



DEMENTIA AND STAFF GRIEF

A resource for healthcare providers

"The residents are very active in programs, we have a lot of fun together and a special bond develops. When a resident passes away, it gets stuck in my mind for a while. If I want to cry, I'm going to cry."

– Daisy Wong, recreation therapist at Bloomington Cove, Stouffville, Ontario

Grief and loss support for staff in dementia care: A resource for health and social care providers

This resource is meant to help you and your organization gain a better understanding of the multiple losses experienced by staff caring for people with dementia across the continuum of care, and how staff members can be effectively supported in managing their loss and grief when clients¹ are dying and after their deaths, transitioning out of a program or to another level of care.

Why is the issue of staff loss and grief important?

Staff often form close attachments to the clients they care for, as well as the families² they support. Yet it is sometimes assumed that somehow healthcare providers are immune to grief – and that the impact of death and their grief reactions will diminish as they witness death more frequently.

Studies of staff in high-mortality settings – long-term care homes, oncology and intensive care units, and hospices – have found that when grief is not acknowledged, expressed or supported, the effects of grief add up rather than lessen with each accumulated loss.

As staff face multiple deaths and losses, it is crucial for employers to provide them with education and support in managing their grief. The benefits that result will include improved quality and consistency of care for clients and their families, increased staff retention, and higher staff morale and cohesiveness.

In this booklet, you will find many useful ideas and strategies that organizations, such as community agencies and long-term care homes, can put into practice to support staff in coping with loss and grief in the workplace. It also provides positive self-care strategies and tips to help staff members maintain physical and mental well-being, and renew or strengthen their commitment to continue providing person-centred care.

¹The term “client” is used to refer to all persons served, regardless of setting.

²The term “family” includes anyone in the supportive network of people with dementia.

What is grief?

Grief is the emotional, psychological and physical reaction to death or loss. It is a healthy, natural reaction.

When a client in the community or in a long-term care home moves or dies, staff members feel the loss of the relationship they had with that person. They also frequently experience a loss of the relationship with that person's family and friends.

Everyone experiences grief differently and each staff member may have a different reaction to the loss or death of the person. This grief may cause a range of emotions. Some common emotions include: anger, sadness, depression, loneliness, hopelessness and numbness.

“Grief is not only around death. It’s around the changes that staff see in clients. Loss is a huge thing and they feel it when a client leaves a day program and goes into long-term care.” - Andrea Ubell, senior manager, programs and client services, Alzheimer Society of York Region

The impact of unattended grief on staff and quality of care

Grief is often felt by healthcare providers when a client with dementia dies. However, the loss and grief experienced by healthcare providers is frequently not recognized, acknowledged or supported.

This unattended grief³ and a lack of support in managing grief can take a heavy toll on caregiving staff, leading to compassion fatigue⁴. When there are multiple losses and grief is not addressed, the risk of compassion fatigue and staff burnout increases.

The costs to employers of not providing support for staff to manage and acknowledge their grief when a client dies are steep. This can negatively affect the efficiency and quality of care provided for people with dementia and their families. It can also increase staff turnover and absences, reduce staff morale and camaraderie, and result in staff shortages.

In addition, unattended grief may compromise the long-term physical and emotional health of staff members who are not given the support to acknowledge and manage their loss and grief in healthy ways.

The organizational culture and environment also influence how staff experience loss and grief when a client dies. When the process of dying and death is not acknowledged in appropriate ways and there is a silent culture around dying, the lack of openness can impact end of life care and how staff and families respond to grief.

³ Unattended grief is unresolved grief that has never been given a chance to heal.

⁴ Compassion fatigue is physical, emotional and spiritual exhaustion that can affect the ability to feel and care for others

Dementia and staff grief

Kenneth Doka defined the grief experienced by an individual that is not openly acknowledged, socially validated or publicly observed as “disenfranchised grief,” something many healthcare providers experience in the workplace. Staff may feel it is inappropriate or unprofessional to express their own emotional response to a client’s death in the workplace environment. Yet they are called upon to support the families and friends of the person who has died with no acknowledgement that the death is a loss for them as well.

