

Original Article

Grief After Patient Death: Direct Care Staff in Nursing Homes and Homecare

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Abstract

Context. Patient death is common in long-term care (LTC). Yet, little attention has been paid to how direct care staff members, who provide the bulk of daily LTC, experience patient death and to what extent they are prepared for this experience.

Objectives. To 1) determine how grief symptoms typically reported by bereaved family caregivers are experienced among direct care staff, 2) explore how prepared the staff members were for the death of their patients, and 3) identify characteristics associated with their grief.

Methods. This was a cross-sectional study of direct care staff experiencing recent patient death. Participants were 140 certified nursing assistants and 80 homecare workers. Standardized assessments and structured questions addressed staff (e.g., preparedness for death), institutional (e.g., support availability), and patient/relational factors (e.g., relationship quality). Data analyses included bivariate group comparisons and hierarchical regression.

Results. Grief reactions of staff reflected many of the core grief symptoms reported by bereaved family caregivers in a large-scale caregiving study. Feelings of being “not at all prepared” for the death and struggling with “acceptance of death” were prevalent among the staff. Grief was more intense when staff-patient relationships were closer, care was provided for longer, and staff felt emotionally unprepared for the death.

Conclusion. Grief symptoms like those experienced by family caregivers are common among direct care workers after patient death. Increasing preparedness for this experience via better training and support is likely to improve the occupational experience of direct care workers and ultimately allow them to provide better palliative care in nursing homes and homecare. *J Pain Symptom Manage* 2015;49:214–222. © 2015 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.

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Key Words

Grief, bereavement, preparedness, patient death, caregiving, nursing assistants, homecare workers, direct care staff

Introduction

A critical setting of palliative care is the long-term care (LTC) environment¹ where the main care providers are certified nursing assistants (CNAs) in nursing homes and home health aides (HHAs) in the community. Both are referred to as direct care workers because they provide the bulk of hands-on care. Compared with other staff, the CNAs and HHAs have the most daily interactions with the patients. They often see themselves as family surrogates² or as having family-like ties.^{3,4} Such family-like feelings toward patients have been identified as critical to compassionate care. In a national survey, nursing home administrators even indicated “staff treating residents like family” as their best practice, second only to “keeping the resident comfortable.”⁵

When direct care providers have family-like ties to a patient, however, they may experience family-like reactions when the patient dies. A few studies have provided evidence for grief among CNAs,^{6,7} and one study identified grief as a contributor to burnout.⁸ No comparable insights exist for the HHAs. However, learning about the experience of HHAs after patient death is equally important, as LTC is increasingly provided in the community⁹ and an HHA is often the only person the homecare client interacts with on a regular basis. Therefore, it is possible that the relationships between HHAs and homecare clients are even closer than the relationships between CNAs and nursing home residents; and that as a result, the HHAs experience more intense grief.

Largely, the topic of death in LTC has been muted³ and grief experienced by front-line staff has been recognized as one form of “disenfranchised grief.”¹⁰ Considering this lack of attention to how patient death affects direct care staff, an important question is how well staff members can be prepared to deal with death and related grief. Preparedness for death has been identified as an important contributor to family caregiver bereavement outcomes.^{11–13} There is also evidence that preparedness for

death is a multidimensional construct, and that caregiver preparedness can be enhanced by targeting cognitive/informational and emotional preparation.^{13,14} In a palliative care context, this distinction is particularly relevant because both aspects reflect the direct care worker’s role and perspectives within the care team (e.g., understanding of patient’s condition and an expanding focus on comfort and natural death). If preparing family caregivers for the death of their loved one is considered an integral component of good end-of-life care,¹⁴ this notion should be expanded to formal caregivers who replace or complement family caregivers. We are not aware of any study that has examined preparedness for death and its association with grief among formal caregivers.

We had three aims for this study. Our first aim was to determine how grief symptoms typically reported by family caregivers are experienced among direct care staff. Besides describing grief symptoms of the direct care staff assessed for this study, we compared their grief symptoms with those of family caregivers of a nationally representative sample. Our second aim was to determine how prepared the staff members were for patient death, both in terms of information about the patient’s condition and emotionally. In the context of both aims, we also evaluated to what extent the CNAs differ from the HHAs. Finally, we were interested in identifying staff, institutional, and patient and relationship (between caregiver and patient) factors that may be related to direct care workers’ grief levels after the patient death. These factors were selected as they had been found to predict grief in previous studies.^{6,7,11–13,15,16}

Methods***Recruitment and Eligibility***

Actively employed CNAs were recruited from three large nursing homes, all part of the same care system in Greater New York, between 2010 and 2012. To be eligible, the CNAs had to have experienced within approximately the past two

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