Emotional and Organization Support

Week 4 – Mourning on the Path to Wellbeing

Objectives for this Session:

- Explain the difference between grief and mourning and how mourning is directly impacted by our willingness to accept reality.

- Discuss reasons why mourning may be difficult in the nursing home and ideas for incorporating mourning practices.

- How to use direct observations and shadowing to understand your nursing home's debriefs as they currently occur at the point of care.

- Learn to incorporate a practice of mourning through debriefs.

Emotional and Organization Support Module

5 Critical Change Opportunities

- Introduce participants to two of the principles of trauma informed care, safety and trust.

- Expand emotional intelligence by recognizing one's stress response.

- Train staff in strategies to respond to stress by identifying feelings and needs with the language of nonviolent communication.

- Integrate a mourning practice into facility culture via team-based processes, such as rounds and debriefs.

- Support psycho-emotional growth by building attuned active listening, debriefs, and learning into daily activities.

New Questions?

- What is top of mind for you?

- Do you have any questions that we should be sure to cover this week?

- Has anything been particularly challenging or frustrating that you would like help advancing?

Chat Waterfall:

What is one loss you are mourning?

Radical acceptance

- Radical acceptance is an acknowledgment, "This is happening right now. I sure don't like it **and** I can handle it."
  - Accept that life is different right now.

- Accepting reality (sadness, loss, pain) *without resistance*
  - Doesn't mean you agree with what is happening or that you can't/won't work to make it better.

- Focusing energy on collaboration, building partnerships, and problem-solving rather than resisting painful reality

The difference between grief and mourning

- **Grief** is internal – sadness, anxiety, anger, longing to be with someone, thoughts and memories

- **Mourning** is external, something that is shared with others in some type of action, symbol, ceremony, or ritual that activates social support

How is acceptance connected to mourning?

- Accepting what is allows us to mourn what isn't.

- Consider acceptance like a bridge to mourning.

What are we mourning?

- Deaths, illness, loss of friendships and connections (e.g., to a resident's family when their special person dies)

- Loss of 'normalcy' or at least processes as we understood them, predictability

- Loss of agency, feeling out of control

- Loss of sense of purpose, feelings of insecurity

- Feelings and tenderness around guilt, especially around illness and death, lingering effects of COVID

- Questioning our desire to stay in healthcare and wondering what we would do differently

Tendency to minimize or trivialize mourning

General discomfort for expressions of grief (mourning) and ways that we use language to stop our own or others' mourning:

- Changing the subject

- Trying to see the bright side, "The gift in this is…"

- Offering reframes, "Look at it this way..."

- Offering advice

- Dismissing, "Snap out of it"

- Minimizing, "It's not that bad"

- Reassuring, "You're going to be fine"

- Diagnosing, "You're depressed" or "You have PTSD"

The Trouble with Mourning by Sarah Peyton
https://thefearlessheart.org/the-trouble-with-mourning/

Why is grieving and mourning difficult in the nursing home?

- Staff may not feel safe to express their grief, to mourn

- Staff may feel pressured, overtly or implicitly, to 'deal with it'

- Even if the culture is more receptive to grief and mourning, there may not be a formal structure in place to acknowledge or support staff in their grief response and to participate in a mourning practice

- Constant detachment (after death) and reattachment to new resident

- Pressure to "maintain census" so a new resident comes into the community (same room and bed as the resident who died) and staff has not grieved or mourned.

- Stuff not usually supported to attend a resident's funeral

Connection with feelings and needs

- My heart is broken, I need space/time

- I'm startled because I wasn't expecting her to die, I need…

- I'm so angry! I'm sick of this damned pandemic and all it has taken. He was so young…what are his kids going to do without their dad? I'm numb. I wish other people could understand what this feels like.

Both-And thinking

- Intentional act of holding two, possibly conflicting, thoughts or emotions
  - I am upset about … AND I am eager to…
  - I am uncertain about…AND I am grateful that...

The gift of permission

- *Gifting* ourselves and each other permission to grieve and to mourn

- Normalize these expressions

  - Acknowledge feelings of loss, name them and claim them

  - For residents, gently inquire about grief in daily interactions and assessments

- Radical acceptance includes making room for discomfort, pain, and sadness

- Provide psychoeducation on grief and mourning,
  - Make materials available for staff, residents, and families

Peer support is a significant part of mourning

- Peer support is a fundamental trauma-informed care principle

- Providing time and space for staff to grieve, reminisce, and gather after a death, loss, or distressing news.

- Debriefing is one example of a formal support where staff can discuss what went well and what can be improved.

Allow space for and normalize crying

- Crying is a natural response (usually to sadness and hurt); it releases hormones and toxins from the body

- There may be discomfort because the person crying feels vulnerable or the person witnessing the crying feels compelled to "do something".

- Bearing witness is powerful

- No need to "fix" anything

Why We Cry: The Truth About Tearing Up
https://www.webmd.com/balance/features/why-we-cry-the-truth-about-tearing-up#1

When someone says, "I'm sorry for crying."

