**Reflection on Loss and Grief**

**Introduction**

Death is an unfortunate reality in human life. Unfortunately, individuals who work in the healthcare sector have to experience grief either as a result of the death of a patient or of a loved one (Wilson & Kirshbaum, 2011). In this context, they have to deal with such loss on a constant basis due to the nature of their work. I recently had an opportunity to go for placement and had firsthand experience on the emotional and psychological challenges experienced by healthcare workers as a result of the loss of a client. This paper is a reflection on my experience with grief and loss in an effort to prepare me to handle similar situations within the clinical environment.

**Description**

 During my placement, I met a 67 year old patient who was suffering from brain cancer. He was from my home town and we shared similar interests. Our constant interactions made it easy for us to bond and form a connection. Our friendship and the fact that I was assigned to the patient made me optimistic that he would pull through despite the fact that the cancer was in an advanced stage. In addition, he was always upbeat and optimistic despite his health challenges. It was unfortunate that his cancer was diagnosed at a later stage and his condition was chronic. Even though all medical signs indicated that he would eventually pass away, he held on to hope that he might beat the disease. I also became used to seeing him when I reported for my shifts and I became oblivious to the fact that his condition was already terminal. His condition deteriorated significantly after some time and he succumbed shortly afterwards. I got this unfortunate news when I was reporting for my shift. The situation laid bare the realities of working as a nurse. Not all patients get well and there are numerous cases where a nurse has to contend with loss and grief. In addition, I had to comfort and face families who are affected by death and help them deal with the loss and grief. This experience welcomed me to the harsh reality of loss and informed me that I have to be prepared to deal with loss and grief effectively, it I am to pursue the career as a nurse further.

**Feelings**

 The mentioned experience with death enabled me to reflect on how I deal with loss and grief.  I noticed that what I felt after the loss was consistent with the Kübler-Ross model. When I go the news about the patient’s demise, I was in denial. I felt a tinge of guilt that I had not been there to assist him in his time of need since I was not on call. I did not believe that he had passed away. I kept on checking his room hoping that I would find him lying in his bed. Unfortunately, he was lying in the morgue and there was no way that he would come back to life. I struggled with denial for some time, and for the next few days, I kept on checking if I would find him back in his room. After it became apparent that he was never coming back, I became angry. He was a close friend of mine and a decent man. I did not understand why he had to die and leave his family and young ones behind. I felt that it was not fair for him to undergo painful treatment and symptoms only to die eventually.

 The family was also confused and angry about his sudden demise, particularly the patients granddaughter who was due to get married that later in the year. She started bargaining so that the patient can come back to life, she recalled how she had disappointed the deceased with her choice of husband and promised to leave the man if he came back to life. It was an intense period, as I came to see the emotional turmoil experienced by the family of the deceased while also dealing with my own grief. The mood was depressing and even though I tried to comfort the family, I could not shake away the feeling of desperation and hopelessness. One of the experienced nurses saw how I was struggling with the situation and decided to talk to me and give me words of encouragement. She advised me that we have to accept the outcome since we cannot reverse death. She also assured me as long as I do my best to assist the patient when he or she is alive; I fulfill my mandate as a caregiver. Her encouraging words enabled me to accept the outcome of the situation and as a result, I got the strength and courage to help the family also accept the demise of their loved one.

**Evaluation**

 When I evaluate the situation I realized that I was unprepared to deal with death and grief. Even though I knew that I would face situations where patients die, particularly those with terminal illness, I was still inexperienced when it came to handling such situations. However, it was good that I experienced the situation since it prepared me for similar situations in the future. I realized that it was difficult to stay indifferent to the experiences of patients and their families. As a result, I learned how to deal with my grief in a healthy way while assisting the families to also deal with the loss. Given that death was involved, the experience also had a negative side. Since I was really close with the patient, it was hard for me to get over the loss. I also did not grieve properly due to my professional responsibilities. As a result, it took me a long time to get closure and accept the situation. However, even though I experienced difficulties dealing with this loss, the experience made me not only a better professional, but also a better individual.

**Analysis**

 According to Kempe, Loos, and Willetts (2014), grief has been neglected for in nursing education. There is inadequate material in the curriculum to prepare prospective nurses on how to handle such situations. However, nurses normally value their relationship with their patients. They regard it to be an essential component of care. The bond becomes stronger when a patient is dying, particularly due to a terminal illness (Peterson et al., 2010). Even though death is inevitable, nurses still have to experience grief responses which are evident in several emotional and behavioral symptoms (Ross-Adjie, Leslie, & Gillman, 2007). Some of the symptoms include overwhelming sadness, anger, guilt, fear, social withdrawal, and low self-esteem among others. In this context, the caring nature of the nurses causes the grief responses. Therefore, a nurse who has experienced death on a personal level is well equipped to handle death while at work. However, if the patient had unresolved issues during the personal experience, they might have difficulty dealing with grief in a professional level. Research has also shown that if there is support within the clinical environment, students can work through the experience productively.

Based on the assertions of Kempe, Loos, and Willetts (2014), I had a difficult time with dealing with the grief since I was ill prepared due to lack of personal experience and lack of preparation when in nursing school. Even though I have lost people either in my family or social life, I did not have a strong relationship or emotional bond to them. Therefore, the sudden death of the patient was a new experience to me. In addition, the curriculum did not focus on grief prior to the placement and hence i had to use my own discretion to handle the situation. If I had experience and knowledge, I would have been in a better position to handle the loss and help the family come to terms and cope with the death. However, the encouragement and mentorship that I received from experienced nurses was helpful since I was able to learn from the event (Wallace, 2009).

**Conclusion**

 Death is an unfortunate reality in the clinical environment. Patients with terminal illnesses have a high chance of dying resulting in a sense of grief and loss not only to their families, but also to the nurses who provide care. However, grief has been neglected for in nursing education. There is inadequate material in the curriculum to prepare prospective nurses on how to handle such situations.  In this context nurses in placement have to gain experience on how to handle loss and grief while dispensing their professional duties. . I recently had an opportunity to go for placement and had firsthand experience on the emotional and psychological challenges experienced by healthcare workers as a result of the loss of a client. The 67 year old patient had terminal brain cancer and he passed on a few weeks into my placement. Even though all medical signs indicated that he would die, I was shocked by his sudden demise. However, after experiencing the stages highlighted in the Kübler-Ross model, I was able to accept the loss and help the family grieve. This reflection has given me an opportunity to revisit how I handled the loss and how I can handle such situations in the future.

**Action Plan**

 When I encounter situations where I lose a patient in the future, I will allow myself to grieve first. Suppressing feelings only results in other harmful emotional responses such as guilt, anger, despair, and low self-esteem among others. It is also important to accept the outcome and I will be more accepting of the loss instead of wallowing in despair and denial. In addition, I would also talk to a colleague or counselor so that I can let out my feelings and handle my grief (Shorter & Stayt, 2009). However, I would be proactive in helping the family handle the loss of their loved one by comforting and consoling them throughout the process. I believe that the experience during my placement has prepared me to face similar situations in the future.

**References**

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