It’s important for organizations to “enfranchise” the normal grieving process for healthcare providers caring for people with dementia. Long-term care homes and community agencies need to let staff know that it is “okay” to appropriately express their personal and professional response to the death of a client.

By providing grief support to staff, management will promote healthy behaviours and attitudes towards dying, improve the quality of palliative and end of life care for people with dementia and their families, boost staff morale, increase staff retention and decrease staff shortages.

“Death can happen in spurts and these periods are much more difficult for staff. They want to put up an emotional barrier, knowing they are affected. When you’re trying to shut down emotionally, it can have an impact on the care you give.” - Jill Marcella, MSW RSW, research project manager, Quality Palliative Care Long Term Care Alliance (QPC-LTC), “Grief and Loss Support for Front Line Staff,” Centre for Education and Research on Aging & Health at Lakehead University in Thunder Bay

“I remember one of my favourite residents had died and the next day that I worked, another man was in his bed. I had such a hard time knowing he would not be there, let alone looking at someone else in that bed. These people become like family to us; and with some, it’s as if we just lost a grandparent or parent. Then it was like they did not even exist. Not a fingerprint left.” – Jackie McDonald, personal support worker at Bethammi Nursing Home in Thunder Bay

“We called it the pancake effect. One death after another, with no pause. If you cried, or showed emotion, co-workers would remind you it was not professional. This is not how it is at our home today. We’re proud of what we’ve accomplished with the ‘debriefings,’ where staff are able to grieve.” – Jackie McDonald, personal support worker and peer-led debriefing facilitator at Bethammi Nursing Home in Thunder Bay

Grief support for staff is essential to person-centred care

People in leadership positions in community agencies and long-term care homes support person-centred care by treating staff in a person-centred way. Leaders model the person-centred behaviours expected of staff by treating staff members the way they want staff to treat people with dementia, families and co-workers.

When providing person-centred care, staff often develop close relationships with clients and their families. With caring, comes the pain of loss. Staff need emotional support as they experience their own emotional reactions to the decline of clients and their eventual death.

So it is essential for employers to recognize and acknowledge the emotional impact that a client's death has upon staff members. Education along with supportive strategies such as – formal or informal debriefings, peer support gatherings, a pause for reflection and reminiscing, counselling, and memorial rituals or services – can help staff to manage their grief and find closure after a client dies.

If a death is not acknowledged in an appropriate way and staff haven't been prepared for loss, staff members are left to cope individually with their losses and may suppress their natural grief reactions after a client dies. As a coping mechanism, staff may learn to emotionally distance themselves from clients when a client is dying or a death occurs, without grieving their loss or finding closure. The reality of their work is they have to continue to provide quality care to other clients, often without the advantage of taking the time to grieve. Avoidance of pain is a normal human self-protection mechanism; if care hurts and there is no relief or support, the danger is that staff may consciously or unconsciously put up emotional barriers to maintain distance from the other clients they are caring for.

Staff education in palliative and end of life care, along with support to manage their loss and grief, can improve staff morale and workplace wellness. Caring is emotional work and staff who feel supported are more likely to develop the emotional resilience needed to provide person-centred care to clients, and their families, at all stages of the disease.

“We can't ask residential care aides to provide person-centred care unless we support them emotionally during the death of the residents they have cared for.” – Sienna Caspar, PhD, a Postdoctoral fellow at the Toronto Rehabilitation Network-University Health Network and University of Victoria, and certified therapeutic recreation specialist (CTRS)

“Staff need to know it's okay to grieve. All you are revealing is that you're human. Families are often moved when they see from staff that their loved one is cared for deeply.” – Sheilagh McIvor, social worker at Broadmead Care in Victoria

Dementia and staff grief

What employers can do to support staff in managing loss and grief

There are a number of strategies long-term care homes and agencies in the community can adopt to support staff in managing their loss and grief after a client dies. Many of these strategies are effective and inexpensive, and can apply to small or large organizations.

Job orientation can prepare new staff with knowledge about death in the workplace, normal and expected emotional responses to clients dying, and the grief support available to them. *Specialized education and training* enable staff to increase their skills and gain confidence in providing the best possible palliative and end of life care for clients and their families, and can assist staff in managing their own loss and grief in healthy ways.

