

Tips for Nurses: Grief and Loss among Older People, Families and Residents



What it is: Grief is a response to loss and it can affect all parts of a person's life.

Bereavement is the period of grieving experienced by family and friends in response to the death of someone close to them. A family includes people (and pets) identified by the person as family.

Why it matters: Feelings of grief and loss can affect a person's physical health, or mental wellbeing. Older people may be able to deal with grief, but if not, it may cause depression or complicated or prolonged grief. Observation and assessment by nurses are important and ensures people receive help when needed.

What I need to know: Grief and bereavement are natural responses to loss. Older people with palliative care needs or approaching the end of life may experience these due to changes in living arrangements, capacity or opportunity for usual daily activities, or the death of relatives or friends.

The range of losses that might be experienced by older people includes loss of:

- the ability to do things that they used to enjoy
- their independence
- control or 'having their say' in their care or activities
- things that are familiar to them especially when they move from their home into residential aged care
- a spouse, partner, close relative or friend, or pet.

Everyone grieves in their own way; there is no right or wrong way or time to grieve.

Having social support networks including family, visitor volunteers, or pastoral care may help.

Complicated or prolonged grief is extreme, disabling, and/or long-lasting grief. It is less common and should be reported.

Actions

The person may not need answers or advice; listening to them may give the greatest comfort. Use phrases such as 'I'm awfully sorry for your loss' and then take time to listen to their response.

Signs of grief to look for in older people include:

- crying or difficulty in expressing sadness
- anger
- anxiety or worry
- a change in eating habits
- losing interest in family, friends, or hobbies
- difficulty in sleeping, concentrating, or making decisions.

Let the older person know that grieving is a natural response to loss and respect cultural differences in grieving.

Spend time with the person in a gentle and unhurried way. Offer them and their family the opportunity to talk.

Talking with a GP, counsellor, or pastoral care worker may help.

Current evidence does not support systematic screening of all people recently bereaved but should be considered for those with persistent signs and symptoms of complicated or prolonged grief.

Tools

Many bereavement measurement tools are available, but no single tool is considered better than others.

Tools that may be useful include:

Modified Bereavement Risk Index (BRI)

Name:

My reflections:

Thinking back to the last time someone in my care died, what was done to support the older people around them?

What internal and external sources does my organisation use to support grief and loss?

My notes:

See related palliAGED Practice
Tip Sheets:
Grief and Loss among Staff
Spiritual Care
Talking about Dying

For references and the latest version of all the Tip Sheets visit
www.palliaged.com.au/PracticeTipSheets