

Taking Care of U!



...when you provide care and support to patients, relatives and colleagues in situations related to death and bereavement

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...Your work can be especially difficult when you are providing care or support to patients when they die and their relatives

About this guidance

Working in the health and social care services can be very rewarding and fulfilling, but there may be times when pressures and strains take their toll on you. Your work can be especially difficult when you are providing care or support to patients when they die. It is also demanding when you are in a position to provide comfort, advice and information to the bereaved relatives that you come into contact with.

Patients and relatives greatly appreciate the help, support and compassion you give them as they deal with death and bereavement. They also respect and admire you, often understanding how difficult it must be for people like you who work in health and social care and carry out their duty in the midst of sadness, distress and strong emotions.

Using this guidance

This guidance has been developed to help you care for yourself, especially when you are exposed to emotionally charged situations that can arise following the death of a patient or when you are supporting bereaved people in the course of your work. This will include the experience of a personal bereavement and the death of a colleague.

In this guidance you will find;

- Suggestions for strategies you can use to take care of yourself and your colleagues
- A list of the supportive policies and provisions made by your employer for your emotional health and wellbeing
- Signposts to useful sources of information, advice, training and publications available from professional and support organisations.

Section 1: The impact of dealing with death, grief and bereavement on HSC staff

Exposure to death and bereavement – what we know

In 2015 in Northern Ireland 15,548 people died¹. Of these deaths 48% occurred in hospital, 20% in nursing or residential homes and the remaining 32% at home, hospice or in other places. Health and social care staff from a range of disciplines and services are often involved in the provision of care and support to patients at the time of death and in supporting relatives in the immediate period afterwards.

In an audit of HSC staff published in 2009² around 30% of respondents (n=1632) reported they had contact with dying patients and their relatives more than 4 times per month. Many staff will have almost daily

contact with dying patients and bereaved relatives.

Resilience - what impacts on yours?

Caring for dying patients and bereaved relatives

A number of studies have looked at the impact dealing with death and bereavement has on health care staff. When in training, doctors, nurses and other healthcare professionals may gain little exposure to dying patients and yet upon qualifying are exposed regularly to dying patients and are suddenly responsible for their care^{3, 4}.

This exposure can be daunting and yet much can be learned from our experiences in practice which help us become more competent and confident to care at such a challenging time for patients and relatives alike.

It is often a rewarding experience. In an audit where staff were asked to tell a story about the death of a patient they were caring for, 48% of participants stated that their previous experience and training helped them a lot to deal with the situation they were describing. When recalling these experiences of care, two thirds of respondents described the situation as having had a positive or strongly positive emotional impact on them⁵.

A study of medical staff responses to patient deaths revealed a high level of professional satisfaction and coping well following death from the majority of participants⁶. However it also reported 1 in 10 experienced emotional responses of moderate to severe intensity.

This report suggested that repeated exposure to intense emotions in an 'unsupported' environment can lead to burnout; therefore we need to take steps to recognise, relieve and manage the stress that may arise when we care for dying patients and bereaved relatives.

Dealing with death and bereavement can be daunting yet much can be learned from our experiences in practice...



...repeated exposure to intense emotions in an unsupported environment can lead to burnout...

🍀 A supportive workplace

Whilst education and training are important strategies to help us learn to care appropriately, so too is the support we receive in the workplace from our peers, managers and employer. Mutual respect, understanding, support and positive attitudes can help us rise to the challenges of caring. The 'culture' of our workplaces can contribute in a positive way to how we build resilience to work related pressures over our careers.

Health and social care staff cope with the demands and pressures of work in a range of ways but sometimes an event or series of events result in excessive pressure that leads to stress which can become harmful and perhaps affect your performance and undermine your health.

It might not always be obvious when someone is struggling, so it's important to be mindful of others and offer opportunities e.g. at team meetings, to check in on each other. It is also important to tell colleagues and managers when you find a situation tough, so you can get the support you need.



Personal bereavement or the death of a colleague

Returning to the workplace following a personal bereavement is often seen as a step towards resuming 'normal' life after a period of traumatic upheaval and can provide welcome distraction and focus. However, it can be a difficult time, especially if you are in a role where you care for dying patients and grieving relatives or support colleagues who do so.

