Study Title: The impact on Mental Health of Frequent Deaths that occur in High Care in Aged Care Settings, on Individuals and the Resident Community.

Brief description of the study:

Aims and objectives

The original aims of this project were to:

1. investigate the impact of frequent deaths on individuals and the resident community of aged care residential facilities;
2. develop a simple assessment tool to identify those at risk of complicated grief in residential aged care facilities;
3. evaluate this tool on a larger cohort of aged care residents;
4. formulate an intervention designed to assist those identified as being at risk with the aim of reducing likelihood of progress to depression.

Following the first phase of data collection it became apparent that the impact of the death of a resident on other residents was not as severe as anticipated. However, the views of staff differed from those of residents on several key issues. Instead of pursuing aims 2-4 above new objectives were formulated which were to:

1. further investigate resident experience and views in key areas where their views had been found to differ from those of staff;
2. develop an education package for staff of aged care facilities designed to empower them in responding to the death of resident;
3. undertake a small pilot trial of this education package.

Methods

Following ethics approval staff members at all levels, involved in the care of aged care facility residents, were recruited from four different facilities. A “staff champion” was appointed to facilitate communication between staff and the research team and an investigator spoke with staff members to explain the project. Recruitment posters, postcards and explanatory sheets were distributed. Those staff members who agreed to participate took part in a one-to-one interview about their experience of the death of residents in the facility, how it is handled and the impact on both residents and staff members.

Residents were recruited from three of the named aged care facilities to investigate the above issues from a resident perspective. The key selection criteria were:

1. cognitive impairment possibly due to dementia;
2. capacity to give informed consent;
3. family not opposed to resident’s participation.

A resident’s capacity to meet these criteria was assessed using:

1. Psychometric Assessment Scale (PAS) (Jorm & MacKinnon 1997);
The Modified Standardised Mini Mental State Examination (MMSE) (Folstein et al. 1975) was used following interviews as a comparison with PAS scores. The full process for resident selection is outlined in Figure 1. In addition cognitive function tests demographic data including age, gender and length of stay at the facility were also recorded.

Participants for the second round of resident interviews were recruited by a purposive sampling process from those who participated in the first round.

All interviews, which utilised prompt questions, were audio recorded and then transcribed. Thematic analysis of data was assisted by utilising NVivo 8 software.

Key issues from the interviews were identified and utilised in the production of a DVD for the education of staff. The material was divided into four modules each of about 15 minutes in length. A small pilot trial of the DVD was undertaken at one of the participating facilities.

**Results**

**Staff demographics:**

1. 25 participants – 1 facility manager, 6 RN1, 10 RN2/EN, 4 personal carers, 1 music therapist, 2 diversional therapists 1 chaplain;

2. only 3 were male (chaplain, music therapist and 1 diversional therapist who also had a part-time role as personal carer.

**Resident demographics:**

1. 23 participants;

2. 10 male, 13 female;

3. 15 aged 80+, 6 aged 70-79, 1 aged 60-65, 1 aged 55-60;

4. some discrepancies between PAS and MMSE scores may have been related to the date of the most recent PAS test.

**First round interviews:**

1. death of fellow residents not the most significant cause of grief (both staff and resident view);

2. significant difference between staff and resident views on many issues e.g. who should be told about the death of residents, the severity of the impact of the death of a resident on other residents, how the body of the deceased should be removed and the nature of the celebration/remembering of the life of the deceased. (See Table 4 for detailed comparison).

**Second round interviews** (11 participants) confirmed the main points of difference which had arisen in the first round of interviews. These are:

1. generally residents want to be told about the death of a person they knew;

2. they are mostly not that concerned about seeing a body taken away and know what is going on anyway usually;

3. informal opportunities to remember and celebrate the life of a resident who has died are appreciated.

A training DVD was produced for staff comprising four sections:

1. the impact of the death of a resident on other residents;

2. to tell or not to tell residents about the death of another resident and if so how;

3. removing the body;
A total of seven staff members from one facility participated in a very small pilot trial of the DVD, which generated interest and discussion with generally positive outcomes.

**Recommendations**

1. Further investigation into the relationship between death anxiety in staff of aged care facilities and their attitudes to the elderly and those with dementia.

2. Further investigation into the levels of death anxiety among residents of aged care facilities and its relationship to their quality of life.

3. Further evaluation of the educational DVD including longitudinal follow-up of impact staff attitudes and understanding or resident views.

4. Consideration of the outcomes of the evaluation of the DVD in the light of nurse and personal carer future education.

**Study Methodology: (Please mark with an x which type of study methodology)**

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**Project details:**

Funding source (Optional): Australian Commonwealth Department of Health and Ageing

Has the study received ethics approval?  

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Project starting date: 2010

Project completion date: 2012

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**RESEARCHERS**

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**Associated publications / reports:**

**Final Report** –

O’Connor M, Tan H (2011). The impact on mental health of frequent deaths that occur in aged care settings, on individuals and the resident community. Frankston: Monash University, School of Nursing and Midwifery, Palliative Care Research Team ISBN:978-0-7326-4019-4

**Publications** –

O’Connor M, Tan, O’Connor D, Workman B. ‘Is frequent death of residents in aged care facilities a significant cause of grief for residents with mild dementia?’ Progress in Palliative Care (Jul 2012)

Tan H, O’Connor M, 2012 ‘How should the grief of residents in aged care facilities be addressed? The views of staff and residents with mild dementia’. Grief Matters (Winter 2012)


**Topics (Admin only)** Aged care facilities, Bereavement, Grief and loss