Executive Summary: Tackling Grief and Bereavement in Nursing Home Settings

Findings from WellbeingTREE Learning and Action Network Roundtables

This is a summary of the full report detailing findings and recommendations of the **WellbeingTREE Learning and Action Network (LAN)** Roundtables on Grief and Bereavement in Nursing Homes. This report will summarize why grief and bereavement need to be addressed in nursing homes, background on the roundtables, and the needs and recommendations that were developed through the roundtables.

Introduction

Grief and bereavement are universal experiences for most individuals. Grief is the emotional process of reacting to a loss, and bereavement is the objective situation one faces after a loss. While individuals experience grief and bereavement differently, when left unaddressed they can negatively impact one's health and productivity (Buckley et al., 2012; Carey et al., 2014; Wilson et al., 2020). For those who work and live in nursing homes, death is a common and often frequent occurrence, therefore presenting increased potential for experiences of grief and bereavement. The COVID-19 pandemic exacerbated this problem, as nursing homes experienced disproportionate losses compared to the general population (Cronin and Evans, 2022). Further, staff working in nursing homes not only experience loss within the home but also loss in their personal lives outside of work. Residents living in nursing homes experience grief and bereavement of loved ones, fellow residents, loss of abilities, as well as feelings of loss associated with transitioning into a nursing home. Nursing homes can help reduce the negative impacts of grief and bereavement by addressing them directly and building supports in the home that promote resident and staff well-being.

Background on Roundtables

Altarum, with funding from the Michigan Health Endowment Fund, established WellbeingTREE, a learning and action network that provided Michigan nursing home leadership and staff-tailored education and evidence-based strategies to address the grief, bereavement, social isolation, and loneliness that nursing home communities experience. As part of the project, two virtual roundtables were held with nursing home staff and long-term care experts in Michigan.

- In Roundtable One, five nursing home staff and one state program manager met to discuss what nursing homes need to better support residents and staff.
- In Roundtable Two, eleven subject matter experts met to discuss solutions and recommendations to the needs discussed in Roundtable One.

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Needs and Recommendations

Roundtable One identified needs that fell into in four categories: **Bereavement Policies**, **Training and Education**, **Mental Health Supports**, and **End-of-Life Care**. Roundtable Two discussed potential solutions to those needs. Based on the solutions discussed in Roundtable Two, Altarum developed recommendations to support nursing homes in their efforts to address grief and bereavement. Many of the homes our team spoke to are already taking these steps. This section outlines the needs addressed in each category, the challenges associated with addressing those needs, and subsequent recommendations for consideration.

Bereavement Policies

Nursing home staff stated there is a clear need for more comprehensive bereavement leave policies and procedures. Examples of specific needs include an increase in the number of paid bereavement days offered, broadening eligibility guidelines for those who leave may be used for, and offering leave days that can be taken non-consecutively over a longer period.

Roundtable Two participants acknowledged that more comprehensive bereavement policies would be beneficial for staff, but that several challenges may prevent homes from doing so. First, homes may not be aware of the short- or long-term benefits of providing more leave, or whether there are negative consequences for not providing it. Given that providing more leave has a financial cost associated with it, homes will want to know the return on investment. Additionally, most nursing homes face staffing challenges, making it difficult to find extended coverage when an employee is out, which may cause homes to be fearful of offering more leave.

Nursing Home Administrators Can: Create a culture of trust where people can take time off when needed, regardless of the reason. Work with schedulers and human resources to examine policies on time off and allow managers the latitude to work creatively and with flexibility to accommodate time off.

> *"This comes back to making sure that the culture we create, even if the policies don't come together exactly as needed for the person needing the support, allow for staff regardless of position (scheduler, administrator, HR, etc.) to creatively figure out how to support people as individuals."*

Nursing Home Owners and Organizations Can: Develop flexible bereavement policies to reflect the needs of modern workers and update them when needed. Bereavement leave should be broadly covered beyond the immediate family and allowed to be taken non-consecutively to accommodate the needs of the bereaved. If more paid leave is not currently an option, increasing the flexibility in which staff can take unpaid leave is another consideration. Consider the needs of staff who are from other countries and may need to travel for extended periods of time.

Training and Education

Nursing home staff shared that direct care staff could benefit from more training and education on caring for the dying, especially with cultural competency in mind, and self-care for when a resident passes. Participants also stated that nursing home administrators and managers, new ones in particular, could benefit from training on identifying mental health needs among staff and supporting staff's emotional needs.