Upon learning of a colleague's death, it's natural to experience sadness and feelings of loss. Their death can also affect our feelings about our work, the workplace, and our own health and wellbeing. It can be especially difficult when a colleague dies unexpectedly as there may not have been opportunities to say good-bye. There are some good resources in the recommended reading section on supporting bereaved colleagues in the workplace.

The strategies recommended for emotional support in this guidance can also be adapted to a supported conversation or debrief with staff grieving a personal loss or the death of a colleague.

Section 2: When dealing with death has been difficult - strategies you can use to take care of yourself

Emotional defusing or debriefing with a peer or colleague

When a patient dies it can be helpful to informally talk about it, sometimes described as 'defusing' or 'debriefing', as soon after the event as possible with a trusted colleague, manager, peer mentor or supervisor. Defusing is something many of us practice on a regular basis when we offer support to people who have suffered a shock or traumatic event8. Sometimes referred to as offering 'tea and sympathy', the value of this informal support by our peers should not be underestimated.

Box 1 outlines a simple framework for an individual or group bereavement defusing session that focuses on the emotional response of the healthcare professional(s) involved and acknowledges the impact of the event, which can be both comforting and supportive.

Box 1 Simple Defusing	
Format	Structure
Venue	 Defuser provides a quiet, safe, confidential environment Consider having the conversation over tea/coffee to help make the discussion as relaxed and supportive as possible
Introduction	 Defuser suggests that it will help to talk Is sympathetic Allows time for colleague to relax If leading a group to defuse, get the group to introduce themselves if they do not already know each other
Facts	 Ask the person(s) to explain the circumstances of the death e.g. Where were you before, during, after incident? "Tell me what happened?" What did you do?
Feelings	 Ask open questions to establish how your colleague is feeling e.g. How did you react? How did you feel at the time? How did you feel later? How are you now? If it is a group defusion, everyone should have the opportunity to describe their feelings/ impact of the situation on them
Future	 Having talked the situation through, the defuser; reassures their colleague(s) about the normality of their reactions Is there anything more they need to know/do to help deal with the situation – if anything Are you ready to go back to work/on duty?
Closing session	 Acknowledge the impact of the situation described during the conversation Acknowledge the care they provided Agree your availability to talk again if needed (adapted from Parkinson 1997 in Kinchin 2007)

Debriefing is a valuable way to talk through unanticipated events, difficult situations and unexpected or traumatic deaths⁹. For some services e.g. emergency services, debriefing is part of everyday working life.

There are differences between an emotional or psychological debrief and an organisational debrief, such as that which would occur following a serious adverse incident. There will be instances when both are required but they should be carried out separately¹⁰.

Some particularly difficult or traumatic situations may benefit from a formal debriefing for all the team involved and should ideally be led by staff who are trained in the debriefing process or a mental health professional. Events, actions, outcomes and emotional responses to the situation can be reviewed in a supportive way during a team led debriefing session.

When a death is being investigated as a 'Serious Adverse Incident', explaining the SAI process to staff will be very beneficial as part of both the emotional and organisational debrief. This can be

important for all involved and any learning taken from the situation can lead to a more supported experience when staff deal with death and bereavement again. **Box 2** explains the steps managers and colleagues can take to support staff whose emotional wellbeing has been affected by a death 11, 12

Box 2
Supporting staff following the death of a patient or client - steps to promoting wellbeing in
the workplace

Patient/client death

The death may have been expected, sudden or traumatic but has had an emotional and/or stressful impact on an individual member of staff or team.

The level of support and intervention required will be dictated by the circumstances of the death and the needs of the individual(s) affected.

Action

By Whom

- The most important first step is to recognise and acknowledge that death has had an impact on vour colleague(s)
- Offer immediate emotional and practical support e.g. provide an opportunity to talk about what happened, to emotionally defuse, take a break, provide relief from their duties if necessary etc.
- Check they are able to resume their duties and let them know how and from whom they can seek additional support from if needed

Support within the ward/department from:

- Colleagues/peers
- Manager
- Supervisors/mentor s
- Pastoral care e.g. chaplains

Step 2

Step 1

- If circumstances mean more significant support or information is required, follow up with staff member after the event and offer one on one support/opportunity to reflect/debrief and signpost to wellbeing resources
 PWB.Resources@southerntrust.hscni.net
- Provide additional support and information in situations where the circumstances of death has been traumatic or has the potential to cause or has caused psychological distress to staff member(s)
- Where the death requires investigation e.g. as a serious adverse incident or triggers a Coroner's inquest etc. help them to understand the processes involved in these situations, their role within that and who will support them through any investigations, provide them with feedback, updates etc.