Formal and informal grief support programs and initiatives, and *rituals and ceremonies* to honour and remember the person who has died, are other important ways in which employers can support staff grief, giving healthcare providers a meaningful opportunity to acknowledge the loss they experience and find closure.

Examples of best practices in supporting staff loss and grief in each of these areas will be outlined and described in the sections that follow.

“It is important for management to acknowledge the impact a resident’s death has on staff members. Checking in with the staff who were working at the time of the death to see if they are alright and asking if they need grief support is a supportive measure staff recognize and appreciate.” – Jill Marcella, MSW RSW, research project manager, Quality Palliative Care Long Term Care Alliance (QPC-LTC), “Grief and Loss Support for Front Line Staff,” Centre for Education and Research on Aging & Health at Lakehead University in Thunder Bay

“No matter where I go to talk about this, I have found front line staff need or want to learn more about palliative and end of life care, and to share. Employers need to educate the people that are giving the care and they will have more confidence in what to do.” – Jackie McDonald, personal support worker and peer-led debriefing facilitator at Bethammi Nursing Home in Thunder Bay

Peer support strategies to help manage grief and improve care

Peer support can be a powerful and effective way for staff to manage loss and grief after a client dies. Staff members often look to one another for support. The opportunity to talk amongst one another as a group – sharing stories and memories of the person, and thoughts or feelings of loss – can be comforting and provide a healthy emotional release.

By taking the time to reflect and having their feelings of grief acknowledged by peers, staff learn to accept that sadness and loss are a normal part of caring for dying people and not something that should be denied or suppressed.

Healthcare providers who participate in bereavement debriefing sessions are better able to manage their grief and this type of support can reduce staff turnover. Without the ability to manage grief in healthy ways, healthcare providers may find their personal or professional lives affected, impacting their ability to care for others.

Informal peer support can be as simple as the opportunity for staff to recount stories and feelings of loss during a daily team huddle. Or, co-workers from an adult day program might talk in the kitchen, reminiscing and expressing feelings of sadness after a long-time client with dementia has died.

The organizational culture is critical too. Leaders can support the healthy grieving process amongst peers by allowing and encouraging staff to gather after the death of a client, and making a point to ask staff members how they are doing. Staff members need to feel comfortable talking openly about death and their emotional reactions in a supportive, non-judgmental way.

Peer led debriefings, also known as sharing circles, are one way to formalize a peer support process for staff members after a client dies. These sessions can be led by a staff member who provides direct care for clients, such as a personal support worker. Their personal experience and training, related to workplace grief, can help guide peers through the grief process. Ideally, the sharing circle leader is someone who is widely respected by his or her peers, not in a supervisory role, and sensitive to the needs of all group members.

Sharing circles give staff members an opportunity to step back from the emotionally stressful experience of a client's death, and reflect on their thoughts and feelings about that person through a guided process involving questions and discussion. Staff members are encouraged to recount details, emotions and reactions to the person's death, share information and through this process, gain validation for their feelings. These sessions also help the staff by allowing for a review of what went well in the provision of end of life care and what could be improved upon.

Peer-led debriefings have been used effectively for grief support in hospices and long-term care homes. Routine peer led debriefings have been shown to improve overall workplace wellness, and reduce staff stress and absenteeism.

Case Study

Bethammi Nursing Home

Peer led debriefings offer meaningful grief support for front line staff

Jackie McDonald, a personal support worker at Bethammi Nursing Home in Thunder Bay, remembers how difficult it was for staff emotionally when a resident died and there was no organized process in place to support their grief.

“Most of us did not have much taught to us about death or the dying process. Our perception of death was just give the care, give them your time, your love, watch them die, and move on to the next person. There was no time to stop and talk about the person. No time to grieve and no way to say goodbye,” she says.

That is not how it is today.

For the past two years, Jackie has led and been a champion of debriefings for staff -- also known as sharing circles or celebrations of life -- after a resident dies. These gatherings are usually held within a few hours of the person’s death and towards the end of a shift, when most tasks have already been completed. Staff members from all disciplines are welcome to attend.

