Grief and Bereavement Support

Introduction

Welcome to this resource about supporting residents and carers in residential aged care facilities (RACF) who are affected by the death of another resident.

This section outlines the aims and structure of the resource. It also gives some tips on the most effective way of completing it to ensure that you get the best value from doing so.

Learning outcomes

After completing this resource the learner should be able to:

1. provide an understanding of grief, loss and bereavement as related to the palliative approach in aged care
2. identify situations where there is a risk of abnormal grief reaction
3. identify the support role and needs of the aged care team
4. understand the impact of loss and grief on members of the team as well as the family and other residents
5. identify support strategies in grief and bereavement situations
6. identify strategies to implement and apply support strategies for grief and bereavement situations
7. demonstrate an awareness of the grief reactions of people from different cultures especially indigenous Australians
# Modules

This resource is divided into modules and each module can be completed as a separate learning activity or the modules combined. Each module addresses key areas relating to grief and bereavement support and includes links to the Guidelines and key learning outcomes for each module.

<table>
<thead>
<tr>
<th>Module</th>
<th>Key Areas</th>
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<tbody>
<tr>
<td>Defining loss, grief and bereavement</td>
<td>This module introduces and defines the concepts of loss, grief and bereavement and encourages you to reflect on your experiences.</td>
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<tr>
<td>Grief Reactions</td>
<td>This module focuses on reactions to grief and considers normal and extreme reactions</td>
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</tbody>
</table>
| Support needs of the aged care team              | As carers you will experience loss and in this module we have identified strategies for you as  
|                                                 |   - an individual to be supported and  
|                                                 |   - to provide support  
|                                                 | This module also provides a model for the development of a bereavement plan for your facility. |
| Impact of loss and grief on other residents and their family | This module considers the impact of a resident’s death on other residents and families within your facility and provides a range of strategies to support the bereaved. |
| Grief reactions of people from different cultures | This module introduces strategies for supporting people from different cultures with particular reference to supporting Aboriginal and Torres Strait Islanders. |
Structure

You are encouraged to have access to a copy of Guidelines for a Palliative Approach in Residential Aged Care while completing this resource. This will be referred to as the Guidelines.

Note that two editions of the Guidelines exist. These were published in May 2004 and May 2006 (Enhanced version). Users of this resource should use the guideline references that apply to the edition they have access to.

Icons

This resource uses a number of icons to highlight certain areas throughout the text. Each icon is explained below.

- **Key point** This icon is used to highlight information or an activity that is critical to your learning in this resource.

- **Reflection** This icon indicates that you need to spend time thinking about the information or ideas being presented. You may want to write your thoughts down.

- **Writing activity** At various points you will be asked to make notes. They will assist you with fostering the palliative approach.

- **Discussion** This icon is used when you need to get ideas or information from other people (colleagues, residents, families) to add to the information in the resource.

- **Use a resource** This icon is used when you need to refer to other information (e.g., the DVD or the Guidelines).
Grief and Bereavement Support

This resource relates specifically to the Guidelines as set out in the table below. You may notice changes between the 2004 edition and 2006 edition, these changes are not substantially and reflect feedback received from the sector and enhance the guidelines.

<table>
<thead>
<tr>
<th>Guideline</th>
<th>Guideline number</th>
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<tr>
<td>Members of the aged care team can experience loss following the deaths of residents with whom they have established meaningful relationships. Therefore, they may require opportunities to formally acknowledge their loss and access to adequate bereavement support to reduce their levels of death anxiety and their risk of complicated grief. Aged care team members who have experienced many deaths may still require access to these support services.</td>
<td>80 76</td>
</tr>
<tr>
<td>A memorial service is a useful ritual to assist in bereavement support of residents, family members, the aged care team, and volunteers because it facilitates the grieving process and reduces levels of death anxiety and the risk of complicated grief.</td>
<td>81 77</td>
</tr>
<tr>
<td>The greater the level of social support that a family can access, the better their ability to cope with the bereavement of their family member; however, it is the quality of the support rather than the quantity that enhances this resilience.</td>
<td>82 78</td>
</tr>
<tr>
<td>Education about cultural diversity is recommended for aged care teams to enhance understanding of care preferences of residents from varying cultural groups. Efforts to accommodate these preferences promote individualised care that benefits the residents’ and their families’ wellbeing.</td>
<td>70 66</td>
</tr>
<tr>
<td>Where possible, provide information about a palliative approach to residents from culturally and linguistically diverse backgrounds in their own language because this enhances cultural sensitivity for residents and their families and ensures adequate and appropriate care.</td>
<td>71 67</td>
</tr>
</tbody>
</table>
Using the resource as a self directed package

