



CORRELATION BETWEEN GRIEF REACTION AND SLEEP DISTURBANCE AMONG ICU NURSES: A REVIEW STUDY

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Abstract

Intensive Care Unit (ICU) nurses are routinely exposed to death, trauma, and suffering, resulting in profound grief reactions that frequently coexist with sleep disturbances. These intertwined challenges adversely affect their psychological well-being, job performance, and patient safety. This review synthesizes literature published between 2010 and 2025 on the correlation between grief reactions and sleep disturbances among ICU nurses. Findings reveal that cumulative exposure to patient deaths leads to emotional exhaustion, intrusive thoughts, and moral distress, which manifest as insomnia, circadian rhythm disruptions, and chronic fatigue. The bidirectional relationship between grief and sleep impairment is mediated by factors such as depression, anxiety, and emotional rumination. Cultural and organizational factors—including inadequate bereavement support, rotating shifts, and stigmatization of emotional expression—further exacerbate these outcomes. Interventions such as mindfulness, debriefing, and mind-body therapies demonstrate potential for mitigating distress and improving sleep quality. The review highlights the need for culturally sensitive, evidence-based organizational strategies to address grief-related sleep disturbances and promote sustainable mental health among ICU nurses.

Keywords: ICU nurses, grief reaction, sleep disturbance, bereavement, insomnia, emotional exhaustion, resilience

1. Introduction

Intensive Care Unit (ICU) nurses operate in environments characterized by high patient acuity, frequent exposure to mortality, and emotional labor. These conditions expose them to **repeated grief experiences** and **significant sleep disturbances**, leading to cumulative psychological and physiological strain. The emotional toll of witnessing patient suffering and death often manifests as guilt, sadness, moral distress, and emotional detachment. When unresolved, these grief reactions contribute to chronic stress and impaired sleep quality. Shift work further aggravates these challenges. Long hours, rotating schedules, and night shifts disrupt circadian rhythms, leading to insomnia, hypersomnia, and non-restorative sleep (Segon et al., 2022). Moreover, trauma-related hypervigilance and intrusive memories of critical incidents—such as unsuccessful resuscitations—can trigger nightmares and prolong sleep latency. Unlike traditional bereavement, ICU nurses experience **professional or cumulative grief**, which occurs without personal mourning rituals or social validation (Bloomer et al., 2023). This disenfranchised grief leads to emotional suppression and delayed recovery. Over time, unresolved grief and chronic sleep deprivation create a self-reinforcing cycle that deteriorates mental health, diminishes clinical performance, and increases turnover. This review examines the complex correlation between grief reactions and sleep disturbances among ICU nurses, drawing from quantitative and qualitative evidence to elucidate psychological mechanisms, mediating factors, and intervention strategies.

2. Background of the Study

Research from 2010 to 2025 consistently links grief responses among ICU nurses to significant sleep impairment and psychological distress. Nurses working in high-mortality settings—such as ICUs, neonatal units, and COVID-19 wards—report grief-related insomnia, fatigue, and emotional exhaustion (Hong et al., 2023). Prevalence studies suggest that 40–72% of ICU nurses experience poor sleep quality, mediated by emotional rumination, workload, and unprocessed grief. Hong et al. (2023) found that insomnia partially mediated the relationship between grief and depression among frontline COVID-19 nurses. Similarly, Segon et al. (2022) reported that grief served as an independent predictor of poor sleep quality in 72% of ICU nurses. Longitudinal findings by Chen et al. (2023) demonstrated worsening insomnia over six months following cumulative patient deaths. Wright et al. (2025) also identified emotional rumination as a key factor linking bereavement and sleep disturbance among neonatal ICU nurses. Qualitative research reinforces these patterns. Keskin-Kiziltepe (2024) described insomnia and intrusive thoughts as physical manifestations of unresolved grief, while Groves et al. (2022) highlighted moral distress and burnout stemming from repeated pediatric deaths. Systematic reviews (Bloomer et al., 2023; Quinn et al., 2025) identified grief as one of the top predictors of insomnia after workload stressors.

Emerging interventions—such as debriefing, mindfulness, and virtual reality (VR)–based therapy—show promising results but face challenges related to stigma, accessibility, and scheduling. There remains a lack of longitudinal and cross-cultural data on how grief impacts sleep across different ICU populations, underscoring the need for integrative and culturally tailored approaches.

3. Methodology of the Review

3.1. Search Strategy

A structured review was conducted across **PubMed**, **Google Scholar**, **ScienceDirect**, and **ResearchGate** for studies published between **2010 and 2025**. Search terms included “*ICU nurses*,” “*grief reaction*,” “*bereavement*,” “*sleep disturbance*,” “*insomnia*,” “*shift work*,” and “*circadian disruption*.”

