Living beyond death and dying: managing the challenges of loss and grief among community nurses

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Community nurses who support individuals in the palliative phase often encounter death as part of their work. Death and dying episodes tend to have a negative impact on palliative care professionals (Nicol and Nyatanga, 2017), as they are constantly exposed to patients and those deemed important to them, at the end of life. Although the focus of care and support is on the dying patients, it is important to consider how such deaths affect healthcare professionals like community nurses, who may continue to visit homes to provide bereavement support for families following the deaths. Needless to say, these healthcare professionals might experience a sense of loss as well and therefore, grieving is only natural. Nicol and Nyatanga (2017) explain how healthcare professionals forge caring relationships with their patients, and through this, they become emotionally attached. Healthcare professionals often develop relationships, albeit professional, with their patients, and therefore may experience loss and grief following the death of their patients. The advent of death 'shatters' this attachment and results in painful feelings we label as grief. Most literature on loss and grief (Bowlby,1987; Stroebe and Schut, 1999) claims that affectionate bonds are formed as people develop relationships with each other. The stronger the relationship is, the deeper the emotional bonds between people are. It also translates that when one person dies in a relationship, those who are left behind suffer (the bereaved). In fact, they might have multiple bereavement episodes and concurrently, as they care for more than one patient at any given time.

Support for carers

There are several strategies and coping methods available for families and close friends during and after death. For example, one modern approach is the Dual Process Model for coping in bereavement, which was developed by Stroebe and Schut (1999). The model recognises two important factors that most bereaved people experience. These are:

- The need to deny the death (denial to cope)
- The difficulty of 'letting go', especially where strong emotional bonds are formed with the deceased person.

Here, people use denial in a positive way, as they are taking time-out to reorganise, compose and refocus themselves and find new perspective in life while grieving. So, that time-out is in fact very helpful for the bereaved when adjusting to a life without the deceased. The length of time taken to grieve is not universal and often differs among different people.

Letting go is the idea of somehow relinquishing everything about the deceased so that we can move on with our life. The reality of achieving this is not as straight forward as the literature suggests. The Dual Process Model recognises these issues and rightly addresses them by creating a dynamic process that encourages the bereaved to oscillate between different emotions. The oscillation is between loss-oriented emotional states and restoration-oriented tasks of everyday life activities. This is seen as a perfect balance for grieving, while simultaneously moving on with life. All that is needed is time to engage with both sides. The oscillation time is also important as the bereaved can 'clear their mind' as they move from one phase to another.

Stroebe and Schut (1999) have made an interesting distinction or observation to do with gender differences by claiming that most females are loss-oriented, while males are restorative-oriented in their coping with death. The simply means that females may take longer to grieve for their losses. The implication from this should draw our attention to finding better and different ways of supporting all the bereaved family members.

However, a bigger challenge is that while the Dual Process Model might help relatives cope, no such model exists for healthcare professionals who may experience similar losses and grief. Nursing is predominantly female, which is also reflected in community nursing. Therefore,

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specific tailored care and support is also needed to ensure they are well-supported.

The challenge for managers is whether they are doing enough to support staff negotiate the loss and grief they encounter. Most organisations offer formal support (supervised debrief, spiritual care, and education), while staff seek peer support, which offers an opportunity to informally talk about the death. By looking after community nurses, we guarantee high-quality care for all dying people that are being looked after. **BJCN**

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