Many people find the flexibility of self directed learning works well for them. They can fit its demands around others in their lives. Sometimes, however, it can be difficult to remain focused when working though a self directed package. Here are a few strategies to assist you in completing the package.

- identify other aged care staff who have previously completed this package (or are undertaking it now) or undertaking the Residential Aged Care Palliative Approach Network workshops being conducted around Australia, to share some of your thoughts and feelings.

- set yourself a goal to complete a component of the package each day, couple of days or week. This optimises your learning, allows reflection time, makes completing the package more achievable, and allows you time to undertake other activities in your life.

- if you are unsure about any of the material presented – what it means, how it is applicable in your RACF, who might be affected – make contact with your manager or the local palliative care service for assistance. These contacts may prove to be useful supports for you in the future.

Getting started

If you haven’t already done so, make yourself familiar with the Guidelines before you begin work on the package.

This resource utilises and refers to the Guidelines and it would be a good idea if you access a copy of the Guidelines prior to commencing this package. Another valuable resource that may assist you is the Guidelines for a Palliative Approach in Residential Aged Care – Self Directed Learning Package. This package provides you with:

- a video about a palliative approach

- a copy of the Guidelines

- a manual that will:
  - provide a general understanding of the palliative approach
  - give you the chance to reflect on how the palliative approach is of benefit to residents, their families and to you and your colleagues
  - offer strategies that you can implement to promote understanding of the palliative approach and foster implementation in

The self directed learning package can be obtained from Palliative Care Australia (PCA), free of cost, by downloading an order form from the PCA website www.pallcare.org.au or by contacting 02 6232 4433.
Module 1 Defining loss, grief and bereavement

Before you commence this topic consider what the terms loss, grief and bereavement mean to you.

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Grief…………………………………………………………………………………………………………………………………………………
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Bereavement……………………………………………………………………………………………………………………………………
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Now let’s consider formal definitions of loss, grief and bereavement and how you as a carer can better understand the feelings experienced by residents, family members and other carers in your facility.

Guidelines page 149 2004

Guidelines page 173-2006

What is loss?

In the Guidelines loss is defined as the severing or breaking of an attachment to someone or something, resulting in a changed relationship.

Two general categories of loss exist – physical loss and psychological loss. A physical loss is the loss of something tangible. Examples include a car that is stolen, a house that burns down or a memento that is misplaced. Usually there is at least minimal awareness that the individual will have feelings about the loss and may have to deal with it. In contrast, a psychosocial loss – sometimes called a symbolic loss – is the loss of something intangible, psychosocial in nature. Examples include getting a divorce, retiring, developing a chronic illness, or having a dream shattered. Such events are seldom recognised by others as losses generating feelings that require processing. Sometimes a loss can be both a physical and a psychosocial loss. Examples could include the loss
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of a limb due to diabetes or the loss of a breast due to breast cancer.

For many residents within an aged care facility, the movement to the facility could have involved both physical and psychosocial losses for both them and for their families.

Identify a loss you have experienced and classify it as a physical or psychosocial loss or a combination of both.

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Psychosocial..................................................................................................................................
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Physical/psychosocial.........................................................................................................................
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Consider the types of loss residents in your care may have experienced. Classify these losses as physical or psychosocial.
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What is grief?