- Consider saying, *"Thank you for allowing me to be present with your grief (sadness, hurt). Thank you for trusting me."*

- While offering a tissue to someone who is crying may seem appropriate, be aware that it can also be interpreted as a sign of discomfort, "Please stop crying."

  - Instead, have multiple boxes of tissues available in strategic places, especially if you anticipate tears

Mourning rituals (practices)

- Memorial or celebration services (on a *regular* basis)

- Open windows and gather staff for a 'prayer' or blessings

- Place a rose on the bed

- Take a moment of silence

- Memory tree – names of residents written on leaves which are hung on the branches, visible for all to see (normalizing death)

An environment that supports mourning supports wellbeing

- Helps retain staff

- Improves morale

- Supports trauma-informed care principles

- Normalizes dying and death

- Supports organizational success

Thank you!

Building a Culture of Emotional Safety and Trust to Support Staff Wellbeing

Session 4 – How to Integrate a Practice of Mourning

What are We Mourning? It's Not Only Death...

- Deaths, illness, loss of friendships and connections (e.g., to a resident's family when their special person dies)

- **Loss of 'normalcy' or at least processes as we understood them, predictability**

- **Reliving the trauma** of this past year, e.g., surveys, lawsuits, questions/doubts

- **Loss of agency, feeling out of control**

- **Loss of sense of purpose, feelings of insecurity**

- Feelings and tenderness around guilt, especially around illness and death, lingering effects of COVID

- Questioning our desire to stay in healthcare and wondering what we would do differently

How a Mourning Practice Can be Supported Through Debriefing and Peer Support

- Peer support is a fundamental TIC principle
  - "You are not alone."
  - Personal agency and control
  - Feeling of being part of a team
  - Shared sense purpose to oneself, team, and residents

- Providing time and space for staff to grieve, reminisce and gather after a death, loss, or distressing news.

  - How might we do this?

- Debriefing is one example of a formal support where staff can discuss what went well and what can be improved

What's in a Debrief?

What Debriefs are:

- Safe, constructive, sharing, and active listening of feelings in a way that meets staff's needs

- Objective and non-blaming identification of what's going well and what is not

- Reinforce shared purpose and personal agency

- Focus on incorporation of learning into systems

What Debriefs are not:

- Blaming, judging, and criticizing of staff, residents, and families--present and not

- One-sided venting and complaining about aspects out of one's control

- A time to try to "fix" feelings or outcomes

Where to Start: Is a Mourning Practice Supported in Your Nursing Home?

- What actually happens? What is the mourning practice? How does it work?
  - Is there already a space and time for mourning? Does it regularly occur?
  - Does the structure in the nursing home support participation by all of those who wish to do so?
  - What feelings are shared and needs met?

  - Improvement Tool(s): Process Mapping Through Shadowing and Conversation, 5Ws (Who?, What?, Where?, When?, Why?, How?), PDSA

Case Scenario: Wellbeing and Mourning Practice

- Imagine that 2 residents have died within days of being diagnosed with COVID-19.

- Background: The residents' families are notified. Many of the staff who cared for the residents for years were unaware of the residents' deaths until they arrived to work and saw the residents' rooms empty.

- Imagine that you are one of the staff members who was unaware of the residents' death. **How do you feel when you learn of the news? Is there an unmet need?**

Case Scenario: Wellbeing and a Practice of Mourning

- Group 1 isn't invited to participate in any events to share feelings and grief. Staff grieve alone and are angry (at the world, at administrators, at their colleagues) that they didn't get to say goodbye. The staff's perception is that they are to move on and tend to their other tasks.
  - The need to mourn is not being met.

- Group 2 has daily shift huddles that include clinical and operational staff to debrief, share feelings, and mourn (loss of life, control, etc). Leaders and staff grieve together at the death of the residents. Imagine how these staff members feel.
  - The need to mourn is being met.

How might the wellbeing in group 2 differ from group 1 in a few weeks? Six months?

What Can We Do This Week? Pick 1.

- Can we ask 5 staff:
  - Do staff feel supported to grieve?
  - Would they like to participate in a mourning practice?

- What do we learn from the feedback provided from staff? How do we integrate it into a mourning practice that honors feelings, provides emotional support, and builds trust?

Resources

- It's OK to be OK: how to stop feeling 'survivor guilt' during COVID-19, https://theconversation.com/its-ok-to-be-ok-how-to-stop-feeling-survivor-guilt-during-covid-19-143457

- The Covid-19 Symptoms No One Talks About, https://elemental.medium.com/the-covid-19-symptoms-no-one-talks-about-ffdfa8895acb

- The Trouble with Mourning, https://thefearlessheart.org/the-trouble-with-mourning/

- Grief Support For Staff, http://palliativealliance.ca/assets/files/Alliance_Reources/Org_Change/Grief_toolkit-Oct._11.pdf

Wrap up

- Final comments or questions?

- Any topics you would like the faculty to discuss next week?

- We would like to learn from you! Please share your ideas for tests of change, success stories, challenges and innovations by emailing us.

- 1:1 and small group coaching is available from your coach and Training Center Team.

Thank you!