

Caring for Bereaved Hospital Caregivers:

The Development and Implementation of a Comprehensive Grief and Bereavement Program for Caregivers in the Cleveland Clinic Children's Pediatric Hematology, Oncology, and Bone Marrow Transplant Department



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Background and Introduction

Background:

The department had minimal grief/bereavement support established for employees:

- Annual remembrance ceremony
- Sending service information and obituaries

However, desire for more grief support was voiced by staff.

Introduction:

When a patient dies, department caregivers often focus their attention on bereaved family members and loved ones and push their grief aside to serve other patients and do not have the opportunity to address their grief (Rouke, 2007). In the past, CCC Department of Hematology/Oncology/BMT held an annual remembrance ceremony for department caregivers. However, the department was still experiencing caregiver burnout and prolonged grief. Thus, further investigation was warranted. Consequently, a comprehensive bereavement care program for caregivers was developed.

Objectives and Method

Objectives:

1. Assess department need for grief and bereavement program
2. Identify caregiver burnout and intervene as indicated
3. Develop a program as appropriate

Method:

A survey was developed via KwikSurveys and sent to the inpatient and outpatient Pediatric Hematology, Oncology, and Bone Marrow Transplant via email. The survey was voluntary and confidential. The survey asked for opinions regarding current bereavement support as well as opinions on proposed grief and bereavement support.

The survey consisted of 15 questions:

- (6) multiple choice questions asked about past grief/bereavement support
- (6) multiple choice questions asked about proposed grief/bereavement support
- (1) narrative question regarding past support
- (1) narrative question regarding proposed support

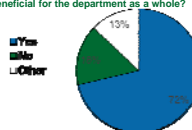
The surveys were calculated using KwikSurveys.

Results

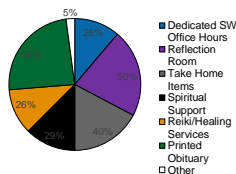
34 completed surveys received

Examples of two major questions:

Do you feel the Remembrance Ceremony is beneficial for the department as a whole?



What additional supports do you think will be helpful?



Conclusions and Limitations

Conclusions:

- o The previous Remembrance Ceremony was not inclusive of all caregivers
 - o 17% did not know there was a remembrance ceremony or unable to attend due to location
 - o 59% think the ceremony should be held in 2 different locations for convenience of inpatient and outpatient staff
- o The Remembrance Ceremony is perceived to be important to the department (See Chart)
- o Caregivers admitted that grief interferes with daily living
 - o "Sometimes, I just need a hug"
- o More grief/bereavement support is needed and welcome (See Chart)
- o Moment of silence/"The Pause" is important after death
 - o 68% want this at next sign-out or huddle

Limitations:

- o Small sample size; 34 surveys completed
- o Moved to a new building

Implementation

Implementation:

- o Semi-Annual Remembrance Ceremonies are held in both inpatient and outpatient floors
 - o Note: Due to low attendance, this will need to be re-evaluated for more appropriate times/space
- o Email is sent to entire department after death notification acknowledging death and supportive services available within the department and hospital
- o Grief Support/ Self Care "take always" available in Social Worker office
- o Moment of silence "Pause" is held after notification of death during sign-outs
- o Obituary and funeral/memorial service information is sent to department via email

Future goals:

- o Dedicate a room for quiet and reflection
- o Survey staff to re-evaluate needs

Source:
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