Grief refers to the process of experiencing the psychological, behavioral, social and physical reactions to the perception of loss. Five important clinical implications derive from this definition:

1. Grief is experienced in four major ways:
   - psychologically
   - behaviourally
   - socially and
   - physically

   Module 2 of this learning package examines each of these in more detail.

2. Grief is a continuing development. It is not a static state; rather it involves many changes over time.

3. Grief is a natural expectable reaction. The absence of it in some circumstances is abnormal and indicative of pathology.

4. Grief is a reaction to all types of loss, not just death. Death is but one example of loss, albeit the most dramatic one.

5. Grief is dependent upon the individual’s unique perception of loss. It is not necessary for the loss to be socially recognised or validated by others for the individual to grieve, although it is most helpful when this can occur.

Consider the above and your response to the death of someone significant in your life.

Any particular grief response expresses one or a combination of four things:

1. The individual’s feelings about the loss and the deprivation it causes (e.g. sorrow, depression, guilt).

2. The individual’s protest at the loss and wish to undo it and have it not be true (e.g. anger, searching, preoccupation with the deceased).

3. The effects on the individual as a result of the loss (e.g. disorganisation and confusion, fear and anxiety, physical symptoms).

4. The individual’s personal actions stimulated by these first three (e.g. crying, social withdrawal, increased use of medication and/or psychoactive substances).
Grief is the normal response to loss. It includes a range of responses: physical, mental, emotional, and spiritual. These are usually associated with unhappiness, anger, guilt, pain, and longing for the lost person or thing.

*Guidelines page 149 2004*

*Guidelines page 173, 2006*

We may experience a grief reaction following the ending of a relationship, moving away from the place where we grew up, losing a dream. While grief can be painful to feel and to witness, it is a process that occurs and we all have skills and abilities to help us through the process.

Grieving is about coming to terms with loss and how long this takes is different for each of us. It can be affected by a range of factors that could include the significance of the loss, the nature of the loss, other things happening at the same time or by our previous experiences of loss.

Identify a loss (not related to a death) where you have experienced grief. What strategies did you find beneficial?

What is bereavement?

In the *Guidelines* bereavement is explained as the total reaction to a loss and includes the process of healing or ‘recovery’ from the loss. Although there are similarities in peoples’ responses, there are also marked differences. Each person will grieve and recover in their own way.

Bereavement can be referred to as the state of having suffered a loss. It is interesting to note that the words bereave and rob derive from the same root, which implies a deprivation by force, having something withheld unjustly and injuriously, a stealing away of something valuable.

The bereaved individual typically feels much more than physical loss after a death. Loved ones play many roles in an individual’s life. For instance, a spouse may be one’s lover, best friend, helpmate, confidante, co-parent, social partner, housemate, travelling companion, business associate, career supporter, auto repair person, housekeeper and ‘other half’, among a myriad of other roles. With the death, the bereaved looses someone to fill these roles and to gratify the needs and sustain the feelings associated with them in the particular way the deceased did. In addition the bereaved looses a view of the world and the countless feelings, thoughts, behaviour and interaction patterns, hopes, wishes, fantasies, dreams, assumptions, expectations, and beliefs that required the loved one’s presence.
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Identify a significant person in your life and the roles they play.

Reflect on these definitions of loss, grief and bereavement. How do they compare with your understanding of the terms?
Impacts on our response to death

Consider a recent death within your facility. What was your reaction to this death and how did it differ to your reactions to previous deaths.

Can you identify the reasons for your different reactions.

Our reaction to loss is shaped by our personality, our past experiences, our access to support, our culture and previous life and loss experiences. Our reactions are different for each one of us and for each loss we experience. Our reactions are determined by the:

1. characteristics of the loss
   - the unique nature and meaning of the loss sustained
   - the nature and meaning of the relationship severed
   - qualities of the relationship lost (psychological character, strength, and security of the attachment)
   - roles the deceased occupied in the individual’s family or social system (number of roles, functions served, their centrality and importance)
   - characteristics of the deceased
   - amount of unfinished business between the bereaved and the deceased
   - bereaved person’s perception of the deceased’s fulfillment in life
   - number, type and quality of secondary losses
   - nature of any ongoing relationship with the deceased.

