What is supportive bereavement care in aged care populations?

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Introduction

Palliative and Supportive Services, Flinders University, offers a topic 'Palliative Care in Aged Care Settings' to postgraduate students. A Learning Activity (LA) on bereavement, grief and loss is required and the following questions that were posed for students have led the subsequent inquiry:

1) How does your organisation or practice setting recognise issues of grief and loss for families, for staff and /or for fellow residents?
2) Are there any rituals in place?
3) How do you care for yourself and your colleagues in facing the loss of residents or long-term patients?

Methods

This is a five year retrospective analysis of de-identified online blogs posted by consenting students who participated in the topic PALL8436 between 2012 and 2016. Flinders University Social and Behavioural Research Ethics Committee (No. 6292).

Following ratification of topic grades, students were approached by an administration officer to gain consent for de-identification of their blogs for the purposes of a research study.

A deductive approach was employed to analyse the data as the coding scheme was pre-determined (apriori) by the constraints of the LA.

Results

Data was obtained from 83 students (47.2% of those approached) and analysed via the use of a deductive approach as the coding scheme was pre-determined by the constraints of the learning activity. Analysis was finally conducted on n=66 as saturation was reached after the 2015 cohort.

Contacts

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Results

The themes emerging from the data analysis were determined apriori, however sub-themes were also pre-determined in the 'providing support' category due to the nature of the activity: organisational support / support for bereaved families /staff support / support for other residents or patients.

Providing Support

For Families: Multidisciplinary team support was most often mentioned (n=29), and saw 6 disciplines described in this context as being of support (such as counsellors, n=11). Follow up contact was cited as the second most popular (n=19) and alludes to whether or not families are supported in bereavement.

For Staff: Counselling was most frequently cited (n=36), of which 24 mentioned employee psychology services. The next most frequently cited issues were talking with a colleague (n=24), funeral attendance (n=16) and meetings (which included 15 mentions of death reviews). There was also mention of a lack of any formal processes (n=10).

For Fellow Residents: Staff communication (of the death) and support was mentioned the most (n=14) with funeral attendance also mentioned (n=4). Four respondents mentioned the lack of any process.

Rituals

Of 66 respondents 56 (84.8%) commented on this area. Of these, 39 mentioned rituals. These were classified as 'health care service rituals' which were many and varied and included: memorial services (n=27), sending cards (n=15) and lighting candles (n=9). 11 respondents cited no rituals at all.

Self-care and care of colleagues

Of 66 respondents 53 (80.3%) included a post. Of these, there were mentions of support from colleagues (n=46), the use of formal debriefs (n=8) and teamwork (n=7).

Self-care individual health professional

Of 66 respondents, only 35 (53.0%) mentioned self-care, with the use of reflection the most cited (n=11). This was followed by exercise (n=9), talking to family and friends (n=8), and a work-life balance (n=7).

Discussion

Not all respondents in our study were working in Residential Aged Care Facilities and so there was also mention of what happens whereby patients witness a death (for example in a hospice) and the explanations and offers of support that follow.

It is encouraging to see the increasing ways in which the need for grief, loss and bereavement are starting to be addressed, along with the impact on staff. There is also evidence of an increasing interest in rituals, and the recognition of the benefits of such rituals, staff going to funerals and so on.

Students were encouraged by each other to take what they had seen and heard about, to potentially implement supportive strategies in their own organisation. As always staff gain strength and support from colleagues but also with recognition of self-care requirements in facing ongoing losses. However, there is still more work to be done.

Conclusion

Issues of grief, loss and bereavement are inherent in the care of older people and is an issue not only for staff, but also for families and for other residents. Supportive care in bereavement can mean different things to different people and can be driven or influenced by both personal and organisational factors.

This will contribute to the further development of the learning activity and of the topic as a whole in relation to issues of bereavement, grief and loss. It will potentially contribute to building further learning opportunities within topics that address issues of grief and loss.

INSPIRING ACHIEVEMENT