Debriefing is a time for staff to reflect and support each other. “We gather in a quiet room and we talk about the resident, wondering if we were able to help them attain all their wishes. We reminisce about the person and what they meant to us. We all have our stories and special moments to share,” says Jackie. “Having the support of management is crucial to making this work. They understand the importance of having closure for staff.”

The peer led debriefings were developed and implemented as a result of Bethammi Nursing Home’s participation in a long-term research project with Lakehead University and the Quality Palliative Care in Long Term Care Alliance (QPC-LTC)*.

“It’s been very powerful to see how the staff support each other after the loss of a resident. The debriefings have also given the front line staff at Bethammi increased confidence they are doing good work at the end of life,” says Jill Marcella, project manager for research on grief and loss support for front line staff, QPC-LTC.

The training that personal support worker Shane Hintikka received through the project to become a debriefing facilitator changed his perspective on caring for people who are dying. “I came to understand in a deeper way the importance of end of life care. The care the residents receive in their final days becomes more significant than anything else,” he says.

Shane calls the debriefings he leads at Bethammi celebrations of life. “When a resident passes, we all come together. Some people are quiet, some shed tears, and there is also laughter, as we share comical memories. Even though you’re just talking to your fellow workers, it’s therapeutic and this has a positive effect on the team bond,” says Shane.

* Research undertaken by the QPC-LTC is conducted with four key partners: Lakehead University, McMaster University, the Municipalities of Halton and Niagara, and St. Joseph’s Care Group in Thunder Bay.

“Staff say the most beneficial form of support often comes from their own peers. The relationships established with co-workers can be comforting and there is credibility in the experience of peers who have been working in the LTC setting for a long time. Having an opportunity to reminisce amongst one another about a resident who has died gives staff an opportunity for closure.” – Jill Marcella, MSW RSW, research project manager, Quality Palliative Care Long Term Care Alliance (QPC-LTC), “Grief and Loss Support for Front Line Staff,” Centre for Education and Research on Aging & Health at Lakehead University in Thunder Bay

“Each shift has a team huddle every day and everyone goes to the huddle. That is a built-in forum for staff to talk about their feelings for a resident who has passed away in an atmosphere where grief is acknowledged and supported. People will express their feelings more readily in an informal setting than in a formal one. All homes could very easily do this.” – Janet Iwaszczenko, administrator for Bloomington Cove Specialty Care in Stouffville, Ontario

Educating staff in a palliative approach enhances care and supports their emotional health

Dementia is recognized as a life-limiting condition. Education and training in palliative and end of life care can give staff from multiple disciplines increased understanding and the confidence needed to provide person-centred care to people with dementia through the end of life.

Job orientation is a good time to prepare new staff with the knowledge that death is common in long-term care home settings and that grief is a normal response to loss. It's also important to give staff in community agencies and long term care homes information about the support and resources available to them when experiencing grief after a client dies, including employee assistance programs (EAP) or local counselling services.

The goal of palliative care is to provide comfort, quality of life, dignity and pain control to clients. Palliative care is an approach which can be adopted as early as possible in the course of the disease and is not limited to the very last days or weeks.

Education and training in palliative and end of life care teach staff what they can do to improve the quality of living and dying for people with dementia and to minimize unnecessary pain and suffering. Staff learn strategies and skills to provide: effective pain and symptom management; hands-on care to alleviate distress and discomfort; psychological and emotional support for clients and their families; and facilitate a comfortable death.

(Please see the *End of life –what to expect* section in the *Progression* series at www.alzheimer.ca/~media/Files/national/Progression-series/progression_endoflife_e.ashx for more information on some common changes and possible strategies for end of life care.)

Dementia and staff grief

Education in a person-centred, palliative approach to care should prepare staff as well to deal with the stress and feelings of loss and grief they may experience while the person is dying and after death, emphasizing the importance and value of taking time to grieve and caring for their own needs.

Providing care and support that makes a real difference in the quality of living and dying for clients with dementia and their families can also help staff members to accept their feelings of loss and achieve meaningful closure.

