# COPING WITH PATIENT DEATH | Break Room Chat

Hey friends, let's take a minute today and just talk about patient death and dying or poor outcomes and how you can cope as a nurse or healthcare provider because I think that's something we don't talk about enough. If you're new here, welcome, I'm Liz, I'm a family nurse practitioner now, and before that I was a med surg nurse and a pediatric cardiology nurse for years so particularly in my med surg job I saw a lot of patient death and it was something I was completely blown away and shocked by as a new grad nurse because I was didn't feel prepared at all so, I thought this would be a good topic to talk about in one of our break room chats.

If you're new here, our break room chats are just where we talk about hard things that we don't necessarily like to talk about, especially on the internet; kind of the real, raw — like I said not super talked about aspects of being a nurse or a health care provider because they're not super glamorous. Nobody wants to talk about their patients dying and how they cope and that's not quite as fun as like what cute scrubs you're wearing so we're going to talk about that here with these I always love to get lots of your feedback and kind of your experiences with it so make sure to be reading the comments and comment down below your experiences along the way too because I think that's super helpful to just join in as a community and kind of talk about it because it's not something just you're experiencing it's something we've all experienced and I think we should talk about it.

Coping with patient death and dying. I know this was something that wasn't really covered for me in nursing school, I don't know if it was covered for you. We kind of had that one sim lab where like during the code one of you was nurse as nursing students was supposed to go over and like comfort the patient. Obviously, the sim lab this is all fake but that was like it they were like assigned you a person and that was the extent of how you were taught to deal with death and dying and that wasn't even how to deal with you in this whole process which is what we're going to be focusing on today.

I am at some point going to be making a video on how to interact with loved ones of people who have lost someone but that's going to be for a totally different video because that is a very extensive and separate topic, so this is just about you as the human that works in healthcare and needs to take care of yourself while you're surrounded by some truly some things that are kind of hard to deal with. So, a little bit of background going in this I as a graduate nurse got a job on a med-surg floor and I did not ask at the time what the mortality rate was on the floor and that is something I highly recommend you do if you are getting a job; it's ask how many people in the floor typically pass away just give me an idea because on my floor it was a lot, like we had multiple people passing away every week and that's probably very conservative. Some of it was they were transferred to our floor to pass away, but a lot of it was just you know a traumatic unexpected kind of life event just due to the nature of the floor but really in most aspects of nursing especially inpatient there's going to be loss outpatient if you work there's going to be loss because that is part working with humans is we don't live forever. And another part of being human is we have emotions, and you need to learn to prepare yourself and kind of have some coping mechanisms to deal with all this loss and sadness that surround you so that it doesn't infiltrate your whole life. So today I wanted to talk about just some of my coping mechanisms that I have developed over the years for working through those really tough times and kind of making sure it didn't envelop my whole life and become something I that just like constantly drags me down because this is at the end of the day and a lot of this is going to sound callous I don't want it to sound in any way like I don't care about my patients what this is super count is anything like that but I think if you've been a nurse a little while you know this is something that eventually kind of just comes with the territory of your job so if I ever sound like I'm just coming off as like in any way cut I'm not trying to. I think it's just something that sometimes you get used to that aspect of your job as a defense mechanism for your own mental health, so just throwing that out there in the beginning because I don't want to be

like oh my gosh this person has no feelings. I promise I have feelings; I've cried many a time over people, but I have learned how to handle that a little bit better.

