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EDITORIAL

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Grief and nursing: Life and death in the pandemic

The coronavirus pandemic has torn across the planet, affecting all societies and at the time of writing, continues to rage. The last 11 months globally have been like nothing ever previously experienced in our lifetimes. Nurses across the world have been affected by the pandemic, and are arguably, the professional group most directly affected by COVID-19. Nurses are on the frontline globally, in intensive and critical care units, in respiratory units, in emergency departments, on COVID wards, looking after sick people in the community, and using their skills in COVID testing and vaccination facilities. Nurses continue to be an essential part of the research teams supporting the development of the vaccines, and helping to test medications that are attempting to stem the tide of the pandemic. Furthermore, throughout the pandemic, non-COVID work continues and nurses are continuing to play a pivotal role; continuing to staff urgent elective care, delivering chemotherapy and essential cancer services, supporting remote consultation clinics, working on help and information lines, providing palliative care for the dying in acute hospitals, hospices, care homes, and at home, and comforting the bereaved. Importantly nurses are working in academic settings supporting those in training and continuing to provide essential education to students and colleagues. We are nurses, this is what we do.

During COVID, life has changed for us all. Many thousands of people have experienced loss of livelihood causing added stress associated with impoverishment. Many thousands of people are grieving the loss of loved ones, and have been unable to engage in the normal comforting rituals associated with death because of restrictions to travel and other pandemic-related restrictions. Every day brings updates on the numbers of lives lost, and people are grieving for people, but also grieving for a normality which seems to have gone forever.

As nurses, we are familiar with death. Nurses recognize the grief and loss that accompanies death. We understand death as a part of the life cycle. Nurses understand death to be a normal process that comes to us all. However, nursing through the pandemic has increased exposure to death. Patients are dying younger, and at far higher rates than in pre-COVID times. Nurses are seeing people with cancer, renal failure, heart disease or neurological conditions, who would normally have a reasonable to good prognosis, dying quickly with COVID-19. Nurses are seeing people coming into hospital with dangerously low blood oxygen levels who would normally be stabilized and recover, now dying despite all efforts to save them. Nurses are seeing pregnant women present with COVID-19 and losing their lives. Many nurses have also lost loved ones—friends, acquaintances, colleagues and family members. In addition, there is very real anxiety for family members, anxiety that somehow COVID will travel home with you from work and silently infect your children, your partner, your family members, your friends.

Many nurses have provided care for their own colleagues who have become unwell with COVID. Caring for ones' own colleagues and friends is particularly difficult with real emotional ramifications, carrying feelings of fear—'*this could happen to me*' and guilt – '*why can't we save these colleagues who have been trying so hard to save others?*' and overwhelming sadness when the life of a colleague is lost.

For reasons that are not completely clear, non-white individuals are between two and three times more likely to die from COVID (Bhatia, 2020). A higher proportion of all deaths among nurses has to date been reported in black, Asian and minority ethic (BAME) nurses (Braithwaite, 2020). This disparity was unclear at the beginning of the pandemic but became more obvious as in progressed through 2020. Many colleagues and friends died before they could be protected either by the use of adequate personal protective equipment (PPE) or by redeployment into less risky areas. This awareness of the health disparity associated with COVID-19 has generated further distress; feelings of anger, anxiety, grief, uncertainty and hopelessness.

Hospitals across the world remain very busy and the busyness is exacerbated by chronic and acute nursing shortages and shortages of specialist nurses. In the United Kingdom (UK) there continues to be a shortfall of approximately 42000 nurses in the National Health Service (NHS) (Thompson et al., 2020) and this coupled with a dramatic drop in applicants to the Nursing and Midwifery Council (NMC) register from overseas nurses (partly due to Brexit) means that there are just not enough nurses to go around. The attempt to fill vacant posts with less qualified staff and third-year student nurses has helped from a pair-of-hands perspective, but this means that qualified nurses in critical areas are kept busy with technical tasks which the less qualified are unable to carry out, leaving the hugely important but notoriously hard to define 'nursing tasks' to others. These nursing tasks are the fundamentals of care for patients and are seen as a priority for nurses. Nurses are noticing with increasing prevalence they are unable to fully attend to fundamental care for patients. This may be simply sitting with the patient, holding their hand, carrying out mouth and eye care (essential in an intubated patient): caring for the whole patient and their significant others. Nurses in some parts of the world are looking after three to four ventilated patients during their shift, where once they cared for a single patient, and finding themselves 'nursing' the ventilator and medication devices and delegating essential nursing care to others. Not being able to perform their nursing role adequately is likely to

lead to a lack of job satisfaction, further anxiety, disempowerment and is often a common cause of increasing stress levels in the workplace. We would suggest that part of this stress arises from dealing with the grief for the loss of being able to give the very best of holistic nursing care. This is professional grief.

Despite everything, nurses continue to work throughout the pandemic. Many nurses across the globe have had leave cancelled and have been working in incredibly difficult circumstances with no respite for months on end. They continue to come into work every day, continuing to care for others in the most demanding of circumstances, giving bad news through masks, holding the hands of dying patients while dressed up in level 2 PPE (gown, hairnet, goggles, visor, double gloves, mask). Nurses are ringing relatives to update them, or talking on video calls to try and support relatives who are not able to visit and are having to hear the worst news through a remote platform. Understandably people are angry and some are taking this anger out on nurses who are the advocating for the patient while also acting as the messenger. Throughout all this, nurses are coping with their own feelings of grief and yet are continuing to come into work, continuing to provide professional nursing care.

The grief that nurses are experiencing is very real and needs to be acknowledged. It is also a form of grief to have anxiety for oneself—nurses have seen COVID-19 take the fit, the healthy, the young. It has taken many nurses and health care staff and the anxiety it may take you is real.

Through the pandemic, grief has become an inextricable part of our nursing identity. It is known from bereavement research that grief will change people (Neimeyer, 2014)—as a nursing community, we need to be aware of this and nurture and care for ourselves and our colleagues in these very challenging and extraordinary times.

As nurses ourselves, we have never felt prouder to be nurses, and we advocate for services to properly care for their nurses in these difficult times. The dreadful trajectory of this pandemic has reinforced the utter dependence communities have on a skilled and resilient nursing workforce. We do not yet know the true and final impact of the COVID-19 pandemic, but it is hard to argue that there will not be a major and continuing impact on our nursing workforce. There is a real potential for many nurses to experience on-going complicated grief after the pandemic is over. We also know that once attention moves away from the pandemic, there is a risk that attention will move away from those who were on the front line. In the post-pandemic period, we ask that communities consider ways nurses and nursing can be supported and strengthened, and assisted to recovery. In addition to immediate support and care from existing support services, there is a crucial need for formal recovery processes for nursing in the post-pandemic period. Recovery processes will need to be visible and accessible to all nurses and will need to encompass strategies targeting and supporting individual nurses and the wider profession. We owe this to nurses on a personal basis but it is also needed to support, retain and develop our profession for the future. There will need to be recognition of the multiplicity of grief many nurses have and are experiencing, and ongoing measures put in place to support nurses in dealing with this grief.

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