



# Supporting Staff with Grief: A Guide for Leaders

**Acknowledgement:** We would like to acknowledge and thank the nurses and PSWs who shared their stories with us and the work they do every day in caring for clients and their families in the home. We would also like to thank the Local Leadership team at North Simcoe Muskoka, Central West, Mississauga Halton, Central and Toronto Central for helping us arrange the video interviews.

## WHAT STAFF MAY EXPERIENCE

As health care providers caring for clients in the homes, workers are faced with many things including losing clients from expected planned deaths or sudden deaths. Similar to family members, health care providers experience grief.

**Grief** is the personal emotional response experiences where there is a loss.

**Bereavement** is the experience of the death of a significant loved one.

The loss to health care workers may be the loss of the client they cared for deeply, the loss of time or the result of other losses. For example, imagine caring for someone twice a day every day for 10 years. Seeing this client was a part of who they are, what they do as health care workers.

Health care workers may experience many different reactions to grief depending on their relationship to the client and family.

### What might staff experience?

<p>Normal <b>physical</b> reactions:</p> <ul style="list-style-type: none"><li>○ Feelings of hollowness in the stomach</li><li>○ Tightness in the chest</li><li>○ Heart palpitations</li><li>○ Weakness and lack of energy</li><li>○ Gastrointestinal disturbances</li><li>○ Weight gain or loss</li></ul>	<p>Normal <b>cognitive</b> reactions:</p> <ul style="list-style-type: none"><li>● Disbelief</li><li>● Denial</li><li>● Confusion</li><li>● Inability to concentrate</li><li>● Preoccupation with or dreams of the deceased</li></ul>
<p>Normal <b>emotional</b> reactions:</p> <ul style="list-style-type: none"><li>● Emotional numbness</li><li>● Relief</li><li>● Fear, anger</li><li>● Guilt, sadness</li><li>● Loneliness</li><li>● Abandonment</li><li>● Despair</li><li>● Ambivalence</li><li>● Need to review the death</li></ul>	<p>Normal <b>social</b> reactions:</p> <ul style="list-style-type: none"><li>● Being on auto pilot</li><li>● Withdrawal from others</li><li>● Dependence on others</li><li>● Fear of being alone</li></ul>

## Health Care Workers Grief Journey

- ❖ **To accept the reality of the loss:** Common emotions and experiences including shock, numbness and disbelief. The person may feel physical responses including palpitations, crying, and physical symptoms of shock. In cases where the workers have cared for the client for a long time they may feel a sense of relief for the deceased.
- ❖ **To experience the pain of grief:** Once the numbness and shock begins to fade, the health care worker starts to feel the emotional pain of the grieving. Common emotions and experiences include sadness, anger, guilt, feelings of anxiety, regret, insomnia, social withdrawal, restlessness, searching behaviour.
- ❖ **To adjust to an environment in which the deceased is missing:** This is where the healthcare worker begins to adjust to the client not being a part of their work life. They are seeing other clients and developing new relationships and interests. The losses are not forgotten but become an integral part of their life. The health care provider begins to become more interested in work related clients, physical symptoms subside, emotions begin to settle down and their ability to remember their client is done with less pain.
- ❖ **To rebuild a new life:** Finally, as grief proceeds, the healthcare worker begins to reinvest their energy into new activities and relationships.

## HOW TO SUPPORT STAFF WITH GRIEF

Support for grieving, teaching people about the grieving process, ensuring that the process is moving and productive are all involved in comprehensive care. The following strategies should be used in supporting staff with their grief as a means to address their health and well-being.

### ❖ Communication

There are two key pieces to communicating that were important to staff:

1. **Letting staff know that a client has died** - use the internal email or voicemail system to communicate to staff when a client dies recognizing not all staff are working at the time of the client death. This was especially important to PSWs who shared how upsetting it was when they were working and did not find a client on their board and they were not sure if the client was moved to another staff or if they died.
2. **Asking staff about how they are doing** - it is also important for local leaders to acknowledge the impact a client's death has on staff members. Checking in with the staff who were involved with a client and inquiring how they are doing and asking them what they may need (eg. lighter schedule for a couple of days, a day off).

Here are some questions you can use:

How are you?  
Are you okay?  
How are you dealing with the loss of Mrs. Smith?  
Is there anything I can do for you?  
I am happy you were there to support this client

### ❖ Education for staff: formal or informal

Staff identified receiving education on grief and bereavement was needed to support clients and families and managing their own grief and supporting team members. Consider supporting staff to participate in local palliative care education activities so they can increase their knowledge about providing palliative and end of life care.

