Case Study Group Work

Experiencing Death and Grief in Care Homes during the Covid-19 pandemic

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Aim of this worksheet

To explore the effects of death on staff in Care Homes during the Coronavirus pandemic

How to use this worksheet

Read the case study below, and then turn to the **Work page** overleaf.
Work in 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 worksheet should take about 40 minutes to complete, but may 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, please let us know.

Take this learning into your workplace using the activity on the back page, if you wish. It might be a useful tool to share with your teams.

Case Study

Paragraph 1

Jess has been a nurse in a York Care/Nursing Home for 10 years. She becomes very fond of patients on her section and some of them feel like 'family' she knows them so well.
Eighteen residents have died of Covid-19 in the last 3 weeks. Jess has considerable experience of death. She knows it is not unusual to experience grief and usually takes time to reflect and discuss these losses with her colleagues who are usually very supportive. A lot of her colleagues seem short tempered or distracted right now. Everyone seems busy and they are not able to debrief together following a death.

Paragraph 2

She has never experienced so many residents dying in such a short period of time. She has never cared for anyone in full PPE and with such limited family involvement. She wants to offer comfort and reassurance to relatives who are naturally distressed but cannot do this face to face.

Paragraph 3

She feels guilty that she is not caring for people in the usual way and feels overwhelmed. She is covering extra shifts due to staff sickness and is not eating or sleeping well.
She can see younger and less experienced staff struggling but does not have the energy to support them all.

Paragraph 4

Jess is not 'herself'. She is experiencing moments of intense sadness and is wondering if she has the strength to carry on with her job.

Underline or circle key issues to discuss / reflect on

INFORMATION PAGE

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. This may particularly be the case at the moment with the challenges of Covid-19. Space and time needs to be made for this.
- **Permission to cry**
  Staff need 'permission to cry'. Some care 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 too.
- **Reassurance**
  Care staff usually perceive themselves as being able to make things better (a 'fixer' or 'rescuer') so they may feel that they have failed in this situation. Guilt may be the result. This in-built desire to 'fix things' (see the **Drama Triangle** below) 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 (if possible). This and other pressures may add an extra layer of complication at the moment. 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. What does that already look like in your organisation?
- **Time to reflect on the situation**
  Staff need time to reflect on - the progression of 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 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. What, in your experience, has helped / might help to achieve any sense of 'closure'?

Complications of staff bereavement

Staff denial unwilling to admit struggling to cope; keeping a 'brave face' / hiding true feelings
Team denial not 'noticing' colleagues struggling; 'business as usual'; keeping silent / manage emotions
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 denial, then staff 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 may 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 staff can help themselves

- Find someone you can talk to about coping with difficult emotions - an understanding colleague at work is often better than taking the issue home and dumping it there.
- 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.

From a Manager's Perspective

- Create a protective environment for staff by being visible, available and supportive in words and actions, processes and protocols
- Remember reactions to grief and loss are different for everyone and there is no set timeline for recovery

Support mechanisms / processes / structures

- Fear and anxiety are normal when working practices change and pressure mounts. These feelings can be intensified if staff are not receiving clear and regular updates**. Clear and regular communication is very important**.
- Allow for feelings of uncertainty, grief and anxiety. If a staff member is feeling overwhelmed try to facilitate a **break** and talk about the reality of feelings of guilt, if they are present…and empathise
- Provide formal and informal opportunities for staff to **debrief** following the death of a resident.
- Take time to reflect on what staff are doing well in the face of pressure, changed practice and increased stress. Changes to the way care is delivered can leave staff feeling less satisfied. **Unnecessary feelings of guilt can complicate the grief process**
- Support partners or **Buddies** for more junior staff. Use the skills and experience in the staff you have.
- Provide staff with regular breaks, access to food and rotas that allow time for sleeping and relaxing
- Remember managers need to look after themselves too!

Work Page

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

FACTORS at work THAT MIGHT HELP

FACTORS at work THAT MIGHT HINDER
(i.e. risk factors)

Tick issues that would make you more concerned than usual about a team or individual following a patient death:

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

Other issues identified:

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