

Senior Minutes

In Search of Excellence for Clinical and Management Issues

For the Long-Term Care Facility Staff

Dealing with the Loss of a Resident



Nursing homes have come a long way in the last few decades. There was a time when the protocol for a resident's death could have been described as "bag 'em 'n tag 'em." The DON confined the roommate to a holding tank in an empty room down the hall. A CNA pulled the paisley-patterned curtain around the dead body. The social worker phoned the funeral home. All of the residents were told to stay in their rooms, as the morticians wheeled the body out of the door. "Cover up the corpse! Don't let the other residents see this!" If the eyes don't warn, the heart can't mourn. Or so they thought.

Hopefully, you are too young to remember those days. To say it again, nursing homes have come a long way when it comes to dealing with the death of a resident.

Yes, there still are facilities that treat the traumatic event as a transaction. More than one deceased resident's belongings have been returned to the family in an Office Depot box that two days ago contained reams of copier paper. And dying residents may still be whisked away in an ambulance, never to return.

What does one say to the roommate when that happens? Maybe the roommate can't handle bad news. So you are actually being honest when you tell her that her roommate went to live in another place. We do our best. And "our best" is what most long-term care facilities seem to strive for today. They exercise great care and compassion when carrying out the assignment of dealing with a death.

So the concern here is not really how the nursing home staff reacts at the death of a resident. The concern is how the staff reacts *to* the death of a resident, i.e., the self-care of the staff members. They may also go through a period of bereavement.

In some nursing homes today hospice care comes into

the nursing home to handle end-of-life care. But hospice care personnel have time constraints. Most nursing home staff members have developed a relationship with the dying resident, especially if the resident has been in the facility for an extended period of time. The staff has helped the deceased and the family prepare for and cope with the death of the resident. But the staff members also may have personal emotions about the loss of the resident.

The resident has died. In his room the pictures still hang on the wall. Clothes fill the closet. A man's drawers are in the dresser drawers. The bed is ready for the next occupant. The staff must do their jobs in the halls and in other residents' rooms, and during it all, some carry grief locked in their hearts, trying to be professional, but finding it difficult to cope.

The death of a resident may not emotionally affect veteran nursing home staff members. They have come to grips with the reality that the majority of nursing home residents enter the facility to live out the final days of their lives, and eventually they will die in the nursing home. Over time staff members cope with that reality and accept it.

But for some staff members, especially those who are newer, residents can become extended family. This is Mom or Dad, or Grandma or Grandpa. The personal statements of some staff members bear this out:

"A person can't work with staff and residents for years and not get to know them. When does one not personalize? I guess it's easier when you don't know the people because they may be new and they die within a couple of weeks..."

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For the Long-Term Care Facility Staff (Cont.)

"The older one gets, the harder it is when a resident dies. One's own mortality, one's own parents come to mind. I'm going to have to think about a nursing home for my mother."

"Sometimes it's frustrating when family members don't want to participate in the life/death of a resident. You sit with the dying resident, trying to make up for the family that isn't there."

"How does a person explain to a family that their loved one won't be there forever? He or she will eventually die. People, whole families walk around in denial, always thinking they have tomorrow, and finally the tomorrow comes and their loved one has passed on."



"There are times when, at the death of a loved one, anger comes out in the form of blame and usually the blame is leveled on the people standing there, the nursing staff."

After a resident has died, some staff members have experienced sleeping disorders or nightmares. Sometimes the emotions are strongest for CNAs, because they spend a great deal of time with the residents and handle most of their personal care. They probably know the residents better than other staff members. Nursing home administrators may want to develop a protocol for how staff members are to deal not only with the resident who is actively dying, but also with how the staff member should take care of him/herself after the resident's death.

If you, as a staff member, find yourself getting emotional about the loss of a resident, talk about your feelings with other staff personnel with whom you feel comfortable. Others probably feel the same way you do. Especially talk with seasoned or veteran staff members. They have been through this many times, and they can help you cope with the situation. It's healthy for new staff members to come to grips with loss and death. It will make them better caregivers for the future.

Also, remember that grieving isn't completed in a day, a month, or a year. So be patient with yourself. And do some things that may help you cope.

- **Write a letter (to be read only by you) to the dead resident.**
- **Don't be too strong for your own good.**
- **Don't push yourself when you are fatigued.**
- **Don't expect to feel just one emotion.**
- **Don't blame yourself. It wasn't your fault.**
- **Don't isolate yourself.**
- **Seek professional help.**

This article is one of a series included in a "Resource Manual for Bereavement in Long-Term Care" created, published, and copyrighted by *Senior PsychCare*. To receive the complete manual, call 713-850-0049, ext. 232.

For excellent resources on the subject of End-of-Life Care in the Nursing Home browse the web site goodendings.net. On this site you will find books about Caring for the Dying, Music for the Dying on CDs, and training videos on Understanding Death and Dying, all produced by well-known thanatologist, Donalyn Gross, PhD, LCSW, CMP.