Participants in Roundtable Two identified challenges with addressing these needs. First, nursing homes have many required trainings they must complete, so it is important to identify ways to provide training that will not overburden them. Second, some individuals noted that administrators are also burning out, and it is unreasonable to expect them to be the main source of support for all their staff in addition to their additional responsibilities.

Nursing Home Administrators Can: Incorporate training on grief and bereavement in ways that lessen the burden on staff by offering it as brief in-service topics, incorporating it into other required trainings, and incorporating it in onboarding and orientation. Consider using weekly reminders or nudges during daily huddles or meetings on grief and bereavement-related topics. Homes can strengthen relationships with hospice providers by leaning on them to provide education and support to staff on compassionate end-of-life care and self-care.

To lessen the burden on administrators to support all staff, mid-level managers can be trained to recognize the mental health needs of staff and how to support them. Training such as Mental Health First Aid (MHFA) is often offered for free or low cost in Michigan. This training is brief (8 hours), and has been used in long-term care to identify and support staff struggling with mental health issues.

Nursing Home Owners and Organizations Can: Incorporate training around grief and bereavement in corporate onboarding for all staff. Training should be tailored to the position (e.g., administrators, managers, direct care staff) and address the home's approach to end-of-life care, and how the home processes the loss of a resident.

Additionally, consider developing a mentorship program for new nursing home administrators and managers. Mentorship programs are not a new idea, but there could be room to expand mentorship programs to include a focus on mental health support and self-care for those who are interested.

Educators Can: Include grief and bereavement, mental health, burnout risk, and self-care in the Health Care Administration degree programs. Self-care is typically addressed in nursing and social work degree programs, but it is important to address for health administrators as well. Administrators are juggling multiple roles while trying to support and retain staff, and thus may be at risk for burnout.

Government Agencies Can: Include a more robust grief and bereavement module in the Nurse Aide Training and Competency Evaluation Training Program curriculum. Michigan currently has a broad

module on end-of-life care, but there is room for more on self-care topics and dealing with grief and bereavement working in the nursing home setting.

Mental Health Supports

Increased mental health support for residents and staff was identified as a need by Roundtable One participants. This can include supports such as increased access to chaplains and pastors certified in bereavement counseling and acting proactively by incorporating consistent, genuine mental health support into the workplace.

There were several challenges identified with building more mental health support in homes. The first is a lack of resources, both from a financial and service perspective. Roundtable Two participants noted that mental health is still underfunded and underutilized in the general population as well as in long-term care settings. Second, what constitutes mental health support looks different for everyone. Residents and staff may have different ways they prefer to be supported, and it is important to acknowledge that there are multiple ways to provide support beyond therapy or support groups.

Nursing Home Administrators Can: Create a culture of open communication. Administrators can set the stage by starting a dialogue about grief and bereavement in the home. Seeing a leader open up may signal to staff that it is okay for them to do so as well. Additionally, administrators and managers can learn from staff how they prefer to be supported.

Administrators can also consider implementing a Grief & Bereavement or Mental Health Employee Resource Group (ERG), as well as an employee support group**.** Identify whether there is interest among staff by conducting a survey or through informal conversations. The group could be led by staff with the support of leadership.

Social Workers Can: Implement grief and bereavement support groups for residents. Identify if there is interest among residents in support groups. Groups could be facilitated by the social worker or an outside professional, but resident-led groups supported by staff may be ideal.

Social workers can also communicate with residents about grief and bereavement if they are not already doing so. Have open conversations with residents when a death occurs in or out of the home. Not all residents may be interested in talking about grief and bereavement, but opening the door lets them know they have someone to talk to should they change their minds.

Nursing Home Owners and Organizations Can: Seek feedback from staff working in the homes. Identify and understand staff experiences related to grief and bereavement in the home and learn if they are receiving the support they need. Some potential avenues for receiving feedback are listening sessions with staff or anonymous surveys.

End-of-Life Protocols

Attendees in Roundtable One stated they wish they had more time when a resident passes, noting that they feel rushed to remove the body and fill the bed with a new resident as soon as possible. Other needs included more standardized processes after death occurs, a team or community debrief after death, staff trained on the rituals surrounding death in the cultures applicable to the residents they are caring for, and private rooms for those who are transitioning.