2. characteristics of the death
   - the death surround (location, type of death, reasons for it, presence at it, degree of confirmation of it, degree of preparation and participation)
   - timelines
   - psychosocial context within which the death occurs
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- anticipation of the death
- degree of suddenness
- length of illness prior to the death
- amount, type and quality of anticipatory grief and involvement with the dying person.

3. characteristics of the bereaved

- coping behaviors, personality and mental health
- level of maturity and intelligence
- current view of their world
- previous life experiences, especially past experiences with loss and death
- expectations about grief and bereavement
- social, cultural, ethnic, generational, and religious/philosophical/spiritual background
- sex/role conditioning
- age
- developmental stage of life, life-style, and sense of meaning and fulfillment
- presence of concurrent stresses or crises.
Module 2 Grief reactions

Normal grief reactions can be defined as a broad range of feelings and behaviours that are common after experiencing a loss. It is not a rigid pattern of feelings or experiences.

Normal is a relative term and it is important to consider normal for a particular person and set of circumstances. For some people the grief reaction moves outside what we may consider being a normal reaction and is so strong it becomes what is referred to as pathological, complicated or extreme grief.

Grief is experienced differently for each person. Our reaction to grief will be affected by:

- gender
- age
- culture
- religion
- personality
- health
- previous life experiences
- family background
- availability of support
- relationship with the person who has died
- nature of the person’s death
- its significance to us
Case Study

Helen has been part of a care team for Brian who recently died. Brian was a difficult and demanding resident who caused many residents and carers distress.

In the 9 months he was a resident Helen and other members of the care team discussed their dislike for him and how he treated them, his wife and other residents. He would complain about the care, the food, the bed etc and would tell visitors that the carers were not getting him out of bed most days and were leaving him unattended. His wife who is frail and aged visited Brian daily. He spent her entire visit complaining about why she had put him in the facility and how bad his treatment was. Helen was often concerned to see her leaving the facility distressed.

Although the staff had expected his death and were relieved from his demands and constant complaints, Helen is surprised at her feelings of grief and loss following Brian’s death.

Helen discusses her confusion about her feelings following Brian’s death with you.
What do you think Helen is experiencing and how could you best support her.

Physical sensations

A person can sometimes experience physical symptoms including:

<table>
<thead>
<tr>
<th>Physical Symptom 1</th>
<th>Physical Symptom 2</th>
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<tbody>
<tr>
<td>Hollowness in the stomach</td>
<td>Tightness in the chest</td>
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<tr>
<td>Tightness in the throat</td>
<td>Over-sensitivity to noise</td>
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<tr>
<td>Sense of unreality (including self)</td>
<td>Breathlessness</td>
</tr>
<tr>
<td>Weakness in the muscles</td>
<td>Lack of energy</td>
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<tr>
<td>Dry mouth</td>
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</table>

In addition to recommending that John seek medical advice what other advice and reassurance would you give John?

Case Study

On visiting the aged care facility following the death of his father, who had been a long term resident, John spoke to you about his health concerns. He tells you that shortly after his father’s death he began experiencing breathlessness and weakness in his muscles.
Thought patterns

For some people although the death may have been expected the loss can lead to a disordering of thought. This may include:

<table>
<thead>
<tr>
<th>Disbelief</th>
<th>Confusion</th>
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<tbody>
<tr>
<td>Pre-occupation</td>
<td>Sense of presence</td>
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<td>Hallucinations</td>
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Case Study

Steve who had dementia and had been a long term resident died three weeks ago.

His wife Cath has confided in you that the previous evening she got into her car to drive to your facility to sit with her husband while he had his evening meal and that she regularly imagines having conversations with him.

Cath explained that she knows Steve is dead but that she can’t help having conversations with him and thinking of things to tell him when she sees him.

