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Professional bereavement concept in nursing

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ABSTRACT

Working with terminally ill patients is difficult for nurses who provide care for the patient, but since the relationship involves the concepts of life and death, the relationship established also has an emotional aspect. When a nurse begins to develop a relationship with a patient and experiences the loss of the patient or a perceived loss, nurses begin to go through the bereavement process. This bereavement experience is called "professional bereavement." Professional bereavement has various effects on nurses in terms of physical, psychological and social aspects. Determining the situations of professional bereavement and related factors is important in order to take measures to protect and improve the health of nurses, to identify groups that are likely to experience difficulties, and to plan psychosocial support services for nurses experiencing bereavement.

Keywords: Burnout, bereavement, grief, nurse, sorrow, terminal care

INTRODUCTION

Bereavement is defined as an individual's reaction to the loss of something they once possessed, such as a loved one or a close relationship; it encompasses both the emotional and psychological responses that arise following such a loss. (Humphrey & Zimpfer, 2007). The concept of grief is related to bereavement but does not carry the same meaning (Hudson et al., 2018). Grief represents the pain and suffering experienced after a loss, namely the psychological aspect of loss (Shear, 2015). Bereavement, on the other hand, encompasses both the individual's psychological reaction, which is referred to as grief, and the social expression of this reaction, which is known as mourning. (Gharmaz & Milligan, 2006). In this context, the term bereavement was deemed appropriate for use in our study, as it reflects a more comprehensive approach encompassing both individual and social dimensions. While bereavement is a natural emotional response to the death of a loved one, it is also a complex process (Robalo Nunes et al., 2018; Shear, 2015). Nurses who work with terminally ill patients also experience bereavement after the loss of their patients, which is referred to in the literature as professional bereavement (Du et al., 2020; Eryüksel & Özbaş, 2023). Frequent exposure to patient death has both short- and long-term effects on nurses (Chen & Chow, 2021; Eryüksel, 2022). Identifying nurses' experiences of professional bereavement allows for the enhancement of individual coping mechanisms and the implementation of institutional-level preventive strategies (Anderson et al., 2015). The aim of this review is to draw attention to the phenomenon of bereavement experienced by nurses in their professional lives due to patient loss and to contribute to the recognition of the concept of professional bereavement at the national level.

GRIEF

Although grief has been defined in various ways in the literature, from a holistic perspective, it can be described as a natural emotional response to the loss of a loved one, as well as a dynamic, pervasive, intense, complex, and individualized process (Robalo Nunes et al., 2018; Shear, 2015). The first formal definition of grief was offered by Sigmund Freud in his 1917 article Mourning and Melancholia, in which he conceptualized grief as a response to the loss of a loved person or a symbolic substitute (Freud, 1917).

Following Freud, various theorists and theories have provided different perspectives on grief (Bowlby, 2008; Freud, 1917; Kübler-Ross, 1986; Lindemann, 1944; May & Yalom, 1989). According to the psychoanalytic model, human life and nature are unique, and the grieving individual finds experiences that allow them to continue life with new symbolic objects that substitute the lost one (Shapiro, 1996). The existential-humanistic theory argues that grief reveals one's existential concerns and allows the individual to derive meaning from the loss (May & Yalom, 1989). From a cognitive-behavioral perspective, grief is not merely an emotional process but also involves cognitive and behavioral adaptation to the consequences of loss (Boelen et al., 2006). According to Freud, the function of grief is to withdraw all libidinal attachments from the lost object once reality confirms the loss (Freud, 1917). This process is often met with resistance, as it is difficult for individuals to detach from a position of emotional investment (Shapiro, 1996). In some cases, individuals may refuse to accept the reality of the loss and continue to cling to the deceased (Freud, 1917). Bowlby, in turn, described grief as a response of intense anxiety and emotional protest following

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the loss or threatened loss of an attachment figure (Bowlby, 2008).

Although various theoretical frameworks explain the grief experience, it is widely recognized that grief is a profoundly difficult process that can significantly affect the lives of those left behind, manifesting in a wide range of behavioral, emotional, physical, and cognitive symptoms (Shear, 2015). Behavioral symptoms may include social withdrawal and avoidance; physical symptoms may include hyperarousal, fatigue, and headaches; emotional symptoms can involve hopelessness, sadness, guilt, anger, and longing for the deceased; and cognitive symptoms may include difficulty concentrating, learning difficulties, and forgetfulness (Humphrey & Zimpfer, 2007; Shear, 2015). The grief process begins when the bereaved perceives the reality of the loss (Humphrey & Zimpfer, 2007). However, numerous individual and societal factors such as the relationship between the bereaved and the deceased, cultural norms, and societal expectations influence the experience and expression of grief, particularly in cases where the personal characteristics of the deceased or their relationship with the bereaved do not align with societal norms, leading the community to overlook or fail to acknowledge the loss (Spidell et al., 2011).