Support from within the ward/department as above and from:

- Governance/Risk management team
- Litigation team
- Senior managers/peers

Step 3

 Where a colleague's recovery from the impact of a death has been significantly compromised and their wellbeing affected post-event, ensure prompt referral and access to professional psychological support and guidance Support as above and from;

- Occupational Health Team
- Employee
 Assistance
 programme i.e.
 Inspire Workplaces
 (formally CareCall)

Everyday Personal Debriefing Guide

The personal reflection required in acknowledging the impact that a particular situation or days' work has had on us can be therapeutic in itself. **Box 3** offers some personal debriefing advice that can be incorporated into a self-care approach at the end of any shift etc.

Box 3 Personal debriefing model (from Huggard 2013)

Review documentation and consider what is essential to be completed today Check that tasks are finished and deal with outstanding issues

- Complete if essential OR
- Delegate OR
- Write it down to do tomorrow

Acknowledge the day

- Recall what went well and what didn't. Focus more on the positives than on the negatives
- Acknowledge you did your best with the time and resources available

Hand over responsibility for the care of your patients/workload

- Be conscious at handover that you are not only handing over clinically, but also handing over total responsibility to your colleagues
- Close your paper files or computer with intent

Say your goodbyes

• This is closure for today on your relationships with patients and families and with your colleagues. This is important as some patients may have died before you return to work

Debrief and de-role

- Talk through any distressing events
- · Arrange for a debrief if needed
- Take off your ID badge or use other personal rituals to signify your work is finished
- Remind yourself you are now out of your role
- Make your journey home a final separation between your work life and your private life

If you are on-call or working from home

Create a specific space for your professional work and try to keep to this space only

Clinical Supervision

Supervision is defined as a process of professional support and learning that contributes to continuous development and involves reflecting on our experiences in practice. Episodes of care involving death and bereavement can be brought to clinical supervision opportunities.

Updating your Knowledge and Skills

Taking steps to identify your learning needs to deal with death and bereavement and availing of opportunities to develop your knowledge and skills can help you care with confidence e.g. by attending study days, courses, observing experienced practitioners deal with difficult situations etc.



Don't forget – remember to pay attention to the simple things that can help you cope and stay well!

You hear this advice often, but its good advice - so do not neglect it!



- Know your limitations
- Be aware of your own stress
- Avoid unnecessary conflicts
- Learn to manage your time more effectively
- Accept the things you cannot change
- Take time out
- Find time to meet friends
- Develop a positive thinking style
- Avoid the quick fixes e.g. alcohol, nicotine, caffeine



For more information about the **5 Ways to Workplace Wellbeing** visit: www.u-matter.org.uk

For more information on health and wellbeing visit The Promoting Wellbeing Division webpage www.southerntrust.hscni.net/124.htm



Section 3: Supportive provisions made by your employer for your emotional health and wellbeing

Whilst it is very important that we do what we can to take care of ourselves and each other, your employer also makes provision to care for its employees, primarily under the umbrella of Occupational Health services. A range of policies and guidance exists for managers and employees to be aware of which can be helpful when we are facing difficulties in our professional and personal lives.

The Trust website www.u-matter.org.uk launched in April 2018 provides a wealth of information for staff on matters relating to physical, mental and emotional health and wellbeing including supportive policies and services, health campaigns, information and wellbeing initiatives available, training events, news articles and useful tools, video clips and resource. Take time to visit the site, either at work or at home.

The development of the site is one example of the Trust's Commitment to supporting and developing Staff Health and Wellbeing as outlined in our *Workplace Health and Wellbeing Strategy* 2018-2021¹³.







Recognising stress - What to look out for in yourself

Stress can manifest itself in a number of ways and it is important to recognise when you, or a colleague, is under stress so that you can take measures to relieve it. Excellent advice is available in the **Managing Stress in the Workplace** toolkit.



0808 800 0002

When the going gets tough....

Sometimes, despite our best efforts and the support of colleagues, situations exceed our ability to cope. *Inspire Workplaces* is the Trust's employee assistance programme and they can be contacted 24/7 for help in confidence –

0808 800 0002.