So, like I said this is something you're going to see in pretty much every aspect of healthcare, especially if you're working inpatient. And the first tip I can give you is that it gets easier. I remember the first couple of patient deaths I experienced. I was just like this I just went home and I sobbed you know. It was like all I could think about and I was like this is horrible and they weren't even all bad deaths and I think if you've been in health care too, you kind of know what a good death — what we would term like a good death — which would just be like a peaceful passing of a patient which is much less challenging to process I have found then when it is sudden rapid and just really you know a hard emotional situation. Those ones are always going to be a little bit challenging but in the beginning they're all challenging and there's no real differentiating between them. It is weird that you go to work and you see people die; that is very odd thing. You know, I would come home and talk with my husband and you know like a legitimate question would be like did anyone die today? You know I like to remember in the beginning, I was just like oh my gosh like I am going to a job or like that's a legit question and that takes some getting used to. So just know in the beginning, like you will, just give it time, and you will get more used to it. It will not always be this raw rip the band-aid off oh my gosh this is horrible what have I chosen thing.

The second thing would be to keep a journal. So, this is what really saved me in the long run. a few months into being a nurse, I realized I was getting dragged down by the heaviness of my floor. it was really draining me, and I realized I need to figure out something that gives me a little beacon of hope on the days where I'm just like what is happening what is going on. So, I started a journal a few months into that job where I would write down all the good things, you know the patients that surprisingly overcame every odd work and lived, for the nice things that patients or family members said about me. Success stories you know, people you really felt

like you had a difference in their care, and you got to see them improve over time and you felt involved in that they got better, and they went home.

Now, outpatient I do sort of stories of like hey like I you know worked with this person and now they're doing a ton better. Have a journal and on each page write a success story. Obviously don't make it like don't put names don't make this HIPAA-compliant because I left it in my work back because sometimes you just need to whip that puppy out, but so make it don't put names in it guys don't come on HIPPA but just write down the good things you could post if people can write nice comment cards you could tape those into it it's just like a nice reminder that like good things do happen but like I said mostly it was just success stories of things that I didn't think we're going to necessarily go well or like this person overcame a lot. And on days that were particularly terrible I could go back and at the end of my shift, flip through and just look read a few of them and remember that it is not always like this because I just remember that

being the overwhelming feeling of when really, really terrible things happen and you will probably see to be totally honest some really, really just like terrible things because that is healthcare, but I would go through and I would flip through it and I would just remember that right now it feels like nothing is OK and everything ends up poorly, but there are so many so many moments that end well and you've participated in those, and you've made a difference because something I was struggled with a lot like I said in that beginning part was like this is so sad nothing I do matters you know these people die anyway and that's just because that's the traumatic memory that's like eating the whole thing. It's like when someone tells you one negative thing but 10 positive things, you're going to remember the one negative thing you're not going to remember the ten others so right the ten others down, you know.

You have to remind yourself that what you do does matter, you are making a difference. you are helping to save a ton of people; you are doing a great job; we can't save everyone and so don't let that one person that you can't save shine out all the other ones that you've done amazing work to help. So, I found that notebook to be so helpful and that doesn't have to be necessarily with just like patient death either that could just be like you know Susie wrote in her comment box when she left that she thought I was just the dumbest wha-hoo and I didn't know anything, and I smelled bad. well sometimes you just need to read someone who's like she was really nice and fun like thanks friend thanks, but you know what I mean like just a book where you can kind of write down like the good things that would be my second huge takeaway that I can't stress enough.

The third tip would be to make sure you have self-care — you're taking care of

yourself on the side. nursing is a very physically and emotionally demanding job. Obviously when it comes to this especially and you need to make sure that you are taking care of yourself so that you can process all of these emotions you're dealing with. one thing I found really, really helpful in order to cope with kind of the stress and some of the sadness about my job was exercise and I would really encourage you to just get any kind of exercise; whether it's a walk outside a quick run on the treadmill, something to just kind of kind of your endorphins up so you're having you know you need your body to make that little high for you since what you're

seeing at work might be a little bit of a downer — take care of yourself guys,

try to eat right, get enough sleep. Do not go home and drink a bottle of wine every time someone passes away like that is not a healthy coping mechanism, my friends. and I feel like that's something you see a lot in nursing is, you know, in health care in general it's like people

really depend on alcohol to cope and I'm not saying I've never gone home and been like I need a glass of wine because that's absolutely not true but don't make it your everyday like I'm going to go home and drink half a bottle you know what I mean just don't fall into that because that is a slippery slope once you get there.