PROFESSIONAL BEREAVEMENT

In the literature, bereavement has long been conceptualized solely as a process experienced following the loss of a loved one and has traditionally been confined to the family, friends, and close circles of the deceased (Robalo Nunes et al., 2018; Shear, 2015). However, over the past 45 years, attention has been drawn to the responses of healthcare professionals following the death of their patients, leading to the emergence of the concept of professional bereavement (Lerea & Limauro, 1982; Saunders & Valente, 1994; Shanfield, 1981). Professional bereavement refers to the mourning experienced by healthcare professionals following the death of their patients (Brosche, 2007; Chen & Yang, 2020). A review of the literature on professional bereavement among healthcare workers reveals a particular focus on nurses (Esplen et al., 2022). The reason for this is that nurses develop relationships with their patients centered on themes of life and death and engage in prolonged and intensive care processes (Du et al., 2020). In this context, working with terminally ill patients is not only challenging for the nurses providing care but also inherently emotional (Beauvais et al., 2019). When a nurse loses a patient with whom they have established a care relationship, they begin to experience the process of professional bereavement (Du et al., 2020; Chen & Chow, 2021). Professional bereavement may signify the loss of a bond formed with the patient, the empathetic distress experienced in response to another's loss, or the reactivation of past personal losses, while also encompassing the loss of professional goals and expectations or assumptions related to future professional plans and the ideal professional identity. (Chen et al., 2019; Chen & Chow, 2021).

For many years, the bereavement experienced by nurses after the loss of their patients has been conceptualized as familial bereavement (Faschingbauer et al., 1987; Pereira et al., 2020; Rubin et al., 2009; Hogan, 2001), or has remained unacknowledged and classified under disenfranchised grief (Doka, 2009). The emotional responses experienced by nurses following the loss of their patients have often remained unrecognized, as they were neither understood nor acknowledged by society, professionals, administrators, or even by the nurses themselves (Spidell et al., 2011). Consequently, many nurses have felt compelled to suppress their own bereavement, have been unable to access the support they needed, and have faced difficulties in coping with their grief (Papadatou, 2009).

The concept of disenfranchised grief was first introduced by Kenneth Doka in 1989 and refers to the experience of those whose loss is either not recognized or, even if acknowledged, is not openly accepted, publicly mourned, or socially validated (Doka, 2009). This form of grief is characterized by the lack of societal recognition of the loss, insufficient support, the isolating emotions that the bereaved cannot express, and the societal denial of the circumstances surrounding the death (Spidell et al., 2011). Examples of such losses include deaths related to extramarital affairs, same-sex relationships, suicide, AIDS, or substance abuse (Doka, 2009; Spidell et al., 2011). Disenfranchised grief is not typically addressed through therapeutic means; instead, it often remains hidden, unacknowledged, and unresolved (Papadatou, 2009; Doka, 2009). Doka described healthcare professionals grieving their patients as "hidden mourners," who are denied the right to grieve (Doka, 2009).

As both ordinary individuals and healthcare professionals, nurses experience patient deaths from a dual perspective, which renders professional bereavement a complex process that transcends the boundaries between their personal and professional lives (Du et al., 2020). A review of the literature on professional bereavement among nurses indicates that approximately 40% of nurses report experiencing such grief and the highest rates of bereavement are observed among nurses working in intensive care units (33%) and pediatric departments (20%) (Gilart et al., 2022). Another study reported that 57.9% of nurses had experienced professional bereavement (Rahmani et al., 2023). In a quantitative study conducted with nurses, 86% reported experiencing bereavement, 9.4% of whom experienced high levels of grief, and 4% exhibited severe grief reactions also the study also found that nurses working in pediatric settings had a higher risk (35.3%) of experiencing professional bereavement compared to those working in other departments (Sharif et al., 2025). The literature largely focuses on nurses working in high-risk areas with frequent exposure to patient death, such as oncology, intensive care, pediatrics, and palliative care units (Anderson & Gaugler, 2007; Beaune et al., 2018; Robalo Nunes et al., 2018; Rodriguez et al., 2020).