It is also important to remind staff that grief is a normal, healthy process. You can assist staff with their grief by:

- Listening
- Explaining the grief process
- Normalizing the grief process
- Explaining that the grief experience is different for everybody
- Understanding that people cope with grief in different ways

Providing staff with information on grief and bereavement education that is offered at Saint Elizabeth may also be helpful. A number of Grief and Bereavement resources are available including:

- @Your Side Colleague Palliative Care Modules for Nurses and PSWs
- Videos on SE On the Go Blackberry app
- Staff handout on What is Grief? (see Appendix A)

## ❖ Peer Support

Staff identified peer support as the most beneficial level of support when they are experiencing grief. They often look to one another for support and these relationships can be very helpful as they are grieving a loss of a client.

Encouraging staff to get together with other team members and reminisce amongst one another after a client dies provides staff with an opportunity for personal closure. If your team has had a number of deaths, you may also need to set time in your team time to discuss clients who have died and discuss how the team can support one another.

Staff may also find talking to other members of the health care team as helping including the primary physician, Nurse Practitioner or Care Coordinator.

## ❖ Debrief with Staff after the Death

Consider providing staff the opportunity to participate in a client debrief session as this provides staff the opportunity to discuss the death, reflect on care activities, and review what went well and what could have been done differently. This not only supports staff to process the death of the client but also support learning opportunities. A debriefing could take place after a client's death or after multiple deaths of clients. The supervisor or other member of the leadership team can help the team process the information being shared while at the same time assesses the need for individuals who might benefit from further support and arrange for individual follow-up.

Not sure when there is the need for debriefing? Considering the staff's mood can provide a clear indication about the type and level of distress being experienced. Whether the experience of distress is moral, emotional, psychological, or spiritual in nature, if it's occurring within one or more of the team, the whole team likely needs some support. There may be somber mood with signs such as an unusual quietness, less conversation, less responsiveness to each other and to clients, less expressed interest in each other, and obvious signs of sadness such as frequent sighing or easy tearfulness.

You may have been directly involved or had knowledge of the client's death. It is important for you to keep a finger on the pulse of the staff and if you have concerns with the team, debriefing should follow as soon as possible.

## How to Facilitate a Debrief

5 key steps to facilitating a debrief:

1. Introduction: Supervisor establishes the group goals and rules and reinforces the need for confidentiality about anything that transpires within the group. For example, “we are here today to debrief about the care provided to Mrs. Jones. We need to respect each other and maintain confidentiality in what is shared today.”
2. Fact gathering: Each staff person describes what happened (the facts).
3. Reflection: Led by the Supervisor, the team examines its feelings, thoughts, and responses to the event experienced. If the debriefing session happens soon after the event occurred, there might not be any symptoms. If some time has elapsed since the event, team members may be experiencing symptoms.
4. Support: The Supervisor offers guidance on what happened, examining both positive and negative aspects of the event including possible learning opportunities (eg. how to cope with the stress) in an effort to help staff achieve a sense of closure.
5. Follow up: The Supervisor may identify specific individuals who require additional support and makes plans for follow up.

### Case Example

A 41 year old male was admitted to service with end stage lung cancer. He lived at home with his spouse and 2 young daughters, ages 3 and 6. Due to the spread of his cancer to his neck, physicians believed that the client had a high risk of bleeding as the tumor was compressing on his carotid artery. The client and spouse were very realistic in what to expect. The client shared with the nurses that he wished to die at home and remain as alert as possible so he could interact with his family even if it meant being in pain. The nurses explained the risk of bleeding to the client and he agreed that when and if he started to bleed he would tell the nurses to administer sedative medications to the client. The nurses requested palliative sedation orders and medications were delivered to the home in the event of bleeding.

Over the next few weeks the nurses cared for this client including providing symptom management and developed a trusting relationship with the client and family. Once they noticed a decline in his functional status they began to talk to the client and spouse about the changes and put a plan in place in the event that the client began to bleed or was in the last hours of life. The plan included creating a craft box and code word so the spouse knew when to have the girls go to another room and play with the craft supplies.

The day came when the nurses received the call from the spouse that the client was bleeding from the tumor on his neck. The nurses and the physician arrived at the home and confirmed with the client and spouse what was happening and that the client was in the last hours of living. The nurses used the code word and the spouse set the children up in another room away from the situation. The client requested that he be sedated and the nurses and physician began to administer the sedative medication.

The client bled out profusely over a 4 hour period before he died. The nurses notified their supervisor of the death and that this was a difficult death. The supervisor kept in touch with the nurses by phone over the next week and one nurse shared how she was not coping well requesting time off. The spouse send a thank you card to the nurses acknowledging their hard work for letting her husband die at home as his wished. The Supervisor was aware that the nurses were experiencing distress related to the final hours before the client died and arranged a debrief two weeks after the death.

