

# Best Practices for Staff Bereavement Care



## INTRODUCTION

Home is deeply personal. Serious illness is frightening, and loss of home due to illness is a transition unlike any other. Long-term care facilities blend the concept of home with skilled medical care. Initially, staff and other residents are strangers, but eventually they become familiar. Relationships formed in this setting shape the day to day experience and are critical to the overall health and well-being of residents.

On the one hand, a long-term care facility is a place where death is an expected part of the environment. As one resident stated, "we know that we come here to die." On the other hand, not everyone comes to a facility with a life-threatening illness. As one director of nursing stated, "residents come here now for short-term rehab." This mix of attitudes ranging from 'I am here to die' to 'I am here to get better and go home' creates challenges for the culture of a long-term care facility.

More than sixty hours of interviews with members of nine long-term care facilities in middle Georgia led to the development of this guide, which we hope will promote change in the culture of death and dying. Participants identified practices used to support residents, families, and staff during critical end of life transitions. They also identified areas of unmet need for care. Their insights reflect their experiences with advance care planning and bereavement care.

## ACKNOWLEDGEMENTS

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The image features a vibrant red background with a complex, low-poly geometric pattern of various shades of red and pink. The pattern consists of numerous overlapping triangles and polygons, creating a sense of depth and movement. In the upper-middle section, a white-bordered rectangular box is centered, containing the text 'BEREAVEMENT CARE' in a bold, white, sans-serif font. The text is the primary focus of the image, standing out sharply against the red background.

# BEREAVEMENT CARE



**G**rieving persons need care-bereavement care. This care includes the dying person's friends and family. It can also include staff, such as dietary workers and housekeeping, and anyone who spends time with the dying person on a regular basis.

Grief often begins long before a death occurs, so bereavement care should not be limited to the time following death. Quality bereavement care promotes healing and addresses the emotional needs of all persons involved.

*One dear friend developed dementia. When she died, that was expected, and in an interesting sort of way it was a relief.*

— Resident

*The residents are like family. There is one that passed recently that really got to me.*

— Housekeeping

*I've been here for five years, and so I have gotten to know residents. They have become like family. So, I am deeply affected when I know someone is at the end of life.*

— Dietary Manager



*I'm not going to lie. Often, I am relieved when patients die, because I don't have to watch them suffer. The hardest part of death is usually watching the decline.*

— Nurse

*To me, death has never been just part of the job. It bothers me every single time. If I ever get used to it, I will know that it is time to get out of this field.*

— Nurse

*I need a grief counselor. I just lost my baby, and I have patients pass on me too. All I can do is pray.*

— CNA



# Caring for the Deceased

Caring for the resident's body facilitates the grieving process for family and staff.

## BEST PRACTICE

*Create a protocol to prepare the body for final viewing by family.*



*We remove all tubes, IVs, PICC lines, etc. We clean them up like they are going to church. We do mouth care, look under their necks, and give them a bed bath to freshen up because there are smells. Sometimes we put on a little bit of cologne. We also put clean clothes on them. Then we look around the room and put away stuff like toothbrushes so that the room looks fresh. When the family walks in, there should be a fresh smell, clean person, not a dead body. This is the last memory many will have.*

— Head of Nursing



## **BEST PRACTICE**

*Create a caring and respectful process for handling the deceased.*



*The difference between the nursing home where I used to work and this one is how they handle the dead. In a person-centered nursing home, we know all the residents and their families. We send someone to their funerals. Their relatives come back and visit. One of the CNAs even has a grandmother here.*

— Nurse

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A few small, dark specks or marks located in the upper right quadrant.