Cath is clearly embarrassed and distressed by her thoughts and erratic behavior.

How would you support Cath?

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Behaviours

Family or friends may observe changes in the behaviour of the bereaved including:

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<tr>
<th>Appetite disturbances</th>
<th>Absent-mindedness</th>
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<tbody>
<tr>
<td>Increased use of alcohol or other drugs</td>
<td>Social withdrawal</td>
</tr>
<tr>
<td>Under/over-eating</td>
<td>Dreaming</td>
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<tr>
<td>Avoiding reminders of the lost person/object</td>
<td>Sleep disturbances</td>
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<tr>
<td>Searching</td>
<td>Calling out</td>
</tr>
<tr>
<td>Sighing</td>
<td>Crying</td>
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<tr>
<td>Restless</td>
<td>Over-activity</td>
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<tr>
<td>Visiting places</td>
<td>Treasuring objects.</td>
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Case Study

Family members of a resident who has recently died have expressed concern that their mother is becoming increasingly withdrawn from the family and her friends following her husband, their father’s death.

Her daughter explains that she is increasingly reluctant to leave the house except to visit her husband’s grave. Friends and family members have tried to encourage her to resume activities, including golf and her garden but she appears to have lost interest in almost everything since her husband’s death 3 months ago.

How would you advise the family to support their mother at this time?

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Factors influencing grief

There are obviously a myriad of factors affecting the bereaved persons response to the death. Bear in mind that these are only a few examples.

A response to a death is as unique as an individual’s finger prints.

As we have been discussing throughout this module grief reactions can be divided into physical, emotional, cognitive, spiritual, and behavioural responses. Using the headings in the table below make a list of possible grief reactions. The tables on pages 150 -151 (2004 version) or pages 174-75 (2006 version) of the Guidelines may help you.

<table>
<thead>
<tr>
<th>Physical</th>
<th>Emotional</th>
<th>Cognitive</th>
<th>Spiritual</th>
<th>Behavioural</th>
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<tbody>
<tr>
<td>Dry mouth</td>
<td>Sadness</td>
<td>Disbelief</td>
<td>Feelings of anger</td>
<td>Sleep disturbances</td>
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Extreme grief

For some people the grief reaction moves outside what we may consider being a normal reaction and is so strong it becomes what is referred to as pathological or complicated grief. The Guidelines set out the common experiences identified as characteristics of complicated grief and include:

- intense intrusive thoughts
- pangs of severe emotion
- distressing yearnings
- feeling incredibly alone and empty
- excessively avoiding tasks reminiscent of the deceased
- unusual sleep disturbances; and
- maladaptive levels of loss of interest in personal activities.

An individual’s reaction to death may become complicated or extreme for a number of reasons including:

- the nature of the relationship, which could have been a negative or a positive relationship
- perception that the death was preventable. For example, the family may believe that the resident should have received further medical treatment such as transfer to an acute hospital bed, additional medication.
- the perception that the death was sudden. This perception of sudden death can occur despite the lead up time to the death, the preparation, and anticipation of the death.
- being a witness to the death, especially when the death is traumatic.
- the decreased role for a family member or friend following the resident’s death
- lack of family and social support, for example the family all live out of the area
- pre-existing factors, for example mental illness
- concurrent crises, for example the illness of another family member
- overly prolonged dying
- lack of reality and a lack acceptance of the death and/or insight into what is happening
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Because an individual is overwhelmed by their grief they may resort to maladaptive behaviours or remain in a state of chronic grief without progression. This can adversely affect their relationships and may lead to an increased risk of physical and/or mental illnesses. Their behaviour may result in harm to themselves and/or others.

It is important to identify those potentially at risk from complicated grief. Bereavement counselling for complicated grief is a specialist area and your facility should identify the support services available within your community.

What factors would you consider to assist you identify those who may be at risk of extreme grief and therefore require additional support.

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Identify supports your facility can access for those who may be at risk of an extreme reaction.

