

Exploring the experience of *personal bereavement* for nurses working in a palliative care setting and the experience of returning to work

Melanie Waghorn, Senior Research Nurse, St Catherine's Hospice, Crawley
Amanda Gregory, Consultant in Palliative Medicine, St Catherine's Hospice, Crawley
Jo Vriens, Consultant in Palliative Medicine, Phyllis Tuckwell Hospice, Farnham

Liz Reed, Research Lead, Princess Alice Hospice, Esher,
Emily Sills, Consultant in Palliative Medicine, Woking Hospice,
Jennifer Todd, Consultant in Palliative Medicine, Princess Alice Hospice.

Background

Palliative care professionals are constantly exposed to death and dying and witness the distress this can cause both patients and families (Ablett et al, 2007). They often enter into close relationships with their patients, so when the patient dies they may experience a sense of loss and separation (Feldstein et al, 1995). Consequently, there is a significant emotional burden for nurses working in palliative care.

Within our hospice collaborative, we became aware of the challenges facing palliative care nurses, who had cared for a significant relative or friend at the end of life, when returning to working in a palliative care setting. This led us to design a small qualitative study to explore the experience of bereaved nurses working in a palliative care setting and to understand what measures hospices could take to support and retain bereaved staff. The wellbeing of nursing staff as well as the implications of failing to retain valuable nurses is an important area to address.

Participants

Thirteen nurses were interviewed; all were currently working in a palliative care setting. The significant bereavements were of parents, grandparents, in-laws and friends. The time since bereavement was from 7 months to 23 months and they had worked in palliative care for between 6 months to 32 years. All participants were female, and worked in a variety of clinical departments with the hospices.

Methods

A multi-centre qualitative study involving 4 hospices. Advertisements were posted in all 4 hospices inviting nurses and healthcare assistants who had been bereaved after the death of a significant relative or friend, within the previous 24 months, if they would be willing to be a part of a research study exploring their experience. Snowball sampling was also used as a way to extend the research to those who are outside the immediate population being accessed (hospice employees).

Aim

To explore the experience of a personal bereavement for nurses working in a palliative care setting through the death of a significant relative or friend.

Secondary Aim

To make recommendations on how best to provide support pre- and post-bereavement, and to retain nursing staff when they experience a personal bereavement.

What is a significant relationship?

"My uncle died when I was at work and I wasn't allowed a day off for the funeral... my aunty brought me up... there doesn't seem to be any flexibility"

The personal resonating with the professional

"The family were standing there in their dressing gowns crying and I just thought... oh, that's how I looked a couple of weeks ago"

Forms of support

"Support didn't go beyond the office."

Results



A nurse in the family

"I felt guilty because maybe looking back there were signs that things weren't right. And me being a nurse, I should have seen it, and I didn't."

Circumstances around bereavement

"I really have to say I appreciated that time with him, and not to leave him because, you know... just felt important"

Grief as a continuum

"Bereavement can be raw 18 months on but you feel silly because it happened quite a long time ago"



Advice for Nurses

Be open and honest with your team **'you spend the majority of your day with them'**

Some found working helpful as colleagues were supportive **'something of the familiarity of work is very grounding'**

'Take time out'. This might be before, immediately after or at a later date. Those with past experience appeared to take more time out after the death

If nurses return immediately they might look OK but **'they are probably not'**

'Do what feels right for you' but be aware that may change

Conclusion

- Flexibility— one size does not fit all.
- Nurses may not know what they need but may need more time to adjust before returning to work and after.
- HR may be bound by national and local policy and may not be aware of the situation.
- Grief doesn't end in 5 days, consider the ongoing needs of bereaved nurses through a formal process.
- Consider the needs of nurses who have a sudden bereavement. They may be in shock and unable to see what their needs are.
- When staff have not worked in the organisation for 12 months they may not be entitled to compassionate or bereavement leave. Financially taking time out may be prohibitive.