Case Study

“The Dementia Difference” workshop

A palliative approach to caring for people with late-stage dementia

The Lodge at Broadmead, a long-term care home in Victoria where about 225 residents live, was inspired to develop an innovative staff education program, called *The Dementia Difference*^{*}, by noting the recent changes in both the characteristics of residents and the care environment. The proportion of residents with dementia has increased, the average length of stay has shortened and a greater number of residents with dementia are dying in the home each year.

“We recognized that while people are coming to Broadmead to live, they are also coming here to die. The goal of *The Dementia Difference* program is to increase the capacity of our staff to provide excellent care through to death by applying palliative principles and focusing on issues that are unique to caring for people who are dying with dementia,” says Sheilagh McIvor, a social worker and facilitator of the workshop at Broadmead.

More than 150 staff members have taken this specialized training in palliative and end of life care for clients with dementia. An evaluation of the program’s effectiveness found that staff members reported an increased understanding and acceptance of the dying process and death, which has translated into reduced stress both for themselves and family members.

As a result of the training program, there is more discussion of advanced care planning with family members during the admission process and more care conferences are convened for clients who are in their last days, weeks or months. Staff members feel increased pride in doing a good job as a team when supporting residents and their family members during the dying process, so that residents in their care experience comfort, dignity and warmth in their final days.

Staff participants also value and pay increased attention to self-care, which includes “permission” to grieve the losses they experience. “I gave a workshop about normalizing grief. Our staff need to know that it’s okay to express and show your grief when a resident dies. If through education, both formal and informal, we’re helping staff to feel more comfortable about death, the next step is to acknowledge and support their grief,” says Sheilagh.

^{*}The Dementia Difference workshop was developed by Janice Robinson, a clinical nurse specialist at Broadmead Care, and Katherine Murray, a hospice palliative care nurse educator, with special program funding from Veterans Affairs Canada.

“If you have more education, it will help get you prepared for the resident’s death. The experience is more positive for you when you can provide the end of life care the resident and family want.” - Daisy Wong, recreation therapist at Bloomington Cove Specialty Care in Stouffville, Ontario

Valuing what you do in end of life care

Valuing what you do in caring for a client with dementia and supporting family members is an important strategy for making sense and finding meaning out of loss. It allows you to step back and gain perspective on your role and vital contributions.

This process of affirmation, through personal reflection or sharing with your peers, can help to reduce the stress and resolve the grief you may experience after a client you have cared for dies.

The goal of a palliative approach to care is to provide comfort, quality of life, dignity, and pain control to clients.

Recognize the contributions you made to enhance the person’s experience, comfort, dignity, warmth and feelings of being at home while dying. Value the compassionate care you provided to reduce pain, alleviate distress and discomfort, and offer that person social, emotional and spiritual support.

Acknowledge your contributions in helping the family to make important decisions about and participate in the care of the person, supporting family members during the dying process, and helping the family to say goodbye.

Reflect on the rewards you received through caring for that person over many weeks, months or years, adding quality to that individual’s life, sharing the person’s past and being a valuable part of the person’s “present.”

As you experience the pain of loss, you may gain strength by finding meaning and satisfaction in your role and contributions as a healthcare provider. What you do makes a difference in giving each client with dementia the best day possible through the end of life, and in remembering the person after they are gone.

“The love you show to your resident counts the most in the final days when they’re living. That’s when you need to show the love and compassion.” –Shane Hintikka, personal support worker at Bethammi Nursing Home in Thunder Bay

“I do the personal and daily care. You get to know how the residents feel and you try to comfort the person the best that you can. There are times when they want you to sit on the bed and give them a hug. It feels good to do that. You feel you are doing something special for that person.”
– Susan Allott, personal support worker at Bloomington Cove Specialty Care in Stouffville, Ontario

“We have a role to play in contributing to a good death. What we do now in the person’s final days lives on in the memories of the families, which is powerful. Appreciating that we do make a difference can help with the feelings of loss.” - Sheilagh McIvor, social worker at Broadmead Care in Victoria

Honouring and remembering the person after death

How an organization chooses to recognize the death of a client – or does not, if death is not appropriately acknowledged and a silent culture exists around dying -- can make a huge difference in supporting staff loss and grief.