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Although there is considerable debate about the characteristics of extreme grief and how it is identified, the important point is that grief is an individual reaction and therefore some individuals will require greater levels of support than other individuals.

The pain and intensity felt by people following the death of a family member or someone they cared for can be very intense and in the early days people wonder if they will survive it. Gradually with time the pain usually fades and happy memories of the person are remembered.

In most instances people are supported by relatives and friends but there may be situations where this is not possible and professional counselling may be required. This includes not only the family who has been affected by the loss but also the carers. For some carers the loss of a resident can generate a significant loss reaction which could relate to their previous life experiences. The grief reaction of carer will be different for each carer and in each situation. It is not uncommon in RACFs for the carers to become emotionally closer to the resident than some members of the family and therefore they require support upon the resident's death.
Module 3 Support needs of the aged care team

Caring for older people brings aged care workers into very personal contact with residents and while it can have enormous rewards it can also expose us to feelings of loss and bereavement. Sometimes grieving at work can be difficult - being aware of fellow workers and how they are responding, trying to remain professional and trying to be positive for the sake of other residents.

When someone we have been close to dies we can feel sad, angry, relieved, stressed, tired, confused and guilty. Grief can cause confusion and anxiety, arousing many conflicting and bewildering emotions as outlined in Module 1 of this resource.

Unresolved grief may result in withdrawal from close or meaningful involvement with other residents, clients or colleagues. It may also contribute to long term difficulties in a close relationship at home, inappropriate ways of dealing with things, depression, and even serious physical illness. Refer to Module 2 and the discussion of extreme grief.

In your role as carer you will experience loss and grief and it is important to recognise your needs and feelings.

How is loss and grief support provided in your facility?

How often does management review the support strategies available within your facility?
Bereavement planning in your facility

The diagram below outlines a process for an RACF to follow to support the development of organisational policies and procedures for the development, implementation and review of bereavement support strategies for carers, other residents and family members. Many organisations will have a planning process in place while for other organisations this may provide a structure or framework to assist formal planning.

1. Assess the needs of the aged care team
2. Develop a strategy to address the needs
3. Develop a plan to implement the strategies identified
4. Implement the strategies
5. Review the strategies regular intervals or as circumstances change

Assess the needs of the aged care team

The first and most critical step is the identification of the needs of carers, residents and their families. This can be achieved in a number of ways including:

- a workshop to discuss the issues as a group
- individual interviews with staff
- review staff feedback re previous deaths
- conducting a written survey
- observation
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- clinical judgment and experience
- discussions with other carers, residents and family members

Each of the above processes to help you identify staff needs has strengths and weaknesses. Outline what you consider to be the strengths and weaknesses for each option. Identify other options that may be appropriate for your facility.

<table>
<thead>
<tr>
<th>Option</th>
<th>Strengths</th>
<th>Weaknesses</th>
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<tbody>
<tr>
<td>Workshop</td>
<td></td>
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<tr>
<td>Feedback review</td>
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<tr>
<td>Interviews</td>
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<td>Survey</td>
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</table>
Identify the approach or combination of approaches that would best meet the needs of your facility.

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<thead>
<tr>
<th>Option</th>
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<th>Weaknesses</th>
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Developing strategies to address the support needs of the care team

Following the identification of the support needs of your facility and of the aged care team including the carers, residents and families, strategies can be developed to enable these needs to be addressed.

The development of strategies for your facility can be achieved via a number of different approaches depending on:

- current practice and the change required
- intervention required to achieve change
- level of action and impacts anticipated
- the stakeholders involved

These kinds of organisational strategies are necessary to enable your facility to achieve its goals. A strategy sets out how an organisation will achieve its aims and objectives.

Strategies to support the aged care team dealing with grief could include:

- publicly acknowledging the death
- grief time. Don’t throw yourself into your work or other activities that leave you no time for grieving.
- be angry
- permission to cry
- seek help
- ceremonies – memorial services; grief box
- staff debrief
- accept help and support when offered
- training activities
- workplace activities, for example exercise classes
- follow up visit to the bereaved family
- pastoral support
Develop a plan to implement the strategies identified.

