

Domain 1: Organisational leadership and alignment

Outcome 1.4: *Leadership at all levels demonstrates awareness of spirituality, particularly in relation to supporting staff through the inevitable transitions of their direct caregiving role.*

The audiences for this tool include:

Executive	Leaders & managers	Frontline & clinical	Support Services
CEO	Spiritual/pastoral care	Spiritual care	Information Technology
Executive	Lifestyle/activities	Lifestyle	Building & maintenance
	Allied Health	Nursing	
	Clinical	Personal Care	
	Human Resources	Food Services	
	Innovation & strategy	Cleaning & laundry	
	Training & education	Allied Health	
	Research & development	Case managers	
	Hotel services		
	Volunteer coordinator		

Contents

Introduction	Page 2
Part 1 – Eight Questions	Page 2
Part 2 – Practical Strategies	Page 3
2.1 Leadership	Page 3
2.2 Loss & Grief	Page 5
Resources	Page 7

Introduction

This tool introduces a range of key questions to support the staff of your organisation in experiences of loss and grief. Loss and grief are part of life. Eight key questions are outlined below, designed to assist your thinking about how to meet this Outcome. Spend some time thinking and talking about where staff in your organisation currently sit in relation to each of these questions, and whether your processes and procedures help or hinder in relation to what the Outcome requires. The second part of the tool gives you practical strategies for addressing the eight questions.

The first group of questions relate to the attitudes and modelling of senior staff and key leaders in the organisation. These leaders may be at the local level such as site, program/facility managers, nurse unit managers, care managers and so on; and may also be members of the organisational development, executive, mission, human resources and other management teams.

The second group of questions relate to organisational procedures addressing loss and grief.

If these ideas are new to the organisation, a training program for senior staff will need to be completed before it can be embedded. A short spiritual care orientation program for all staff is available for members of Meaningful Ageing Australia.

1. Part One – Eight Questions

Leadership – Where are you now?

- How are key leaders open about their beliefs and the importance this has in their life and work?
- During induction processes and as part of existing staff getting to know new staff, is there an opportunity to discuss their spiritual and/or religious beliefs and the significance this may have in their life, including the impact on their work?
- How are staff members' religious beliefs supported in the work place?
- How do senior leaders model the importance of relationships (staff-staff and staff-resident/client)?

Loss and Grief Procedures – Where are you now?

- How, where, when and by whom are staff told about the death of a client/resident? (eg. on arrival at their shift, called at home before their shift, via email to the work email address on the day of the death)?
- Are staff given the opportunity to acknowledge the life of the person they have been caring for? If so, how?
- Are staff given the opportunity to talk about the person they have been caring for? If so, how and where?
- Are staff given the details of the funeral and are they supported to attend?

Part 2. Practical Strategies

2.1 Leadership

a) How are key leaders open about their own beliefs and the importance this has in their life and work?

When leading team meetings, and/or in 1:1 supervision, leaders take the opportunity to mention their own values and beliefs and how this fit with the goals of the organisation. Such as:

“I find meditating every morning before work really important – it means I make better decisions during the day.”

“When a client is repeating the same thing over and over, I find it helps my frustration levels to remind myself that in my beliefs, this person is made in the image of God. That sets me up to keep trying to find a way to communicate.”

“By going for a walk at lunch time and sitting under the tree in the park I am able to reconnect to the natural world. That really helps me stay calm when I am back at work having challenges thrown at me.”



b) As part of the work team getting to know new staff, is there an opportunity to discuss their spiritual and/or religious beliefs and the significance this may have in their life, including the impact on their work?

This can be built on using the examples from question 1. When a leader or supervisor mentions their own beliefs and/or practises, they could then go on to invite a reflection from other staff about what helps them.

This can be built into 1:1 supervision, as well as team meetings.

Once it becomes common practice for staff to share more openly about their beliefs and spirituality, it can then be included in induction conversations. It needs to be ‘normal’ in the workplace first.

Staff introductions could then include, for example:

Manager: *“This is Bereket. Bereket, can you tell us a bit about yourself?”*

Bereket: *“I have been working in aged care for six years. I first started in aged care when I moved to Australia from Ethiopia and did my Cert III, now I am a Div 1 nurse. I am an Orthodox Christian. This helps me in my work because in my culture and faith older people are to be revered. In my spare time I like to play netball and go to the movies with friends.”*

c) How are staff member’s religious and spiritual practices supported in the work place?

Are leaders and supervisors (and perhaps others) aware of particular practices that are important to their staff members? Some staff may have periods of fasting, for example, as well as festivals, retreats and other important occasions that may have a big impact on them outside of work. If this information is known, staff can be open about how it affects them and where possible rosters and leave arrangements can be put in place that support their participation in these important rituals.

d) How do senior leaders model the importance of relationships (staff-staff and staff-resident/client)?

Senior leaders who are not based in a service delivery location ensure they spend time with the clients/residents of the organisation at least twice a year. When they do this, they model deep respect, care and interest in the experiences and stories of the client/resident they are with. They take seriously any suggestions for improvement that they hear about on these visits and follow up promptly with both local personnel and the client/resident. This needs to be done without judgement.

When implementing new initiatives, senior leaders consult with local personnel about their current demands and ensure realistic timeframes and expectations are in place.

Senior leaders communicate their appreciation of, and respect for, the work of the front line staff as a matter of routine. This can be done in emails, phone calls, cards, random visits, the staff newsletter and more.