If staff members are expected to go on as if nothing has happened, this is a major impediment to healthy grieving and coping after the death. A workplace culture that recognizes and actively supports staff experiencing grief establishes meaningful rituals and protocols that are activated during the dying process and after the client dies. These activities give staff opportunities to honour and remember that person.

Here are a number of strategies that have been successfully implemented in a variety of settings to help staff manage their loss and grief. Consider some options that may be right for you and your organization:

- **Perform** a ritual when the person dies such as placing a silk rose on the bed, opening the window, or coming together in the room to say a prayer or blessing.
- **Institute** a ritual to honour the body. For example, place a special Dignity Quilt over the stretcher just before the body is removed from the room. Some residents and family members, management, staff and volunteers could form an honour guard which accompanies the body to the front door, where a moment of silence or a short prayer is offered, before the body leaves the home.
- **Put** a placemat with a blue butterfly symbol at the table setting of a deceased resident for three meals after the person’s death, which acknowledges to others that the person will be missed and is in our thoughts.
- **Recognize** the loss of each client by placing a photograph of the person or flowers in an appropriate place in the long-term care home or community program.
- **Provide** “grief boxes” with relaxation or spiritual CDs, literature, photos, and sympathy cards, which staff and residents can sign and then send to families.
- **Support** the attendance of staff who wish to go to the funeral or memorial service, subject to permission from the family.
- **Hold** regular memorial services, or celebrations of life, that are open to families, friends, residents and staff who wish to attend.

- **Create** a memory book and honour those who have died with photos, letters or notes from staff, residents, family members and friends who want to contribute a message of remembrance.
- **Invite** a staff member who was particularly close to that person to write a paragraph or an article for a staff newsletter.
- **Display** a memory tree, with branches where the names of deceased clients can be printed on leaves, in an area visible to staff and residents.

“When Evelyn died, I did not attend the funeral. Her son brought in a basket of plants to thank the staff. I brought home a plant and it’s grown into a tree. That was 14 years ago. It’s a memento of that particular lady. She has a soft spot in my heart.” - Ron, an adult day program worker in Ontario

“I would like to see each long-term care home and nursing home have rituals in place to commemorate the residents they’ve lost. These are comforting for families and for staff, assisting in the healing process for all.” - Barb Diepold, RN and Regional Coordinator, Northeast, College and Association of Registered Nurses of Alberta

Strategies to support grief and loss in the workplace

So far this guide has introduced the idea of workplaces needing to support grief and loss processes. This section provides specific examples and strategies for staff and organizations to implement based on the information and recommendations presented in the preceding pages.

1. Self-care strategies for staff: taking the time to look after yourself

Feelings of grief are a natural reaction to loss and another sign of caring. But you are still expected to continue on with your work compassionately caring for other clients and providing support to their families.

Using self-care strategies to help cope with your loss and grief can positively contribute to your physical and emotional well-being. These strategies can also help renew or strengthen your capacity to function effectively in your role as a caregiver, and your ability to invest in relationships with new clients and their families.

What you can do:

- **Acknowledge your grief** and recognize that it is a normal reaction to loss. Pay attention to your feelings and be aware of how you are responding to the loss.
- **Talk informally to the co-workers** you feel most comfortable with to share your grief experience. Reminiscing about the client who has died and expressing your feelings can help you resolve grief and find closure.

Dementia and staff grief

- **Seek out support** by asking for a formal debriefing session with a supervisor or a team of co-workers, or by meeting with a professional counsellor.
- **Reach out** to others, especially if you provide care in the community and tend to work in isolation. Ask for and seek out opportunities to meet with your peers, talk through your feelings and be listened to without judgement.
- **Practice relaxation techniques**, such as tai chi, yoga or meditation, which can provide the mind and body with restfulness, calmness and a sense of well-being. Go for a long walk outside or listen to a relaxation CD.
- **Exercise, eat well**, and do what you need to relieve stress. These basic self-care strategies can boost your health, mood and energy level.
- **Take time out** for yourself from work, if needed, to help resolve grief. By preventing even greater symptoms of distress, this can help you return to your normal capacity sooner.
- **Advocate and suggest ideas** for developing a peer support program, or other staff grief support initiatives, at the agency or long-term care home where you work.
- **Ask to attend the funeral** or memorial service, if you feel you would like to and the family gives permission.
- **Contribute to a book of memories** or write an article for a staff newsletter remembering the client.
- **Recognize your positive contributions** to the quality of life of the client who has died, that person's family and your team of co-workers. Reflect on the rewards that you received through caring for that person.