When developing a plan to implement your strategy it is important to consider all the people involved in providing care. This includes:

- Management and administrative staff
- Other carers
- Registered nurses
- HACC workers
- Volunteers
- Home carers
- People without limited life experience

It is beyond the scope of this resource to develop a plan for implementing strategies within your organisation. It may be valuable for you to discuss with your supervisor how planning activities are conducted and managed within your facility.

Case Study

Grace has recently commenced working within your facility and she discloses at a tea break with you that she is really scared of seeing her first death as she has never experienced the death of anyone before or been to a funeral.

What strategies would you put in place to support Grace?
Implementing and applying support strategies for grief and bereavement situations

The implementation of strategies within your organisation could include opportunities for the following:

- providing a supportive work environment
- peer support and work culture
- clinical debriefing
- professional counseling
- clinical supervision
- providing training
- staff development
- support services available within your community
- workshop

Case Study

Keith has been working in an aged care facility in a small rural community for 10 years. Mary who was 92 and had been a resident for 7 years recently died. Keith had been very close to Mary because she reminded him of his mother who died without him being able to say his farewells. Following Mary’s death Keith has sought help as he is openly grieving for Mary.

What help would be available to Keith in your facility?
Module 4 Impact of loss and grief on other residents and their family

As more and more Australians die in RACFs it is now acknowledged that a palliative approach enhances the care already provided to both residents and families.

The family needs to have communicated to them why the palliative approach is being proposed and how it can support them. This would include an explanation of why a palliative approach is being undertaken and of the care plan and the support available. This will promote communication between the care team and assist in reducing the family’s fears.

As we age we are more likely to experience loss. Residents of an aged care facility may experience the loss of partners, friends, and other people who have been significant in their lives. This loss could be through

Residents within aged care facilities can develop very close relationships as they are in contact with each other almost daily in many cases. It is therefore important for the losses experienced by other residents to be acknowledged.

When someone you have looked after dies have you wondered why you feel low and what to say to the family and other residents? As a carer how can you support the feelings of grief experienced by residents and their families?

What support strategies are available within your facility to support the feelings of loss and grief experienced by residents in your facility and families?
Strategies for supporting the bereaved

Strategies to enable the provision of support to residents and families could include:

- being sensitive to who is considered to be immediate family, and next of kin. It should be remembered that friends may play the role of relatives for some resident. Ask the resident who they would like involved in their care and support and the level of involvement.

- clarifying who the decision makers are within the family and with whom information should be shared – resident, family, community representative (perhaps a community elder or religious leader)

- not assuming that the family is always supportive - there can be conflicts within the family, either interpersonal or with respect to care.

- respecting the customs, practices, protocols and beliefs of people from different cultures. For example for some Indigenous Australians speaking the name of a deceased person can cause considerable stress.

- communicating in ways that are appropriate. For example avoid the use of jargon and translate information into terms the family may understand.

- recognising that dying is an event in many cultures and even residents and families who do not acknowledge their culture, its practices or any religion may turn to their culture or religion for support

- checking with the family regarding their special needs and how they would like things done when a loved one dies

- developing communication networks with cultural representatives to support the care team identify how to look after the grieving family and how to access bereavement support.

- being aware of your own values, beliefs, expectations and cultural practices, and consider how these impact on the care you give to people from cultures different from your own.

- not assuming English proficiency. Information is subject to misinterpretation, even if a person speaks English fluently. English may not be the first language for the resident or for the family members.

- not presuming literacy levels or levels of understanding. Making assumptions about poor levels of comprehension and skill can result in a patient feeling patronised.

- respecting beliefs and attitudes. People have different reactions towards death. These are built up over a lifetime, and cannot be dismissed without creating a barrier in the communication process.
Bereavement support activities for the family and residents

- inform other residents and their families of the death. This can be done by directly approaching those close to the person and telling them of the death and then communicating it to the rest of the residents. This could be the responsibility of the pastoral care person or the senior nurse. Each facility is able to put in place their own ways of informing residents.