The fourth thing and kind of coping with all of this is and I don't want this to sound really terrible. You cannot become insanely emotionally attached to everyone. In fact, for the majority of your people like you are there to provide them with health care, to be compassionate, to be empathetic to their situation, but you cannot get involved and start following everyone's you know don't follow everyone's Facebook page. I've seen that happen a lot with every single patient or family member who is in the dying process like you have to protect yourself a little bit; you can provide excellent nursing care where you are trying to make that time period in these people's lives as comfortable and as peaceful as possible without becoming you know being in the room crying with them. Now I am NOT saying that the this

is what you do with everyone because you know. I know in nursing school and everything they tell you like you know don't get insanely attached to the patients. There are going to be patients that you are going to get insanely attached to you whether they've been on your unit a long time or you just really jived. There are people that and usually in my case it was people that were on your unit long time that you cared for like six months. How on earth are you, if you're their primary nurse, are you not going to become attached and be genuinely upset when they pass away? But you don't want that to be your every patient you know. So, I think you just need to kind of guard yourself a little bit too. you cannot become everyone's BFF. Your heart just cannot take that because I have had that. I've had probably like five or six patients in the course of my years as a bedside nurse that when they died like I was a mess you know. And I think that's okay I think that's one thing that some people are like oh my gosh like no, never get that attached but like I said if you've been there for a really long time, I don't see how sometimes you can't and that might just be me not everyone's personality is that way but I think that's okay and don't beat yourself up too much about it and it's okay to be sad and you know grieve that person but they're gone but I can't imagine if that was every single person that I've seen pass away over the years let you got like that emotionally invested in. So, that would be my kind of tidbit there. There's going to people you pull that like reach out and grab your heart steal it into theirs and then it might not end well. And just give yourself time and space to sort of process that and don't but don't do that with everyone. that would just be that's not reasonable for you — you can't do that.

Another thing that I think is super, duper helpful is talking about it with other healthcare people. I cannot stress this enough. I would come home and try to talk about it with my husband and he either just thought I was like super dismissive like oh this person died today I just need to talk about it real quick, and the details of it and he was like oh my gosh like they died you know he's trying to get like all way more ask all these questions so like no, no, no,

like they died it's okay you think it's not okay they died and you're trying to process like I'm trying to process the details of like this code and he's trying to like figure out like wrap his mind around like this is my day; it's much more helpful I found and he always was very willing to listen but I thought it was much more helpful to talk to other healthcare people who you just want to run down this with and kind of go or what happened. debriefing is huge guys.

I think there's a huge power and just getting together and talking about it, which seems like it wouldn't really help but I have found in every traumatic code death, anything that I have ever been in or patient outcome talking about it like you'll just hear nurses talking about it. And they're not trying to rehash it people you're just trying to process it and a lot of people process

it by going to their other friends on the unit and being like just kind of going through it no here everyone kind of recount their own story. Everyone was there, everyone knows what happens, but you'll all talk about it and I would encourage you to join those conversations because that is so therapeutic. Talking through it I think really helps you process it and like I said it's so awful to talk about it with someone even if it's not someone at work someone who might have some medical knowledge, one of your friends from nursing school see if they can talk it through with you real quick because it's there they just get it on a different level than maybe your boyfriend, girlfriend, mom, dad might get it who they're more worried like oh my gosh do you had this experience where you saw that so you're just trying to process get it out so you can move on. And if your unit has like a debriefing meeting, I think those are really neat. I've had a few of those where they kind of just this is usually in situations where it was a very traumatic incident.

