

Grief Support for Staff

Quality Palliative Care in Long Term Care Alliance (QPC-LTC)



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Please copy and share this document. We would appreciate you referencing the source of this work as

Grief Support for Staff, Quality Palliative Care in Long Term Care, Version 1, www.palliativealliance.ca.

Introduction

This resource was created to provide long term care (LTC) homes with ideas and strategies on how to acknowledge the grief and loss experienced by staff working in LTC. The information in this resource was taken from interviews conducted with nine long term care staff. The purpose of these interviews was to determine the kind of additional supports LTC staff want and need in the workplace to help them manage their grief and loss when a resident dies.

The relationships that are formed between staff and resident are often described by staff as “family like” and the loss of these close bonds need support and recognition. Many LTC homes do not have formal structures in place that acknowledge or support staff with their grief response when a resident dies.

Given the lack of support, time, training and opportunity to manage grief in the workplace, it may not be surprising that care workers have the belief that they are expected to “deal with it” when it comes to managing their own grief.¹

Working in an environment where staff are able to express their grief, work within a supportive team and create a meaningful context in which to place death are all identified ways in managing grief.^{2,3}

Points to Consider:

The following points provide a summary of the key factors that influence how the staff who participated in the interviews managed their grief. Included with this summary are selected quotes from staff demonstrating these points.

The Organizational Context Influences Grief and Loss

There is a lack of training and preparation for staff who may experience grief and loss. There is no discussion around death and dying during job orientation nor is there information given to staff in regards to supports and resources available to them when experiencing grief. Staff suggested that there is a silent culture around death and dying whereby death is not openly discussed or acknowledged. There is a lack of communication about death and staff indicate that they often are not aware that a death has occurred until they return to work or hear about the death from a coworker.

Staff identified that they learn how to manage their grief “on the job” by observing and monitoring the reactions from coworkers.

“So it’s always the staff, the staff helping the staff which isn’t bad, but if you don’t have the training...how do you help someone through that.”

The Burden of Grief

Grief is undeniably present in the LTC setting. It is inevitable that staff develop relationships with residents and their families. Staff not only provide care but they are a continued presence in a resident's everyday life. The experience of grief is individualistic and staff identified that there is no relief from grief and loss as it is embedded in the nature of the work that is done in LTC. Staff identified the challenge of navigating the dual responsibility of detachment and reattachment. Staff first have to manage how to emotionally detach from a resident once the resident has died and continue on with performing their duties. Then staff must form a new attachment to the new resident who arrives to LTC a short time later, who may be admitted into the room where a resident whom there was an attachment with has died. Staff indicated that although there is no control over death, how each person copes is an individual process. There are a number of coping strategies staff identified in managing their grief. These coping strategies are:

- Preparing oneself when a resident is at end of life.
- Creating meaning by focusing on the life lived by the resident.
- Forming relationships with co workers
- Having a good sense of humour is often necessary in order to manage work related grief

"Sometimes we have a resident that dies and two days later there's someone in that bed...and you're learning all about somebody new and you haven't actually...grieved the loss of the last person."

The Emotional Impact of Grief

Staff were able to describe the emotional impact that grief has on them. The management of grief is a complex process. Staff indicated there are no formal organizational processes available to address their grief experience. There are no formal opportunities for closure once a resident dies. Staff often feel as though they are expected to carry on with their tasks without any formal acknowledgement that the residents' death may have an impact on them. Staff also identified the experience of multiples losses because with the loss of a resident, staff also loose the bond with the resident's family. The lack of organizational acknowledgement impacts how staff process their grief and influences their perception of how they think grief in the workplace is to be managed. Staff interviewed also indicated that the kind of death a resident has, the nature of the relationship with the resident and support offered by one another also the impact a resident's death has on the staff member.

"It's hard to watch someone die for a living"

Grief Support Strategies For Staff

Staff are in the best position to identify the support and resources they need to manage their grief and loss. A formal process for supporting grief and loss in the work environment is needed as a component of a holistic and inclusive palliative care program in LTC. The following strategies were offered by LTC home staff. These strategies should be considered when implementing or developing policies that address health and well being of staff.

Education:

Staff identified that education was needed to support them not only in the palliative care work done in LTC, but also with how to manage their own grief and loss. Orientation is an ideal time to prepare staff with the knowledge that death is common in LTC and that an emotional response to this loss is normal and expected.

Tip: Providing staff with information on grief and bereavement support that is offered through employee assistance programs (EAPs) or local counseling resources can be helpful. Have this information visibly posted in the staff room and in appropriate spots in the LTC home.

Peer Support:

Staff indicated that the most beneficial form of support often comes from their own peers. Staff often look to one another for support. The relationships established with co-workers can be comforting and there is credibility in the experience of peers who have been working in the LTC setting for a long time.

Having an opportunity to reminisce amongst one another about a deceased resident provides staff an opportunity for closure.

Tip: Staff are often able to identify those co workers they are most comfortable with in sharing their grief experience. Having an outside resource come into the LTC home may not be necessary or desirable. Permitting staff to gather after the death of a resident supports staff with their grief.

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Formal Support:

LTC homes can take the lead in supporting staff with their grief and loss. Providing an opportunity for staff to participate in debriefings enables staff to discuss the death and provides for added learning. A debriefing that takes place monthly allows for review of what went well and what can be improved upon.

Tip: Is there is an internal emailing system in which staff can receive notification of a resident's death? Notification prepares staff who may not have been working at the time of death, and enables volunteer coordinators time to notify a volunteer who may be assigned to that resident.

Tip: It is important for management to acknowledge the impact a resident's death has on staff members. Checking in with the staff who were working at the time of the death and inquiring if he/she requires grief support is a supportive measure staff recognize.



Protocols after death:

Staff identified a number of strategies that can support the grief process. These ideas are not exhaustive and should reflect the diversity that is present in each LTC home. Staff are in the best position to suggest what ideas or strategies would be most supportive in that home. The examples provided in this resource are as follows

- **Memory Tree:** A tree dedicated to the residents who have died. This could be a Christmas tree dedicated to past residents. Another suggestion was to have a tree that consisted of a number of branches where the names of deceased residents can be printed on leaves. The leaf would be put on the tree branch each time a resident died and the tree could be displayed in an area visible to staff and residents.
- **Service of celebration:** Some LTC homes have celebration or memorial services on an annual basis, however staff identify that with the number of residents dying each year, an annual service is not enough. Many staff are unable to attend community funerals of deceased residents. A service of celebration that occurs more than once a year and is inclusive of staff provides staff the opportunity to acknowledge their grief.
- **Rituals:** Staff indicate that having an established ritual to initiate once a resident dies would support staff in their grief process. Hospice units have been known to perform such rituals as opening the window or coming together in the room to say a prayer or a blessing. There was a perception among staff that these rituals were supportive and provide staff with the opportunity to grieve and acknowledge the loss they experience.

Tip: Consider adopting a ritual as a standard part of practice when a resident dies. Opening a window, a room blessing or blessing of the hands for healthcare workers.

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