- involve pastoral care workers in supporting the residents

- conduct a service for the deceased resident following the death to which residents and staff may attend.

- conduct a memorial service at regular intervals inviting the families of residents who have died, residents and carers

- provide the family with information about bereavement support services in the community

- acknowledge the first anniversary of a resident's death via a card to the family

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**Case Study**

Mollie had cared for her husband at home for eight years until his dementia made him increasingly dependent and debilitated. She felt nothing but guilt and remorse because of the decision to have him admitted to residential care. Spending many hours of every day assisting with her husband's care, Mollie also made herself available to assist other residents, particularly with leisure activities. When her husband died, the aged care team wondered how Mollie would cope, as she had no close family. Her husband, and now the RACF, had become her whole life. "I used to feel guilty that I'd put him in here", she said. "Now I feel guilty that I didn't take the step much earlier. He's received such wonderful care, much better than I could have done at home. This is my second home."

When she was asked, Mollie indicated that she had no need for formal bereavement counselling. "No, I don't want to talk to anyone, particularly a stranger. Everyone here understands me." Mollie continued to come to the RACF each day for several months, until she felt ready to reshape her life in another context.
Identify the strategies available within your facility?

Palliative Care Australia’s self paced resource *Support of and Communication with the family* is a useful reference. This is available at the same site as this resource: [www.pallcare.org.au](http://www.pallcare.org.au)
Module 5 Grief reactions of people from different cultures

Understanding the importance of culture and its impact on reactions to death, dying and bereavement are important. In addition to culture, religion, family relationships, gender and health all have an impact on our reaction to loss. Carers and residents of RCFs come from diverse backgrounds and bring a variety of cultures, religions, life experiences, traditions and expectations to the RCF.

Knowing how to respond appropriately when someone from a different culture dies is not always easy and our feelings of anxiety and inadequacy can compound our feelings of loss and grief. Difficulties often result from a lack of information and an important organisational and individual strategy is the development of links and networks with cultural groups within your community.

Cultural safety is practice which respects, supports and empowers the cultural identity and wellbeing of an individual, and empowers them to express that identity and have their cultural needs met. As a framework, cultural safety complements the holistic nature of palliative care provision as defined by Palliative Care Australia and sits comfortably within the reflective practice model used by many health providers.

The idea of cultural safety originated in New Zealand in the 1980s. During this time Maori student nurses and their tutors expressed concern at the disregard for Maori culture during their health education and the fact that, as a consequence, students were ill equipped to care for people of Maori descent.
In 1992 the Nursing Council of New Zealand adopted the following definition of cultural safety:

‘The effective nursing or midwifery practice of a person or family from another culture, is determined by that person or family. Culture includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socio economic status; ethnic origin or migrant experience; religious or spiritual belief; and disability.

The nurse or midwife delivering the nursing or midwifery service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that his or her personal culture has on his or her professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and wellbeing of an individual.’

(Nursing Council of New Zealand 2002)

**Strategies for supporting people from different cultures**
- include the family in discussions and care decisions
- communicate with the family about their cultural needs and preferences
- prepare a brief document about the cultural groups represented in your organisation, seek input from residents, family members and community groups
- invite a representative from a cultural group to talk at a staff meeting, for example a rabbi or an ethnic health worker

**Strategies for Aboriginal and Torres Strait Islander people**
- create awareness about the impact of the loss and of the unresolved grief of the aboriginal people
- support access to grieving ceremonies
- develop links with the community

Identify the different cultural groups represented within your organisation? What information is available about their needs in relation to death and dying.

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Grief and Bereavement Support

Identify cultural groups within your community that could provide information and support.

It may be valuable to refer to Module 2 Cultural considerations from the package titled Support of and communication with the family.
References and links to other resources

Hudson R; Richmond J. (1994) Unique and ordinary: reflections on living and dying in a nursing home. Melbourne: Ausmed


