CLiP

15 minute Worksheet

Bereavement

2: The effect of death on staff

Introductory level

Produced by
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Aim of this worksheet
To explore the effects of a death on professional staff

How to use this worksheet

- You can work through this worksheet by yourself, or with a tutor.
- Read the case study below, and then turn to the Work page overleaf.
- Work any way you want. You can start with the exercises on the Work page using your own knowledge. The answers are on the Information page - this is not cheating since you learn as you find the information. Alternatively you may prefer to start by reading the Information page before moving to the exercises on the Work page.
- This CLiP worksheet should take about 15 minutes to complete, but will take longer if you are working with colleagues or in a group. If anything is unclear, discuss it with a colleague.
- If you think any information is wrong or out of date let us know.
- Take this learning into your workplace using the activity on the back page.

Case Study

Mary was a 39 year old woman, divorced with a 9 year old son and a 16 year old daughter. She had advanced breast carcinoma and required several hospital admissions, but insists on returning home. Because of Mary's request, and with minimal preparation, the ward staff and the hospital palliative care team arranged for her to be discharged home urgently. She dies peacefully at home a few days later.

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INFORMATION PAGE: The effect of death on staff

Issues in Bereavement for Staff

- *Acknowledging staff need*
  Staff may be so involved in responding to the grief reactions of the remaining clients or patients that their own feelings go unrecognised. Sheer workload in some teams prevents staff exploring what they feel about the death of a patient.
- *Permission to cry*
  Staff need 'permission to cry'. Some health teams understand this and allow staff to show their feelings, but other teams cannot cope with such emotion, viewing it as 'unprofessional', 'letting the team down' or even as a seeing it as a weakness. This may lead to feelings being hidden and possible problems not being addressed. Staff most commonly take their unresolved feelings home. Although they may share the reasons with their partners or family, it is more common for them to 'dump the feelings' on the unsuspecting partner or family without being able to explain the reason why. It will be harder if the staff member has recently had their own bereavement
- *Reassurance*
  Care staff usually perceive themselves as being able to make things better so they may feel that they have failed in this situation. Guilt may be the result. This in-built desire to 'fix things' can prevent staff from realising that, in reality, they made a difference by being with the patient and family, and that this was therapeutic and helpful.
- *Organisational issues*
  Organisations should respect the needs of the patient and staff such as remembering to leave an appropriate length of time before re-allocating the bed. In a busy health service, stretched at times beyond its ability to cope, this is not always possible, but a period of bereavement, however brief, should be the aim when possible.
- *Time to reflect on the situation*
  Now the rollercoaster has stopped; the staff need time to reflect on
  - the progression of the clients disease
  – the nature of the death (was it peaceful and expected, or was it unexpected or distressing?)
  - how the death has impacted on both clients and staff.
- *Closure*
  This typically North American term describes the completion of a grieving process. Closure is difficult in many health settings and it is not possible to achieve it with every death. Attending the funeral or service of just one patient can act to 'close the chapter' on other deaths. Talking to bereaved relatives may also help.

Complications of staff bereavement

Staff denial: this works if the feelings are being channelled elsewhere, but it may cause that member of staff to remain distant from the next dying patient for fear of exposing unresolved feelings.

Team denial: this can result in a team who are uncomfortable with dying patients, preferring instead to keep treatments going that are clearly no longer of benefit. Their discomfort will make it very difficult, if not impossible to share the patients fears or distress. Consequently they may miss problems that could be treated, such as depression, or may ask for the patient to be moved elsewhere, believing that this is the kindest thing to do.

Stress and burnout: some stress is necessary to do our jobs well (it is possible to be *too* relaxed!). However, if this stress builds up because of blocked feelings then the staff member may eventually suffer from an anxiety state, or clinical depression, along with physical symptoms of exhaustion, difficulty making decisions, and feeling unable to come to work. They feel guilty that they haven't been 'stronger'. This is known as 'burnout' and usually catches people unawares since the sufferer is often the last to acknowledge that they are suffering from stress.

How you can help yourself

If there are team difficulties with emotions or death, don't try to sort this out yourself- this needs organisational change and education, neither of which can occur overnight or without the help of others. In the meantime:

- Find someone you can talk to about coping with staff deaths- an understanding colleague at work is often better than taking the issue home and dumping it on your partner.
- Even if you can't cry with your team, find somewhere quiet and have a good cry, with a colleague if you can.
- Look back on the things you did that made a difference, keeping the patient comfortable, looking after the relatives. It's often the small things that make a difference.
- Try to go to one funeral of a patient- it often helps to 'close the chapters' of many other deaths. Don't be ashamed of using a funeral in this way- funerals are about the dead, but they are meant for the living.

Support mechanisms

Colleague: Ask a colleague to talk over the death. The local palliative care team can help.
Specialist help: Persistent or complicated grief will need more specialist help from a bereavement service, counsellor or psychiatrist. Trusts and health organisations often have support teams but the availability of these services depends on local resources.

What factors <u>at work</u> do you think help staff to resolve a death and what factors <u>at work</u> do you think hinder its resolution?

FACTORS at work THAT HELP	FACTORS at work THAT HINDER (ie risk factors)

Circle issues that would make you concerned about a team or individual following Mary's death.

Feeling guilty	Unable to make decisions
Easily exhausted	Talking to bereaved relatives
Crying after the death	Recent family bereavement
Unable to come to work	Wanting time to reflect
Attending funeral	Distant with dying patients

What can you and your team do to reduce the risks?

FURTHER ACITIVITY: The effect of bereavement on staff

Think of a relative who has suffered bereavement.

- How could they have been supported differently?

FURTHER READING: The effect of bereavement on staff

Journal articles and book resources

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Becker R. Principles of palliative care nursing and end of life care. *Nursing Times*, 2009; **105**(13): 14-18.

Stajduhar KI, Martin W, Cairns M. What makes grief difficult? Perspectives from bereaved family caregivers and healthcare providers of advanced cancer patients. *Palliative & Supportive Care.* 2010; **8**(3): 277-89.

Stedeford A. *Facing death : patients, families and professionals* London : Heinemann Medical Books, 1984.

Worden JW. *Grief counselling and grief therapy : a handbook for the mental health practitioner, 2nd ed.*. London : Routledge, 1991.

e-lfh: e-Learning for Healthcare contains a range of online self-learning programmes, including several relating to end-of-life care (e-ecla). Registration is required but is free. www.e-lfh.org.uk/projects/e-elca/index.html