



## And sometimes, we say good night

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### ABSTRACT

The evolution of life is that one day after we are born, we must say good night, and fall asleep and breath no more. The trepidation of death is more than the ceasing of lung, cardiac, and brain function; for the nurse who loses a nurse colleague, it is a farewell of a collegial relationship that developed in the process of healing others. The death of a nurse colleague is sacred.

### 1. Introduction

During the coronavirus 2019 pandemic, many nurses have experienced the death of a nurse colleague. The uniqueness of a nurse collegial relationship, is that it emerges in the process of caring for ill human beings. Hence, when illness or disease impacts a fellow nurse, the initial response by each nurse is to contemplate treatment approaches and research cures. When there is no cure to be found, nurse colleagues do what they do best, provide nursing care.

### 2. The Unexpected

As nurses, we expect the unexpected when we go to the workplace to care for patients. However, when we are caring for an ill colleague who diagnostically, potentially has a poor outcome, the knowledge of the nurse and ability to assess and determine the encroaching signs and symptoms of end-of-life, can further complicate the grieving process. Grief encompasses a sorrow related to the loss of someone or something significant in our lives. The dying nurse colleague is often cared for emotionally, physically, and spiritually by her fellow nurse(s). The caring of the dying nurse is a sacred ritual among nurse colleagues that nurses seldom discuss. Within the community of nurses, avoidance of communication about the dying nurse can become the norm; nurse colleagues may need to delay grief because they must function in a health care environment, and in some cases, take care of dying patients.

### 3. Dying

Death begins to occur at the cellular level, long before it manifests as breathlessness, cardiac changes, mottling of the extremities and pallor of

the skin. The dying person begins to lose weight, sleeps often, no longer has a desire to eat or drink, has bowel and bladder changes, and experiences generalized bodily weakness and fatigue (Taylor et al., 2019). Hallucinations, illusions, and delusions can occur, and vital signs may increase, then gradually begin to lower as blood perfusion decreases (National Hospice and Palliative Care Organization, 2021). The soul lingers between two worlds awaiting the last breath to release it into the atmosphere. The dying nurse's colleagues provide holistic care, ensuring that their nurse colleague's social, physical, spiritual, and mental health needs are attended to and that they are comfortable (Timmins & Caldeira, 2019).

### 4. The Sacred

As the nurse dies, fellow nurse colleagues share the nursing care, and roles are reversed as the dying nurse accepts her peers' care of their physical body and assumes the dying patient role. The sacredness of this role transition occurs as the dying nurse becomes more aware of their own frailty, vulnerability, and gradual demise. The sacredness of dying nurses and their relationships with their nursing colleagues, is that although at different stages in their physical, emotional, and spiritual selves, they remain united by the profession of nursing. However, just as we have done for so many of our patients, we tuck in our nurse colleagues and ensure that they are comfortable as they lay in their death beds, and we say good night.

### 5. Grief

Grief is a normal response when someone loses another to death. Physiologically, wailing and tears accompany the emotional response to

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death. Isolation and feelings of loneliness emerge as grieving nurse colleagues are reminded of the loss of their peer each time they go to the healthcare units or facilities in which they worked as a team (Rogall, 2020). Because affected nurses continue to care for the ill (and dying), periods of grief for nurse colleagues, can be relived daily.

## 6. Bereavement

Bereavement is when a death has occurred after a period of grief and mourning. The affected nurse colleagues must continue to provide nursing care in absence of their deceased colleague. However, in the resumption of the role of professional nurse, the bereaved nurse begins to experience emotional, social, physical, and mental reactions related to the loss of their deceased nurse colleague. Affected nurses may experience sleep disturbances, appetite changes, and somatic complaints. Mentally, affected nurses may develop anxiety, guilt, sadness, despair, and anger (Kübler-Ross & Kessler, 2005; Taylor et al., 2019).

## 7. Reintegration

As nurses who have experienced the death of a nurse colleague reintegrates into the daily routine of providing nursing care, self-care is paramount. Permitting one's self to mourn is necessary to avoid resurfacing of episodic grief that could impair one's ability to resume work in the mutual workplace environment that the affected nurse shared with their now deceased colleague. According to Rando (2000), there are six key processes of mourning that lead to the healthy adapting to a loss. These six key processes of mourning include: (1) recognition of loss, (2) recognition of separation and experiencing and expressing the pain of loss, (3) recollection and re-experiencing the deceased, the relationship, and the associated feelings, (4) relinquishing old attachments to the deceased, (5) readjustment to adapt to the new world without forgetting

the old, and (6) reinvestment.

## 8. Reflective Practice

In giving honor to a deceased nursing colleague, we give thanks to them having assisted us in the provision of care to patients. We are grateful for moments of laughter as we worked collaboratively. And we are blessed to have known and worked with the nurse. We are forever, nurse colleagues.

## Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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