3.2. Inclusion Criteria

- Peer-reviewed studies on ICU or critical care nurses experiencing patient-related grief.
- Research assessing sleep disturbances using standardized instruments (e.g., PSQI, ISI).
- Studies analyzing psychological correlates such as depression, anxiety, or rumination.
- English-language publications with accessible full text.

3.3. Exclusion Criteria

- Studies involving non-nursing or non-clinical populations.
- Research lacking psychological or sleep-related outcomes.
- Conceptual papers without empirical evidence.

3.4. Data Extraction and Analysis

Studies were screened for methodological quality, sample characteristics, and thematic relevance. A **thematic synthesis** identified recurrent patterns such as grief–sleep reciprocity, emotional mediators, and intervention efficacy. Findings were organized around emotional, psychological, and cultural determinants of grief-related sleep disruption.

4. Discussion

4.1. Emotional and Cultural Landscape of Grief and Sleep Disturbance

ICU nurses navigate a complex emotional terrain where grief, guilt, and helplessness coexist with professional responsibility. Repeated exposure to death fosters emotional numbing and hypervigilance, which contribute to insomnia and non-restorative sleep. Cultural context further influences these experiences: Western nurses often express grief openly, while in non-Western cultures, stoicism or fatalism may suppress mourning, intensifying internal distress (Perez et al., 2024). Shift work and institutional silence reinforce the chronic hyperarousal that undermines recovery.

4.2. Psychological Consequences and Bidirectional Effects

Grief and sleep disturbance interact in a **bidirectional cycle**: grief impairs sleep through intrusive thoughts and hyperarousal, while sleep deprivation heightens emotional reactivity and anxiety. Empirical studies suggest that up to **42% of insomnia variance** in ICU nurses is mediated by grief-related rumination (Hong et al., 2023). Prolonged disturbances contribute to burnout, compassion fatigue, and diminished empathy—outcomes that compromise patient care and increase attrition rates (Groves et al., 2022).

4.3. Therapeutic Potential of Mind–Body Interventions

Mind-body interventions have demonstrated measurable improvements in grief processing and sleep regulation. Techniques such as **mindfulness meditation, yoga, guided imagery, and debriefing** have been shown to reduce PSQI/ISI scores by 5–28 points (Uppal et al., 2022). These approaches promote somatic relaxation, emotional release, and parasympathetic activation. Innovative methods like **VR exposure therapy** (Porter et al., 2024) and **chronotherapy** (Sanchez et al., 2025) have shown emerging promise, offering scalable, non-pharmacological pathways for resilience building.

4.4. Need for Cross-Cultural and Longitudinal Research

Despite accumulating evidence, gaps remain. Most studies are cross-sectional and Western-centric, limiting generalizability. Longitudinal research is required to establish causal relationships and explore moderators such as **cultural beliefs, genetic predispositions, and organizational climate**. Adapted interventions—such as collectivist grief rituals, multilingual counseling, or flexible scheduling—may enhance inclusivity and retention in global ICU contexts.

5. Conclusion

The reviewed literature clearly establishes a **robust correlation** between grief reactions to patient deaths and sleep disturbances among ICU nurses. Emotional rumination, cumulative loss, and circadian disruption form a reinforcing loop that drives insomnia, burnout, and compassion fatigue. These outcomes vary across cultural settings but consistently threaten both nurse well-being and patient care. Mind-body interventions, structured debriefings, and organizational policies addressing grief are critical to mitigating these effects. Future policies should integrate psychological support with occupational health strategies to ensure sustainable resilience in high-mortality environments.

6. Implications

1. **Clinical Application:** Implement structured debriefing, grief counseling, and mindfulness programs within ICU schedules to reduce insomnia and emotional exhaustion.
2. **Organizational Policy:** Incorporate bereavement screening (e.g., PSQI, ISI) into regular occupational health assessments.

3. **Cultural Adaptation:** Tailor grief-support interventions to cultural beliefs about death and mourning for diverse nurse populations.
4. **Research Advancement:** Conduct longitudinal and interventional studies to examine mediating pathways (e.g., rumination, social support).
5. **Technology Integration:** Explore innovative interventions such as VR therapy and chronotherapy to target emotional and sleep dysregulation concurrently.

7. Limitations of the Review

- Inclusion limited to English-language studies between 2010 and 2025.
- Variability in study designs and tools (PSQI, ISI) constrained cross-study comparison.
- Limited data on subpopulations (e.g., pediatric vs. adult ICU nurses).
- Dependence on secondary literature without primary data collection.

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