"Your heart bleeds every time you lose somebody and it's important to look after yourself." -
Jackie McDonald, personal support worker at Bethammi Nursing Home in Thunder Bay

"When a client passes away, I reach out to their family members. It helps to communicate with the family after the death. You need to say goodbye to the family and have some closure." -
Tara Arthurs, senior social worker, Alzheimer Society of York Region

2. Employer strategies: supporting staff effectively

There are many steps that employers can take to support staff in managing the loss and grief experienced when a client dies.

What you can do:

- **Orient** new staff with the knowledge that death is common in long-term care settings, and provide information on the grief support programs and resources available to them.
- **Educate** and train staff in the palliative approach to care, and strategies and skills to provide pain control and emotional support for clients through the end of life.
- **Support** staff participation in peer led debriefings, or sharing circles, after the loss of a client, which could be held near the end of a shift when tasks have been completed.
- **Ensure** there are procedures in place to inform off duty staff that a client they have been caring for has died.
- **Check in** with staff members who were working at the time of death to see how they are doing, if they need grief support and what type of support would be most helpful.
- **Post** information on grief support offered through employee assistance programs (EAPs) or local counselling resources in the staff room and in other appropriate spots in the LTC home or agency.
- **Provide opportunities** for home care workers to meet with their peers, or managers, to talk through their feelings, and to attend funerals or memorial services.
- **Encourage** open discussion, reflection and sharing of information in staff meetings about best practices in caring for clients during the dying process.
- **Convene care conferences** involving staff and family members for clients who are actively dying, to clarify the optimal goals of care in keeping with the person's wishes.
- **Say "goodbye"** through rituals such as the placing of a silk rose on the bed, the use of dignity robes instead of a shroud, or an honour guard to accompany the deceased person's body through the front door upon leaving the home.
- **Honour and remember** each client who has died by creating a book of memories or a memory tree. Hold regular memorial services open to families, residents and staff who wish to attend.

Resources

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2. Alzheimer Society, "Ambiguous Loss and Grief: A resource for individuals and families," http://www.alzheimer.ca/~media/Files/national/Core-lit-brochures/ambiguous_loss_family_e.ashx.
3. Alzheimer Society, "Grieving," <http://www.alzheimer.ca/en/Living-with-dementia/Grieving?p=1>.
4. Alzheimer Society, "Guidelines for care: Person-centred care of people with dementia living in care homes," http://www.alzheimer.ca/~media/Files/national/Culture-change/culture_change_framework_e.ashx.
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Where can I get further information?

Please refer to the following resources or contact your local Alzheimer Society: www.alzheimer.ca.

Grief and loss series:

Ambiguous loss and grief: A resource for healthcare providers

Ambiguous loss and grief: A resource for individuals and families

Progression of Alzheimer's disease:

Overview

Early stage

Middle stage

Late stage

End of life

Living with Alzheimer's disease and other dementias - Day-to-day series:

Communication

Personal care

Meal time

Note: This publication provides guidance but is not intended to replace the advice of a healthcare professional. Consult your healthcare provider about changes in the person's condition, or if you have questions or concerns.

Alzheimer *Society*

Alzheimer Society of Canada

20 Eglinton Avenue West, 16th Floor, Toronto, Ontario, M4R 1K8

Tel: (416) 488-8772 1-800-616-8816 Fax: (416) 488-3778

Email: info@alzheimer.ca Website: www.alzheimer.ca

Facebook: facebook.com/AlzheimerSociety Twitter: twitter.com/AlzSociety

Charitable registration number: 11878 4925 RR0001