Understanding the Grief Experiences of Home Health Care Workers

Background:
Studies in acute care hospital and long term care settings show that the effects of grief can have significant negative consequences on staff, the organizations they work for and the clients and families they care for. These consequences include reduced psychological well-being and job performance11,12 and lower quality of client care. Many studies have indicated that there is a need to support health care providers with their grief experiences after the death of clients,and experts and researchers have defined possible support strategies for health care providers in acute and long term care settings.

The work of home health care workers differs significantly than those working in acute care hospitals and long term care homes.20 Home health care providers are geographically dispersed and isolated from others in the health care sector. Although home care providers work in teams, these teams are virtual and often their interactions with other team members are limited to notes on charts and occasional employer-organized meetings.21 Furthermore, the care is provided along the health-illness trajectory resulting in relationships that can extend over many years. The episode of care takes place within the client's and family's home and often home health care workers form close relationships with clients and families, becoming an extension of the family.20 While the grief experiences of health care workers from the acute care and long term care settings possibly indicate the issues that home care workers face, the contextual differences will likely have some different implications for home health care workers.

This study is the result of feedback from staff about the impact that multiple deaths of clients was having on them, and in some cases was the reason they were considering alternative settings to work in.

Objectives:
The objective of this 12 month study was to understand, and develop appropriate responses to, the grief experiences of home healthcare workers following their clients' deaths.

Approach:
Researchers are using an ethnographic methods and a grounded theory constant comparative approach. Interviews with experienced and novice nurses and personal support workers about their grief experiences, and about their expectations and experiences of support from their families, co-workers and employer, are being conducted in rural and urban, and in multicultural and more homogeneous settings in Ontario. The primary medium for data collection, analysis and reporting of findings is video-recording. Based on hierarchical coding, an outline (or "script") of an interim report video will be produced, and then the shorter series of video clips will be edited and combined into a final video report.

Results:
Preliminary results show that the isolation and dispersed nature of home care work means that workers experience grief following clients' deaths somewhat differently than workers in other settings. Providing care in a client's home over an extended period means workers feel a family-member-like loss but, perceived also as healthcare providers, they are often called upon to provide grief support to family members. Workers expect help to deal with their own grief and want more counseling and time to talk with peers. They also expect time and training to provide support to family members. Except in specific cases, they do not feel they get enough of either.

Conclusion:
The two faces of grief for a home healthcare worker - as quasi-family member and as healthcare provider - pose compound difficulties. Employers have an opportunity to support their workers in different ways, including providing more time and space for grieving, more peer support, and more training on how to support deceased clients' families.

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