they'll gather everybody up and they will debrief it. They’ll debrief that and everyone's there; the residents are there, the respiratory therapist, the anesthesiology everyone who is involved

in this situation gets together and debriefs because I really do think there is a huge power in talking through something and understanding the situation so you can know like yes, we

did everything we could have done. We did this well or things you could improve on. We're all feeling this we're all shocked, we're all shaken, this is something we're all sharing, we can process it together and move on. If you have those even if it might be like 10 or 15 minutes after your shift which is usually when they put them, go if you can I think those are super-duper helpful in just realizing you are not alone everyone else is processing this and is having a really hard time with it as well. If you are having a really hard time with it, even if especially when you are new, please do not be discouraged. I would talk to a lot of people who, maybe I have been a nurse for three years, and someone new came in and we were working the other and a horrible event happened, and they were like you just don't seem as fazed by it. Do not be discouraged by the nurses who are a little bit more seasoned than you who are not as phased. They might have a totally different personality that is just genuinely not as phased, or like I said you kind of get used to in a way that this is part of the job now that you're less empathetic to it or caring

but it is you can cope with it a lot better. You can't cope with it in the beginning, so don't get discouraged and think something is wrong with you, or where you're too emotional you're too fragile anything in the beginning because you don't have that coping skill set yet, how could you? That is not something you can just pop out of nursing school with unless you know you had some wild background maybe in the military or something where you are an EMT where you experienced a lot of really traumatic things. So please, please don't ever feel like you feeling your feelings is in any way weakness or failure on your part. You are not a bad nurse because you have all the feeling; that doesn't make you weak that just makes you a human and that cares about other people. You will figure out ways to cope you will figure out ways to compartmentalize move on and figure out how to make this part of your day but not your whole day.

Okay, so my final tidbit I would give you is just giving yourself space to process and be sad especially when it was a particularly challenging situation that really hit you hard because there will always be those ones that you know you think you're kind of gotten into this rhythm and like you can handle it you're good at processing and then one will come by and just like knock you on your face and again; be gentle with yourself, just give yourself time to feel what you're feeling. Maybe just warn the people you live with that like you're in a rough spot, work has been very stressful and hard, give you space and just let you kind of work through it rather than just burying it piling it under a bag of Cheetos and wine and you get the point.

Alright guys, I think they're pretty much wraps up my thoughts on this whole topic I think it is definitely something we should talk about more I wish this was talked about more in nursing in PEP a medical school maybe they cover it better there I don't know. But it's definitely something I was not introduced to and it really caught me off guard in my first job. So, make sure to utilize those resources, talk with your peers, use that notebook it's a super good reflective tool. Let yourself feel the feels but just kind of guard your heart a little bit and don't

get so attached to every single person but embrace the ones that you do get attached to. That is why we went into this was because we're usually feeling people and we wanted to help people and along the way you're going to have a few heartbreaks just picking a part of what

comes with the territory. You will get tougher, you will get through this, and if you're at the

beginning of this, it will get easier, I promise. You will get better at compartmentalizing and processing and it will not always feel like everything is not okay.

If you there’s something that definitely resonates with you, make sure to go down to the comments and just like see what other people are saying like how they've dealt with things.

I'm sure lots of people have other and maybe and probably way better ways of dealing with this then I did. So, make sure to go leave a comment down below kind of how you felt with how you've coped with challenging patient situations or outcomes or patient death and your experiences with it so we can all kind of grow and learn as a community and realized so we're not alone this is something we are all experiencing even if we don't super talk about it a bunch.

Thanks for joining me on another one of these little break room chats. if you're

interested in more, I'll leave a few more at the end of the video here and if you're new and this is something that was interesting to you, you want to see more, or just more videos on like nursing and NP stuff, I do those once a week and have a weekly vlog and would love to have you following along with me. Instagram is a really good place to get a hold of me if you want a message, chat, talk more about this. I'd love to talk with you over there and again down in the comments I'm usually pretty active. Thanks for joining me for these carders conversations, I appreciate it. I think it's we all should do a little bit more often hope you have a fabulous rest of your day, a little bit more cheerful than maybe this video and I'll see you again next time

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