

When nurses grieve: How well are we caring for the carers?

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Presentation Overview

- * Introduction
- * Research question
- * Literature review
- * Research aims
- * Study design and method
- * Research results
- * Analysis and discussion
- * Research limitations
- * Recommendations

Introduction



Stuff.co.nz 2012

Introduction



3news.co.nz 2013

Introduction



Petitionbuzz.com 2012

Introduction



keepcalm-o-matic.co.uk 2012

Introduction



Research Question

How are nurses
supported to work
following a
personal bereavement
experience?

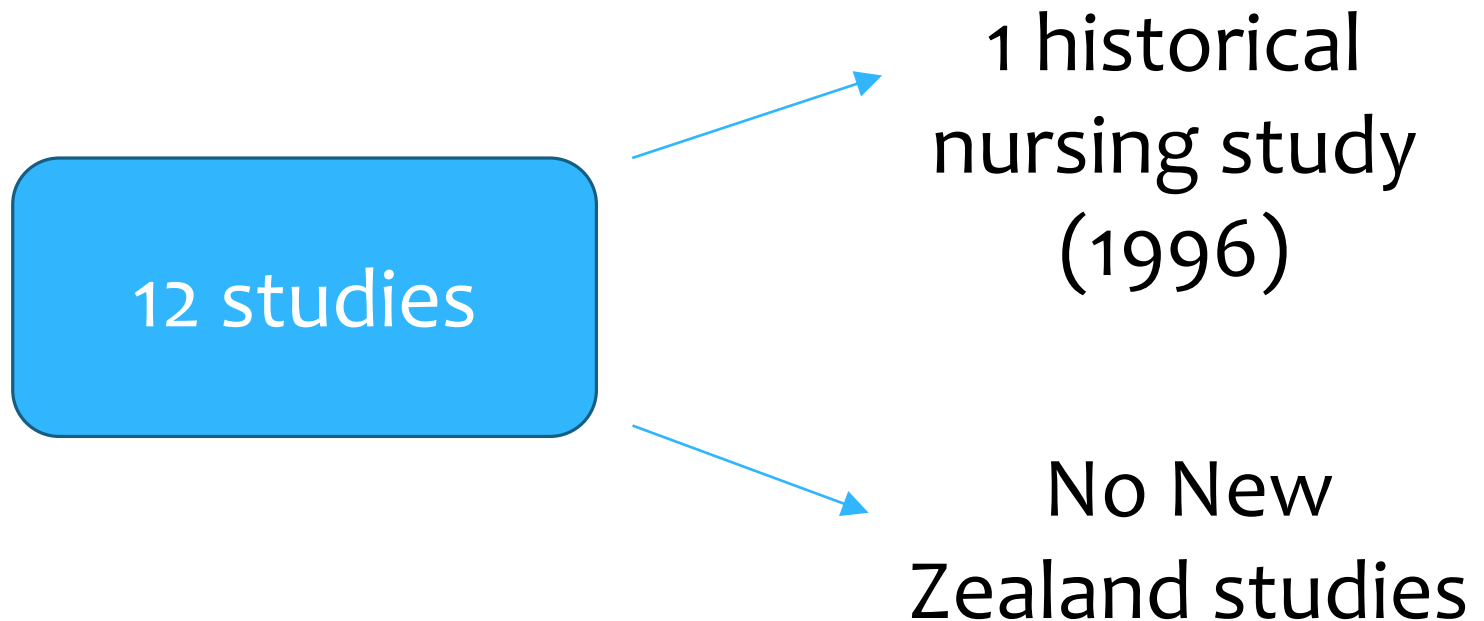
Research Question



of personal bereavement

the death of a family member
friend or colleague

Literature Review



Research Aims



greebiz.com 2011



pixgood.com n.d.

Study Design and Method

charge nurses and nurse managers



bereaved
registered nurses

Study Design and Method



snowballing

Ethics approval from stakeholders ✓

Standard methods of analysis ✓

Research Results

In the past year:

97% NMs
experienced
supporting
bereaved RNs

18.6% RNs
experienced
bereavement

Research Results

Consistencies

Median 20-29 years nursing experience

90% in current role more than 2 years

Policy gaps



Research Results

Consistencies

Inconshut.com 2003



Need for additional leave

Inequity of leave approval

Little consideration of safety to work

Research Results



Discrepancies

Nurse Managers

Care undertaken capably,
confidently

Culturally sensitive

Professional support
services offered

Research Results



Discrepancies

Bereaved nurses

Absence of respect and compassion

Professional support not always offered

Lack of support on return to work

Analysis and Discussion



noteworthy themes
were identified

1. Limited Policy

Limited organisational policy to assist nurse managers to support bereaved nurses



1. Limited Policy

Content of existing policy

Accessing and length of paid and unpaid bereavement leave

Accessing professional support

1. Limited Policy

Gaps in existing policy

Leave entitlements – extended family

Leave entitlements - friends

1. Limited Policy

Gaps in existing policy

“Most of us have our immediate family members abroad, and our immediate family here in Aotearoa are our significant groups that we identify with, for example, Church groups. We should be allowed to take bereavement leave when someone in this group dies so that we can grieve with their families, as we call the Church our family [*sic*]” (RN#29)