Evidence from these studies highlights that nurses are significantly affected by patient loss, both in the acute and long-term phases, and that they exhibit a wide range of physical, psychological, and social symptoms (Du et al., 2020; Gerow et al., 2010). When examining the acute symptoms observed in the short term, grief manifestations include physical symptoms such as crying, inability to accept the patient's death, persistent rumination on the loss, headaches, feeling physically unwell, lack of concentration, loss of appetite, fatigue, a sense of failure, and sleep disturbances; psychological symptoms such as anxiety, sadness, anger, helplessness, frustration, fear, guilt, emotional numbness, vulnerability, insecurity, and hyperarousal; and social symptoms such as withdrawal from family and friends and a desire for solitude (Andersson et al., 2016; Barnes et al., 2020; Betriana & Kongsuwan, 2020; Chen & Chow, 2021; Chen et al., 2021; Du et al., 2020). Long-term cumulative bereavement symptoms emerge when nurses repeatedly experience patient losses, feel that their grief is overlooked, and struggle to cope with death and loss effectively, which consequently leads to problems in both their professional and personal lives over time (Chen & Chow, 2021). Rather than engaging in a healthy grieving process, many nurses may adopt ineffective coping mechanisms, such as avoidance and emotional suppression, which can result in burnout as well as various physical and psychological difficulties (Gerow et al., 2010). In the long term, repeated exposure to patient deaths tends to accumulate in nurses' lives and careers (Robalo Nunes et al., 2018), which may lead to emotional withdrawal and desensitization toward others (Du et al., 2020). As a result of the long-term effects of professional bereavement, nurses may experience a decrease in the quality of care provided and lower job satisfaction, which is often accompanied by increased levels of burnout and a heightened intention to leave the profession (Anderson et al., 2015). In a study conducted by Eryüksel and Atlı Özbaş (2023), it was revealed that nurses experience professional bereavement, and this experience significantly affects their levels of burnout and compassion fatigue (Eryüksel, 2022; Eryüksel & Atlı Özbaş, 2023).

COPING WITH PROFESSIONAL BEREAVEMENT

It is considered essential to implement both individual and institutional measures in addressing professional bereavement, as such efforts play a significant role in supporting nurses in coping with their grief (Phillips et al., 2025). In terms of the individual perspective, strategies such as the recognition of professional bereavement, awareness of its manifestations, acceptance of the grieving process, and the creation of a space where such experiences can be openly discussed are considered important (Hawes & Wang, 2024). Additional measures include acknowledging the loss, encouraging psychological counseling for nurses who experience difficulties in coping, developing an understanding of the nature of professional bereavement, sharing grief-related experiences with colleagues, commemorating deceased patients through personal rituals, and striving to attribute meaning to the experienced loss (Fallek et al., 2019; Hawes & Wang, 2024; Phillips et al., 2025). At the institutional dimension, the incorporation of assessment tools specifically designed to identify professional bereavement, particularly among nurses engaged in continuous care relationships with patients, is of critical importance since integrating these tools into organizational policies facilitates the systematic recognition of bereavement among healthcare professionals. (Chen & Chow, 2022; Eryüksel & Atlı Özbaş, 2023). Given that nurses working in pediatric, intensive care, and palliative care units are regarded as being at heightened risk for experiencing professional bereavement (Beaune et al., 2018; Robalo Nunes et al., 2018; Rodriguez et al., 2020), prioritizing institutional screenings aimed at the identification and prevention of bereavement in these units constitutes a key preventive strategy (Yazdan et al., 2023). Additional institutional interventions may include providing designated time and space to grieve after patient loss, allowing leave following particularly distressing deaths, enabling participation in structured psychoeducational and peer support groups, implementing awareness-raising programs, and offering access to professional bereavement counseling services (Esplen et al., 2022; Mary Esplen et al., 2022; Otis et al., 2025).

CONCLUSION

Nurses experience professional bereavement, which affects both their personal and professional lives. Identifying the conditions under which professional bereavement occurs and the associated factors is essential for implementing measures to protect and improve nurses' well-being, identifying groups that are likely to struggle, and planning psychosocial support services for nurses experiencing bereavement. When planning health-protective and health-promoting interventions for nurses, institutions are advised to conduct screenings to identify professional bereavement. It is also recommended to include the concept of professional bereavement in nursing undergraduate and especially graduate programs. Additionally, more detailed unit-based studies aimed at identifying and preventing professional bereavement among nurses should be conducted.

ETHICAL DECLARATIONS

Referee Evaluation Process

Externally peer-reviewed.

Conflict of Interest Statement

The authors have no conflicts of interest to declare.

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Author Contributions

All of the authors declare that they have all participated in the design, execution, and analysis of the paper, and that they have approved the final version.

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