> *"There's not a way for people to informed [of a resident death] in a way that is respectful, heartfelt, and understanding. It is important to inform people in a way that matters, to show that they matter and that staff matters."*

Roundtable Two felt that while there are some challenges beyond what the homes face, such as the need to admit a new resident after one has passed, there are many concrete and immediate changes that homes can implement fairly easily to improve end-of-life transitions.

Nursing Home Administrators Can: Implement clear, emotionally, and culturally supportive post-mortem protocols. Examples of areas to consider include the retrieval of a resident's personal items, communication protocol and process for who gets notified at what intervals when a resident is dying, and structuring formal post-mortem debriefs with staff.

Administrators can also work with hospice partners to create a standardized communication plan for when a death occurs. Hospice can provide guidance on standardized plans and processes for notifying family and staff when a death occurs, including who is notified first, how, and when. Staff and family can be asked their preferences on how to hear about a resident death.

Social Workers Can: Identify and implement preferred post-mortem rituals for when a resident passes. Ask residents and staff how they would like to honor residents. Ideas for rituals include playing a special song, having a procession out the main entrance, or laying a quilt on the resident's bed.

Hold memorials for residents who have passed. Survey residents to learn how they would prefer to memorialize others, and how they would like to personally be memorialized if they pass. There are different approaches for holding memorials. Some homes hold a memorial for each resident who passes, while others may hold one for all residents who have passed over a specified amount of time.

Social workers can also communicate with residents about end-of-life wishes extending beyond POLST/Advanced Directive criteria and document those wishes accordingly so that all staff are aware. Other areas to consider are whether they have any wishes for being memorialized in the home.

Other Recommendations

In addition to the four categories discussed above, additional needs were brought up in In Roundtable Two that did not come up explicitly in Roundtable One. Attendees noted that homes that are

implementing culture change or person-centered care practices may be more likely to spend the time and resources to address grief and bereavement for staff and residents. Additionally, the lack of data and research on grief and bereavement in this setting was presented as both a need and barrier to implementing new policies or supports.

Culture Change

Nursing Home Owners and Organizations Can: Make culture change and person-centered care a strategic priority for all homes within the organization. Including culture change in strategic planning ensures that it becomes an ongoing, long-term goal, and holds all employees accountable for its success.

Educators Can: Include culture change and person-centered care as part of the education curriculum for Health Care Administrators and other similar degrees. Culture change emphasizes supporting and empowering staff. Prepare future administrators to move away from the institutional model of care while still working within regulations.

Government Agencies Can: Designate culture change as a priority. Create incentives for nursing homes to implement culture change and provide guidance on implementing culture change in accordance with other regulations.

Research and Data

Researchers Can: Evaluate the impact of increased mental health support for nursing home staff. There is a lack of data demonstrating the impact of increased support, such as robust bereavement leave policies, on nursing homes. Areas of interest may be the financial costs and returns of implementing more supports, and the impact on retention.

Government Agencies Can: Add the module on bereavement to the Behavioral Risk Factor Surveillance System (BRFSS). BRFSS data is used in two-thirds of states to support health-related legislative efforts. In 2019, Georgia added a three-question module on bereavement to the BRFSS. Including this bereavement module could help states evaluate the impact bereavement has on public health and, more specifically, front-line workers.

Advocacy

Advocacy Organizations and Associations Can: Continue to advocate for increased mental health funding and support for nursing home staff and residents. In general, there is a continued lack of mental health resources, particularly in rural areas. With the pandemic still fresh in the minds of policymakers, now is the time to advocate for increased resources.

Organizations can raise awareness of and continue to identify needs about grief and bereavement. Industry associations can encourage their members to spread awareness about grief and bereavement through monthly communications. Associations can also help to bring awareness to the needs of nursing homes by surveying members on grief and bereavement.

Conclusion

Roundtable Two attendees shared perspectives, ideas, and solutions for addressing the needs identified in Roundtable One. Attendees shared similar gaps that were discussed in Roundtable One but also identified additional gaps, such as a lack of research and data to support the need for more bereavement leave and additional mental health support. Attendees noted several systemic challenges that nursing homes face, such as low staffing, that may be a barrier to homes addressing grief and bereavement in the home. However, participants discussed many solutions that are low or no cost, support person-centered care and culture, and could be combined or built into existing education and processes. Nursing homes can consider these suggestions and subsequent recommendations outlined in the full report for practices and policies aimed at reducing the negative impacts of grief and bereavement and building supports in the home to promote resident and staff wellbeing.

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