When they are aware of a particularly difficult situation that another leader is dealing with, senior leaders take the time to offer a listening ear and any practical support that is needed.

If a senior leader needs to raise an issue with a local manager, they do so with a tone of respect and genuine enquiry to ensure the other person feels heard.

2.2 Loss and Grief

a) How, where, when and by whom are staff told about the death of a client/resident?

Discuss and agree with staff about how and when they want to be told about a death. This can be reviewed every year. It is best not to assume anything about how the staff member will feel. Some deaths, but not all, will have a big impact. Be clear about whose responsibility it is to let staff know when a resident/client dies, and that this person has had some training in how to have this conversation. A five minute conversation now can prevent a lot of heartache later.

How and by whom?

Supervisor: *“I have some news about Massie Briggs. She died last night at about 1am. Her family was with her, and it was quite peaceful...” “How are you feeling?” “The funeral will be on Friday at 1pm, at Le Pine in Fawkner.”*

Supervisor or peer: *“I have some news about Chinh Nguyen. He died this morning at about 9.30. It was a difficult death, you know how he was hanging in there. The family didn’t make it back in time...the staff that were on that shift are all a big fragile at the moment.” “How are you feeling?” “The funeral details aren’t out yet.”*

When and where?

Between shifts:

Model 1: if the staff member is not on site, they are rung by the allotted person to let them know, before their next shift.

Model 2: the site has a place near the front entrance to name and honour residents/clients who have recently died.

Model 3: an email is sent to all staff (or relevant staff) that they can access off site if they choose.

Please also refer to Outcome 5.10 for further discussion.

On shift:

Model 4: on site - the supervisor or allotted person calls the staff into a private area to let them know about the client/resident death

Model 5: not on site – the supervisor or allotted person rings the staff member at the end of their shift to let them know

b) Are staff given the opportunity to acknowledge the life of the person they have been caring for?

If so, how?

This can be done by talking together in a group (see number 7, below), as well as in other ways both privately and in the form of an action.

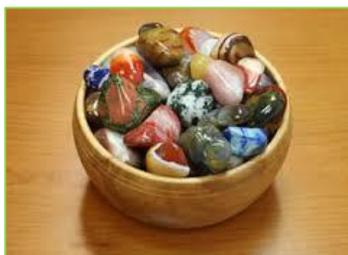
Example 1 – reflective card:

All staff are given a card with a thirty second reflective moment on it (contact Meaningful Ageing Australia for an example). They are explicitly invited to take this time out to read through the reflection when they hear of a resident/client death. If in residential aged care, they are allowed time to go into the resident's room and pause.

Example 2 – memorial book:

A book is permanently kept in an accessible place on the local site for staff to record any thoughts they have about any deceased resident or client (in residential aged care, this book can be used by residents also). Staff are encouraged to take a minute to write in the book when they are told about a resident or client death.

Example 3 – small ritual action:



A permanent bowl with small coloured stones is kept in a place accessible to staff. Next to it is a second, larger bowl. Staff are invited to move a stone from the small bowl to the larger bowl as they think of the person who has died. This symbolises the change in their relationship with the deceased and also creates a visual reminder of all the people they have cared for who have died. The larger bowl could be incorporated into a memorial service annually or six monthly. The stones could be washed and re-used.

c) Are staff given the opportunity to talk about the person they have been caring for? If so, how and where?

At the next team meeting or handover, allow five minutes for staff to offer some words about the person who has died. Use a model as a conversation starter. Each time this occurs, it is useful to begin and end with the same phrase. Once this action has been repeated a few times, staff will feel more settled as it becomes a comfortable and familiar ritual. It is also a way to draw a boundary around the conversation, and marks an end point for their caring role with the person.

Example of a five minute conversation to mark the death of a resident or client:

Leader: *“Today we are acknowledging the death of Fatima Khoder. Fatima was our client/lived here for fourteen months. I invite you now to say a few words about your relationship with Fatima”.*

Staff share a few words. Suggest sentence starters to show staff the first few times you do this:

“What I really liked about Fatima was...”

“What I will miss about Fatima is...”

“What drove me crazy about Fatima was...”

“What I won’t miss about Fatima is...”

Leader: *“Thank you everyone. We are now released from our role as Fatima’s carers”.*

d) Are staff given the details of the funeral and are they supported to attend?

Not all staff will want to go to the funeral but it is important that they are given the information and, if possible, the opportunity to attend. Some staff may take other residents or clients and share in the experience together.

Resources

For further reading, please see:

O'Connor, Margaret and Tan, Heather. Addressing grief following patient death in aged-care facilities: The views of patients with mild dementia and staff [online]. *Grief Matters: The Australian Journal of Grief and Bereavement*, Vol. 15, No. 2, Winter 2012: 36-39.

Bereavement Support Booklet for Residential Aged Care:

http://www.caresearch.com.au/caresearch/Portals/0/PA-Toolkit/Bereavement_Support_Booklet_for_Residential_Aged_Care_Staff.pdf

We welcome your feedback: admin@meaningfulage.org.au.

Meaningful Ageing Australia offers a consultancy to members to assist you with implementation.

Drafted by Ilsa Hampton, Meaningful Ageing Australia

Our thanks to the following who offered reflections and contributions to this document: Philip Carrier, Angela Carey, Pamela Pearson, Phil Paul, Joseph Abad, & Jorge Rebolledo.

Date: 29.9.17