna so as to assist in reducing the pain, but the symptoms persisted. The doctors decided to send him for abdominal CT and X-ray; he was later diagnosed with colorectal cancer which indicated that the parts that were affected included colon, rectum and his liver. Due to the weight of the disease, the boy could not benefit from the active treatment, so the only way forward was that I had to make sure that he was comfortable and free from pain. The decision was made by his parents since he was a minor; the parents thought this was going to grant him a dignified and a peaceful death following his diagnosis and illness. Despite the decision by the boy’s parents, I was still optimistic that the boy would one day get well and be discharged as he seemed strong and well.

After a period of one month after his diagnosis, his weight started to reduce, and the BMI also dropped. The boy died peacefully in his sleep two months after his admission. By the time of his death, I was busy attending to other patients in the next ward when the news of his death reached me through his elder brother. I closed the curtains that were surrounding his bed, reported his death to the staff as required.

### Feelings

I have heard of stories of how patients die under the watch of their nurses, but it had never occurred to me that one day I would experience the same. This was my first experience; due to the strong relationship that I had built with this boy I felt the loss more than any other person. He was one of the patients that the other patients grew fond of and his diagnosis and his death were so sudden, and nobody was expecting it. The nursing fraternity realized how depressed I was and decided to give me a break so that I could nurse my own emotions. The break given to the nurses allows them to compose themselves and reflect on their first time death experience (AKUROMA & Curran, 2016).

It was hard to hold my tears regardless my profession requirements. When I went home and I was all by myself, all the events of the day began to unfold, and I started to weep. I did not know the best way to make this feeling of sadness, loss and grief to disappear. In most occasions nurses are advised to call one of one of their senior officials in the hospital to advise them on the best way forward (Zheng, *et al,* 2016).

I felt like there was something I could have done to prevent this death from occurring. According to my seniors, the feelings always begin after watching how the family of the dead grief. At some point, the emotions of the nurses are usually connected to the emotions of the bereaved family. I was informed that the way I will handle future deaths depends on how I cope with this first experience. After listening to their mentors, junior nurses always feel relaxed and are able to regain their composure and proceed with their duty (AKUROMA & Curran, 2016).

I have always had a strong bond with my younger brother who was also the same age as this boy I think it contributed to the feeling that I had towards the patient. I mourned his death as if he was my little brother. According to studies, it has been proven that almost all the nurses undergo through the same experience of death in their first time on duty (Zheng, *et al,* 2016).

## Evaluation

It is evident that the boy was under proper care during his time in the ward. I was emotionally attached to him more than any other patient. According to nursing ethics, all the patients should be treated equally without showing any emotional attachment. Another argument is that in case a patient needs a special treatment it should be offered to him or her depending on the patient’s conditions (Morrissey, 2016).

According to this case, there are positive and negative elements that are involved. The treatment that the patient received in the ward can be argued that the nurses did their best to make sure he was comfortable. I realized that I was able to act professionally after being informed about the boy’s death. This was through moving away firmly and not showing my emotions in front of the family and giving them time to mourn the death of their son. Dropping a tear on such occasions usually happens, and it is professionally allowed but showing emotional attachments is professionally wrong (Morrissey, 2016).

The way I behaved is something that is usually familiar especially to inexperienced trainees as they experienced patients’ death for the first time. As this happens for the first time among the nurses, it is usually advised for the experienced nurses to give the trainees some time to process these deaths and reflect upon what took place. Later on, the seniors are required to be there for the interns and advice them on the way forward (Zheng, *et al,* 2016).

## Analysis

Before the boy died, his diagnosis was well administered professionally. He was one of the most popular patients in the ward, and he experienced a good professional relationship with almost all the staff members. According to the nursing profession, the communication between the staff and the patients must always be effective (Weber & Farrell, 2016). The relationship that was observed in this case is referred to as therapeutic relationship that exists between a nurse and a patient. This type of relationship ensures the wellbeing of a patient inside the hospital (Morton, *et al,* 2017). Even the boy was very grateful due to the type of care he received during the last part of his life.

According to scholars, the main factor to consider towards achieving a sense of peace that is felt by a patient depends on the type of communication if it is effective and building a strong therapeutic relationship. Another thing apart from making the patient to be at peace is that it helps in building dignity. The feeling of grief that I felt can be compared to that feeling people feel when they lose a friend or a family member (Bryant, 2017).

## Conclusion

A lot of nurses undergo through a lot of stress the first time they experience death. Most of them live with the guilt in case they fail to get proper counseling from the experienced nurses on how to handle such situations the first they occur. I am not an exception since I witnessed the same during my first time as an intern. The responsibility that I was given to take care of the young boy opened up my heart professionally in a way that I never imagined.

 At first, I did not know how to handle emotions when it comes to the death of a close friend or a loved one but, this incident taught me on how I can handle emotions and improve my strength in case I come across such experiences in future. It also gave time to reflect on the need to control my emotions in such difficult situations by the virtue of my position as a caregiver and health service provider.

### Action plan

After writing this, I was able to know about the valuable theories and the skills that are involved when dealing patients who are dying. I realized the necessity of reviewing literature since it could help in dealing with death, grief, and the ways professionals deal with situations that involve emotions. After some time in the hospital, I experienced a similar case, but this time I handled it professionally. Nurses should be given more education on how to deal with situations that involve deaths and how to avoid getting emotionally attached to their patients as it may cloud their judgments and thereby affect their effectiveness (Zheng, *et al,* 2016).

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