



# Grief, loss and bereavement in aged care

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## Bereavement in context

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Many older people have experienced grief, losses, and bereavements. Grief may follow losses associated with health problems, loss of independence or changes in relationships. Grief can include a complex mix of emotions including loneliness, sadness, pain, remorse, self-blame, relief, anger, and betrayal. [1] Limited social networks associated with advancing age can exacerbate stress and distress felt by older people and their families and carers. [2] Older people are more likely to have experienced multiple bereavements compared with other age groups affecting their quality of life and increasing the likelihood of complicated grief. [3]

Differences between people and between specific population groups may also affect how older people experience grief and loss and how their families will be affected by bereavement. Trauma experienced during their life can influence the care choices of older people and their preparation for death and the grief of family members. Grief and bereavement issues can also be faced when looking at cultural differences in end of life and bereavement, among those living with dementia or caring for a person living with dementia as well as forgotten Australians. [4] Acknowledging that grief may be felt before a death by the person at the end of life as well as by families can open the possibility for support and comfort. After death information about bereavement may help partners, families and friends to navigate the experience of grief following a death.

## Residential aged care

In Australia, a significant number of families are affected by the decision to enter – and subsequent death of someone in – residential aged care. However, the experience of bereavement is not well studied in a residential aged care context. Bereavement and its effects on staff and other residents is under-recognised and underacknowledged. For many people in residential aged care (both staff and residents), it is a silent experience. [5]

A recent project looked at the bereavement, grief and loss of the families of those living in, or entering, residential aged care in South Australia. A systematic review, interviews and focus group discussions with families, caregivers and aged care staff showed that grief occurs well before death and that transition to residential aged care is an emotionally difficult time for family caregivers and residents. Importantly, supportive transition into the aged care can support well-being across entry, deterioration, dying and bereavement. [6] Findings from this study echo other research where feelings of grief, loss, guilt, and regret were experienced, along with feelings of relief and reassurance that the resident would be well cared.

## The reality of covid

The COVID-19 pandemic has had a profound impact on the aged care sector in Australia. Aged care has experienced an unexpected set of deaths as well as workforce COVID-19 infections

and fear and distress among older people and families arising from public health orders. Bereavement and grief have also been impacted by the COVID-19 pandemic. Older people experienced the loss of contact and grief arising from loss of contact and socialisation. For families, bereavement may have been affected by their inability to be present during dying or by relocation of the sick family member.

Grief experts see that these experiences could lead to widespread prolonged grief disorder as many of these factors arising from Covid restrictions (i.e. social distancing, no hospital visits) are seen as potential risk factors for complicated grief. [7] Given the disproportionate share of COVID-19 related deaths associated with aged care in Australia, it is likely that bereavement will have been affected for families residents and for the staff members who cared for them.

### Implications for workforce

Grief reactions of the aged care workforce can echo the core grief symptoms reported by bereaved family members and carers. Feelings of being "not at all prepared" for the death and struggling with "acceptance of death" were common. Grief was more intense when staff-resident/client relationships were closer, care was provided for longer, and staff felt emotionally unprepared for the death. [8] Managing grief associated with death of patients at work, as well as staff perceptions of both clients and their illnesses also appear related to burnout. [9] Aged care services as well as the staff themselves need to consider the impacts of bereavement and grief and ensure supports are in place for self-care and to prevent burnout.

Rather than something new, COVID-19 has brought to the surface and our attention the experiences of grief, bereavement, and loss that older people, their families, and the aged care workforce continue to experience. Our opportunity is to use what has been learnt to improve our response and provide meaningful support in place of the silence many are greeted with.

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