1. Limited Policy

Gaps in existing policy

“There are some people in our lives who are very special and once they die we should be given compassionate leave for them as well”

(RN#32)

1. Limited Policy

Gaps in existing policy

“It is very unfair that people from [some cultures] are allowed more paid bereavement time than other cultures” (NM#5)

“[Some cultures] tend to have more leave due to cultural needs whereas European staff [sic] feel they can take one to two days only”
(NM#14)

1. Limited Policy

Gaps in existing policy

How to provide equitable yet flexible leave options

1. Limited Policy

Gaps in existing policy

Practical suggestions for support -
including other members of team

Resources available to the RN

2. Disconnect of Perceptions

The disconnect between nurse manager perceptions of bereavement support offered and those of the bereaved nurses



2. Disconnect of Perceptions

NMs

- 89% feel they support bereaved RNs well
- 88% are confident with bereavement support

RNs

- 47% felt unsupported re leave
- Attest to considerable variability in type and amount of leave

2. Disconnect of Perceptions

“I had tonnes of sick leave owing but had to use up my AL instead, to have an extra week off” (RN#35)

2. Disconnect of Perceptions

“Each manager working in DHBs has discretion to allow for paid bereavement leave and additional leave that may be required. Not all however, chose to allow the maximum paid time or additional leave”
(NM#27)

anonymouaspie.com n.d.



2. Disconnect of Perceptions

Why not use annual and sick leave to supplement bereavement leave?



2. Disconnect of Perceptions



2. Disconnect of Perceptions

65-75% experienced respectful,
compassionate care

53% felt their manager communicated
well with them

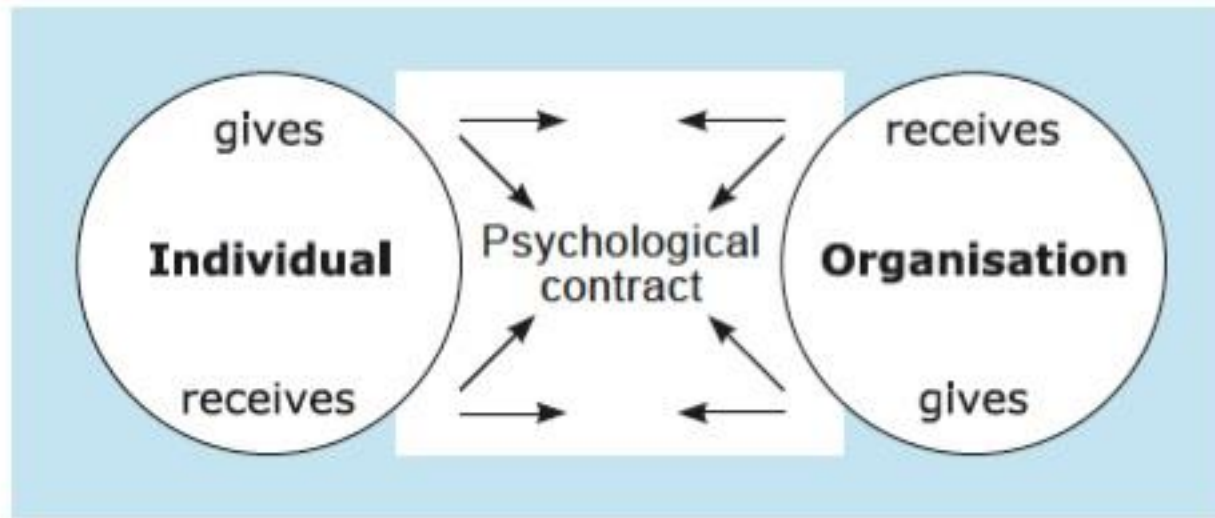
69% felt their concerns were listened
to

