

Voices

The Disparity Between Personal and Professional Grief: One Nurse's Story

Brenda Kotar

I became a nurse to help people. It was not an easy undertaking going to nursing school with three little kids, then working the night shift for 7 years while my then-husband was unemployed. Nursing opened my eyes to the suffering of others in a way I could not have imagined. Shortly into my nursing career, I was working three jobs and had gone back to school to get my master's degree in nursing administration. While in graduate school, I lost my best friend and mother unexpectedly. Soon after, I lost my father, which was more expected. Then I lost my marriage, finding myself alone with three kids. I would have liked to say I knew everything there was to know about loss and grieving, but in 2020, I've found myself in a whole new set of circumstances with an even more nuanced perspective on grief.

Once I felt like I had finally landed back on my feet from the whirlwind of personal challenges described above, I found myself living a relatively boring life. My kids were healthy and doing great; one was in college and traveling abroad, one was graduating from high school, and the third was entering his teenage years. Then, COVID-19. My oldest was studying abroad in South Korea as the virus hit Asia; she and I decided it would be best for her to come back home. The world as we knew it soon stopped. I was glued to the news channels and crying for the nurses who were already exhausted by the pandemic, overworked, and given few resources. I felt frustrated. Just one month earlier we had known that the virus was bad in Asia; did the U.S. not get the memo? How could our healthcare system be caught so off guard when even I knew what was coming?

I wondered what I could do to help. After finishing my master's degree, I had made a career change and started teaching nursing. I hadn't worked directly with patients in years, only with my students in their clinical rotations. I thought about ordering sidewalk chalk to write thank-you notes to healthcare workers on my driveway. At exactly the right time, however, the opportunity to fly to New York City to help out in the field presented itself. I jumped at the chance.

I made sure my kids were comfortable with my decision to leave and boarded a plane headed into the unknown. What was I thinking? I had no idea what I was getting myself into; I had never been to New York and knew no one. Thankfully, I was able to quickly find my footing with the other travelers, who were all healthcare workers on the same journey as me. People in health care tend to feel as if we're part of a club, and this was no different, as we instantly began talking about our deployment, where we were staying, and our families back home.

My first days in New York were so difficult. I could barely keep up, which was apparently normal for a crisis. The days were exhausting and the 45-minute bus rides to and from the hotel were taxing; all we wanted to do was eat and go to bed. Yet we found solace in the opportunity to spend the commute talking about our day and what we had witnessed, letting out our frustrations, crying, complaining, and allowing ourselves to be angry. For 21 long days we grieved together, for our patients and for the other nurses who lived there and couldn't leave this nightmare where we were only guests. I loved the people I worked with; they supported us, worked as a team with us, and we all cried together.

When those 21 days were over and I returned home, it was as if I had traveled to outer space. People loved me and called me a hero, saying I must have really made a difference with my patients and saved so many lives. Then why did I feel so miserable? I felt alone, even when I had friends arranging "welcome back" parades on my street and bringing me food every night. I joined a few online Facebook groups with other nurses who had been in New York, but it did not help. It did not help because what I was longing for were those people on the 45-minute bus ride back to the hotel from the long and exhausting shift. I was longing for the comradery of my unplanned support group, the ones I could relate to, the ones who had been through hell with me. But that was all we really had in common. I couldn't just call them up and say "hey, let's talk." I didn't even have their phone numbers. How did I deal with this? I looked for another deployment.

A few months later, I was back at it, this time at a little two-story hospital in Corpus Christi, Texas. The commute was only 10 minutes, so I knew it wouldn't be enough time to bond with the other nurses like I had in New York, but I was grateful for the extra minutes of sleep. On the morning ride, someone took the liberty of saying a prayer in preparation for our shifts. As someone who has been struggling with my faith for years, this took some adjusting for me. Maybe it's the loss I had experienced, or the blood, sweat, and tears I shed for others as a COVID nurse; I'm not sure, but that morning prayer became my time—my time to listen and appreciate what someone else was doing for me. It was everything I had been craving but didn't know I needed. I made sure to thank the nurse who said that prayer every morning and let her know how much it helped me to get through each day, because in Texas I wasn't saving lives, and I did not feel like a hero.

My patients were so sick, and every day seemed like the day before. Patient gets admitted on 4 liters nasal cannula; a few days later they are maxed out on 15 liters non-rebreather and I am calling the respiratory therapist about getting a BiPAP. If we couldn't get a BiPAP initiated quickly enough, the patient's heart would stop, and we would start compressions. One day I was tasked with giving our last BiPAP to one of two patients who needed it. This was never a decision I ever imagined making as a nurse, and I had to make it with no time to think or reason. I will never know if I ended up making the "right" decision, because both patients ultimately died.

So many of my patients were tired, expressing to me that they didn't want to fight anymore. Yet their families would tell us to do everything we could for them. The communication was difficult, with the patient wanting one thing and the family wanting another, the patient too sick to talk to their family, and the family unable to visit. I became the middleman between my patients and their families during one of the worst situations a person can experience. I had a patient that needed a Do Not Resuscitate (DNR) order explained and signed. I had never explained a DNR to a patient or had a patient sign one, but the doctor said he didn't have time to do it himself. I will never forget the look on her face when I explained it and she signed it; she died that night, alone, no family at her bedside, only a nurse. The stories on the news show heartbreaking scenes of goodbyes said through iPads. The hospitals I worked at had no iPads; they were too expensive.

The grief I have encountered with COVID-19 care is complicated. It's different from the personal loss I have experienced. I grieve for the loss of my many patients, over and over again, since I had no time to stop and breathe while I was in the thick of it. The grief comes again when there is time to think and process the last 6 months. This is where I am today, making the tough and conscious decision to get going each day, to tackle the mundane challenges and to move on. Some days are better than others, but it is always lonely, even being surrounded by all the best people who have always been there. I will always miss my unplanned support group on those bus rides and think of them daily. I have started praying again and am working on my relationship with God. I celebrate the lives of those who we have lost and do my best not to take anything for granted. I get up and continue to live my mundane, peaceful life in honor of those who no longer can. Life is a gift and ours is worth living, just as theirs were.

Brenda Kotar, RN, MSN, is a nurse with over 15 years of experience working in pediatrics and with adults. She is passionate about her current role as a nursing instructor for Metropolitan Community College Nursing School in Kansas City, MO. She lives in Prairie Village, KS, and enjoys vacationing with her kids and socializing with friends. In 2020, she spent a significant amount of time in New York City and Corpus Christi, TX, caring for COVID-19 patients. Since writing this piece, she left for Amarillo, TX, for her third COVID-19 deployment.