The Trust's Chaplaincy team are also available to provide pastoral care and support to staff and can be contacted via hospital switchboards.

Section 4: Information on professional organisations providing support, guidance, training and publications for members

Inspire Workplaces

Confidential counselling service for staff 0808 800 0002

General Medical Council

www.gmc-uk.org/guidance/index.asp

This organization registers doctors to practice medicine in the UK. They publish guidance for good medical practice

BMA Counselling and Doctor Advisor Service

0300 123 1245

www.bma.org.uk/

Confidential 24/7 advice and counselling for doctors and medical students. Talk through any issues which may be worrying you in total privacy, confident that you are getting the best possible support.

Royal College of Nursing

www.rcn.org.uk/get-help/member-support-services

Online advice and dedicated counselling service for members

UNISON

www.unison.org.uk/northern-ireland/

Offers help with issues at work or at home to its members

Northern Ireland Social Care Council

https://niscc.info/about

Registers and regulates social care workers and supports their professional development

Northern Ireland Association of Social Workers (British Association of Social Workers) www.basw.co.uk/northern-ireland/

BASW is the professional association for social work in the UK and work to promote the best possible social work services and the wellbeing of social workers.

NIPSA

www.nipsa.org.uk

Trade union representing members across the civil and public service and the voluntary sector in Northern Ireland.

Organisations providing training, learning materials, bereavement support etc.

Queens University: www.qub.ac.uk
University of Ulster: www.ulster.ac.uk/
Open University: www3.open.ac.uk/study
Clinical Education Centre: www.cec.hscni.net/

These organizations provide a range of study days, modules and courses relevant to death and bereavement for a range of disciplines/interests. Course details can be viewed by visiting their websites

Cruse Bereavement Care

Cruse NI offer a number of training and consultancy services including bereavement care in the workplace, Young Cruse one day awareness workshops and bespoke training. www.cruse.org.uk/northern-ireland/training

Northern Ireland Hospice

The NI Hospice offer a range of courses and bespoke training open to health care staff and members of the public who in the course of their work or volunteer role offer support to be relatives and friends.

www.nihospice.org/education-innovation-research/learn-with-us

The Irish Hospice Foundation

The Irish Hospice Foundation offer a range of introductory workshops at their headquarters in Dublin on topics covering loss and bereavement aimed at professionals and volunteers who may wish to learn more and for those working with people who have experienced a major loss. Information on the workshops and how to book etc. is available from their website www.hospicefoundation.ie

Information on coping with bereavement and access to training materials is also available from https://hospicefoundation.ie/education-training/bereavement-training/

All Ireland Institute for Hospice and Palliative Care

The website hosts a number of online hubs with information and resources including a learning platform for professionals and public http://aiihpc.org/palliative-hub/

References and Recommended Reading

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- 2. NI Audit Dying Death and Bereavement (2009) Phase 1 Policy, Procedures and Practice in Hospitals and Hospice. DHSSPS
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- 10. Huggard, J (2013) Debriefing: a valuable component of staff support. International Journal of Palliative Nursing 18. 5. 212-214
- 11. Irish Hospice Foundation. Grief at Work www.griefatwork.ie
- 12. Susan D Scott et al (2010) Caring for our Own; deploying a system wide second victim rapid response team. Joint Commission Journal on Quality and Patient Safety 36 (5) 233-240
- 13. Workplace Health and Wellbeing Strategy 2018-2021. Southern Health and Social Care Trust.

Useful Resources

Cruse Bereavement Care and Labour Relations Agency – guidance for managing bereavement in the workplace https://www.cruse.org.uk/northern-ireland/training

Cornell University – advice on grief, what to expect and coping when a colleague dies http://www.fsap.cornell.edu/cms/fsap/resources/upload/Death-of-a-Colleague.pdf

Southern Trust Website - Bereavement Information page

Bereavement Information - SHSCT website provides access to information booklets to read and print for a range of circumstances of death and bereavement, some translated into other languages. The page also carries information on bereavement services and organisations available in the area and across NI. Staff can also access this information on Bereavement SharePoint site

Contact Details

This guidance has been developed by the **Southern HSC Trust Bereavement Forum**, a multidisciplinary group established to promote efficient and compassionate care to dying and bereaved people and to raise awareness of the importance and impact that care at this time has on patients, relatives and staff.

For more information please contact the Trust Bereavement Coordinators office 028 3756 0085