2. Disconnect of Perceptions

Survival



2. Disconnect of Perceptions



open.edu 2013

2. Disconnect of Perceptions



england.nhs.uk 2015

2. Disconnect of Perceptions



Tonybaldry.co.uk 2013

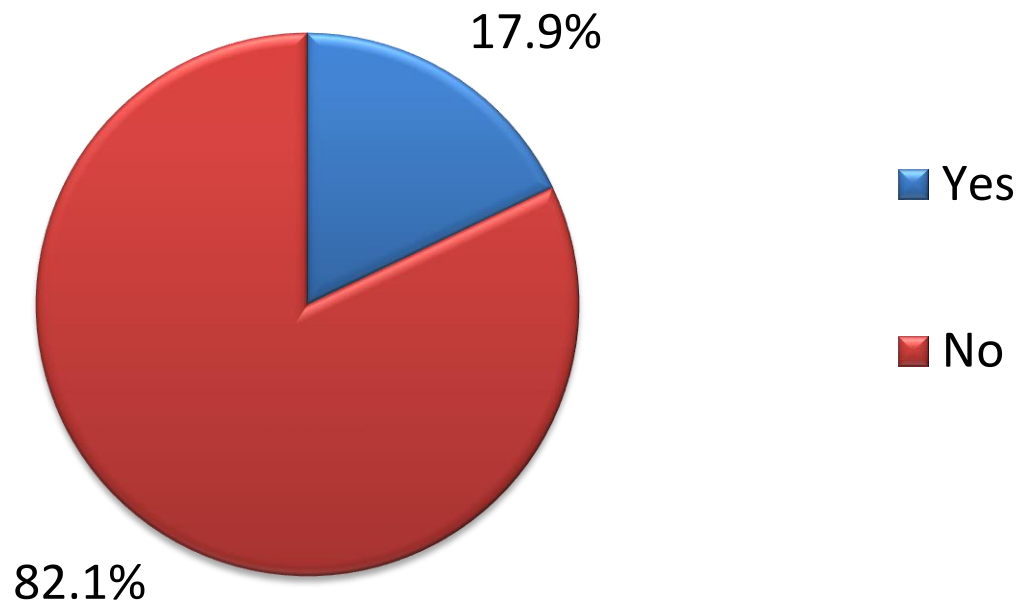
3. Safety to Work

The lack of consideration of the bereaved nurse's safety to work prior to the recommencement of nursing duties.



3. Safety to Work

Prior to returning to work, was the registered nurse assessed as being safe to work?



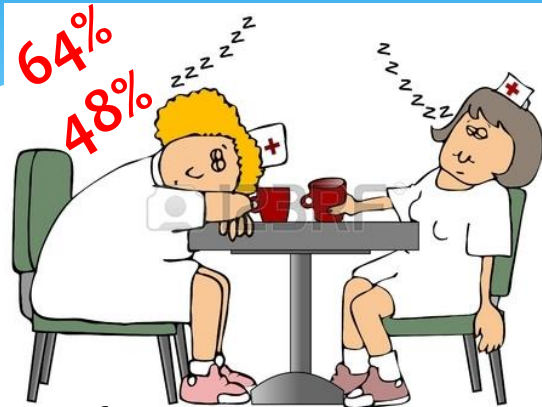
3. Safety to Work

28% felt they were unsafe to work

Nearly 35% felt their critical analysis skills were adversely impacted



3. Safety to Work



123rf.com 2015



Visianinfo.com 2014



Medicalnewstoday.com2014



Saratmd.com 2014



Jolamble.com 2010

22%

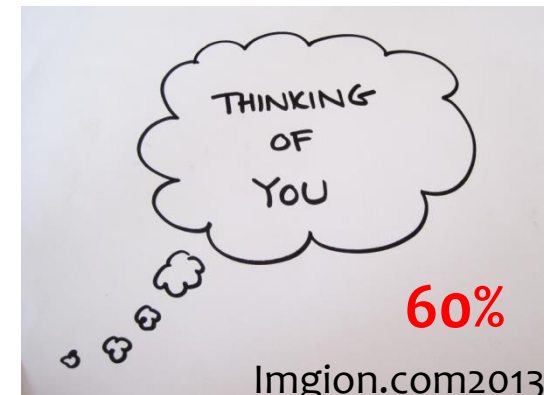
42%

I don't have a
short attention span, I just...

Oh, look a Kitty!



ironydesign.com



Imgion.com2013

3. Safety to Work

“ I didn’t have the energy to think situations through ... I would try to work out what symptoms mean, but thinking was just so exhausting. I remember calling the Dr and making it her problem ... only a comment from one of the other nurses about my patient made me realise my patient wasn’t doing so well – I hadn’t noticed!” (RN#21)

3. Safety to Work



Nurse self-assessment
of safety to work,
when used in isolation,
may be misleading

4. Models of Bereavement

The incongruity between managerial attitudes and practices in relation to grief and contemporary models of bereavement



4. Models of Bereavement

Historical Models

Freud

Kübler-Ross

Contemporary Theories

Sense-making

Benefit-finding



4. Models of Bereavement

The paradigm shift:

Death ends a life,
not necessarily
a relationship

(Hall, 2011, p9)



4. Models of Bereavement

Data from this study would indicate that the many managers are basing practice on outdated models of bereavement



4. Models of Bereavement

atomictower.blogspot.co.nz 2012



Professional development

Moral distress



Gurmunsingh.wix.com n.d.

Research Limitations

Results are not generalisable

On-line data collection seen as a barrier to participation

Modest sample size

Bias of participating nurses

Recommendations



Recommendations

Policies that give emphasis to:

Allowing authority to rest with the NM

Flexibility and augmentation of leave options

Strategies to assess safety to work

Strategies to mitigate adverse layering effects

Recommendations



Justteach.co 2014

Recommendations

Training that gives emphasis to:

The impact on core nursing values

Contemporary models

The unpredictability of bereavement

Nurse assessment

How well are we caring for the carers?



Techknow.org.uk 2013

How well are we caring for the carers?

“... in this world
nothing can be said to be certain,
except death and taxes.”

Giegerenzer & Goldstein,
1999, p.75)

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Thank you

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<http://www.digitalnz.org/records/36302521>