### **The Debrief events:**

1. At the beginning of the meeting the Supervisor thanked the nurses for joining the meeting and reminded them of the need for confidentiality in whatever was discussed
2. The nurses shared the events of what happened
3. The nurses shared how they feel guilty about what happened and that they couldn't do anything more to help this client die a peaceful death. The one nurse shared how she was not sleeping as she kept dreaming of the events including the client bleeding everywhere.
4. The Supervisor reflected back to the nurses that the client's goals were to die at home with his family. The Supervisor acknowledged the client's needs to be in control at all times including being the one to direct the nurses when he would be sedated. The Supervisor acknowledge that no one really knew if he would bleed out and there are very few nurses who have ever had to experience this and they did an amazing job in a difficult situation. The Supervisor shared how they met his goals of remaining in his home with his family, he controlled when he would be sedated and that despite the nurses feeling like they didn't provide good care – the spouse was so thankful that her husband died at home, her children were taken care of during the last hours and that she was prepared enough to support the home death and continue on after the death. The Supervisor told the nurses repeatedly what a great job they did and how proud she was of them, how they supported this client, family, the physician and one another in

such a difficult situation (positive aspects). The nurses cried with the supervisor and was shared that they felt much better at the end of the session.

5. The Supervisor made contact a couple of times a week for the next couple of weeks and offered staff the EAP contact information to the nurses for additional support. Both nurses were feeling much better about the situation happy to be given opportunity to debrief and the one nurse shared that she is no longer having dreams.

### ❖ **Attending the Funeral or Memorial Service**

Attending a client funeral can be very helpful to health care workers. It is an opportunity to see the client's family and hear the stories about as a person and not just someone you cared for when they were sick. Remind staff the opportunity to attend client funerals and this may require being flexible in the staffs' work schedules. Keep in mind not everyone wishes to attend funerals. Staff should make themselves aware of any cultural expressions of grief that may be upsetting to them, for example, loud sobbing and crying and as a result they may wish to attend the funeral with other team members.

### ❖ **Arranging an Event to Remember Clients**

Finding a celebration of life service or group event to celebrate the lives of the clients they care for can be helpful. This maybe time at team meetings to light a candle, say a prayer and talk about the clients that staff have cared for who have died. This will take place during Hospice Palliative Care Week in May 2015 – more information to come.

### ❖ **Staff may Need Formal Support**

There may be some staff who have had repeated deaths over a period of time and as a result may struggle with their grief. Their grief may even be impacting their work life and/or personal life. If you are concerned about a staff that may be going through this compounded grief, approach them and ask them about what is happening. These individuals may need to access formal supports like EAP or a bereavement counsellor in the community they work/live such as the bereavement services (if available) at a local Hospice.



## Appendix A: Handout for Staff

### What is Grief?

#### What is Grief?

- An emotional response to a loss
- A natural, healthy process that enables one to adjust to the changes resulting from loss
- A highly personal and subjective set of responses that an individual makes to a real, perceived, or anticipated loss
- Similar to family members healthcare workers can also experience grief after the loss of a client

#### What happens with Grief?

- Feelings, emotions and behaviours result from loss which may come and go and there may be good days and bad days
- There may be symptoms such as: pain, loss of usual patterns of behaviour, agitation, sleep and appetite disorders, decreased concentration, social withdrawal
- Symptoms often get better as time goes on and as an individual adjusts to the loss. If not, arrange to have an assessment by a medical professional

#### What is the treatment for Grief?

- Often individuals need to work through the loss
- Symptoms experienced may require medical assessment and/or treatment but for many symptoms resolve as the loss is dealt with
- Use of medications for grief is rare

#### How do you take care of yourself?

- Allow yourself and your colleagues to grieve.
- It's okay to cry.
- If you feel it is appropriate, attend the funeral/memorial service. Speak to your supervisor to discuss your work schedule.
- If you feel like talking about your feelings, contact your supervisor and colleagues – they can be great listeners. Offer the same support to your colleagues
- Express your feelings in a journal.
- Share your memories of the client with the “family” or your colleagues.

#### Points to Remember....

- Being a health care provider doesn't protect you from grief.
- It's very natural for you to feel grief when a client dies.
- It is not wrong to show grief or cry after a client dies
- Not showing your grief or failing to recognize you are grieving can cause stress and may even affect the way you care for future clients.
- Your grief will vary from client to client depending on your relationships
- Experiencing grief after a client dies and the healing process takes time