

Coping with death and dying during Covid-19: A focus on self-care for staff

During the COVID-19 pandemic we are faced with a potentially life threatening situation to some of the population with many others being unwell.

This guidance is in response to this situation and may help you as a health worker to cope with the distress of people dying in your care. This document may also help you to help others cope with the distress of bereavement. Bereavement in a pandemic can be traumatic due the number of deaths and the new measures in place to change how we manage death and dying.

It is important to remember that a lot of what you may feel and think is common in this extreme situation.

Common Reactions to Death

- Shock and numbness
- Overwhelming sadness
- Tiredness or exhaustion
- Anger
- Guilt

These feelings may not be there all of the time, and powerful feelings may appear unexpectedly and suddenly.

Traumatic Bereavement

If someone dies of coronavirus or complications resulting from the virus, a number of things may be particularly hard for people to deal with.

Infection controls may mean that family members do not have the opportunity to spend time with someone who is dying, or to say goodbye in person.

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Depending on the person, the illness may have progressed and become serious very quickly, which can lead to feelings of shock. If they were not able to be present for the death and cannot view the body, it may be difficult to accept the reality of the death and hence people may feel a sense of disbelief and feel shocked and numb. Phrases such as 'I can't believe it's true' may be heard quite often.

At times of considerable trauma, people tend to look for certainty. However at present, that sense of certainty is not there for most people.

If and when health services become more stretched, friends or family may also have concerns about the care that the person received before they died. This in turn can lead to feelings of anger and guilt; some of which may be directed at staff.

Even if people have not witnessed the death, they may be distressed by images of what they think has happened due to all of the stories on the news at present. Staff who have witnessed these deaths may also be distressed by what has happened. Mental images of death may occur spontaneously or in a distorted form as recurrent nightmares.

Potential Issues and Conflicts for Staff

Some staff will not be affected in problematic ways and it is not assumed that the listed issues will cover everything or that everyone will experience these.

- You may have negative feelings about why one person dies and another lives and why one person is given lifesaving treatment and another is not.
- You may witness deaths whilst having to deal with families who may be unable to be with their loved one as they die.
- The trauma of witnessing multiple deaths in stressful circumstances may not give you enough time to process your thoughts/feelings.
- You may be conflicted about someone “dying before their time.”

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- Working closely with death raises questions/fears about our own mortality. Anxiety levels can become heightened particularly when nursing patients of a similar age to someone in your family.
- Some staff may experience guilt about the possibility that they might pass the virus on to other patients or family members.
- You might be angry at the workplace for not protecting you due to issues with PPE or receiving conflicting advice about what you should do e.g. face to face contact or not.
- You may be moved to an unfamiliar role where you feel less competent.
- You may not feel you have played an important enough role during the pandemic.
- Sometimes we are affected by the death of one individual but not another and can feel guilty. This is a normal response.
- Initially you may feel fine; you may be functioning on adrenaline. However, ongoing supportive connections and finding ways to self-care throughout this period is helpful to avoid the risk of burnout in the future.

The Traumatic Nature of a Pandemic

- People may not get to see their loved ones because of isolation.
- Infection control may mean that funerals are small or cannot take place in person.
- Other people in the family or support network may also be sick or worried.
- There is little certainty and the threat is going to continue for some time.
- The media is full of scary stories and it is hard to escape from reminders.

....these and other factors can make grief harder to deal with.

Moral Injury

Moral injury is defined as the psychological distress which results from actions, or the lack of them, which violate your moral or ethical code. This may not only relate to our own codes but those of our professional bodies too.

For example as health professionals we would normally try to break bad news to relatives in person or ask them to come into see people in their hours of life. However due to restrictions this is now done over the phone over via video links. Another example would be having to make difficult choices about when to use supplies of personal protective equipment.

We might find ourselves in situations where we can't say "we did all we could" and this may be the seed of Moral Injury.

The Interaction between Home and Work

One of the particularly difficult aspects of a viral pandemic is that it affects healthcare staff as well as the people who use our services. It does this all at the same time. We may be worried about our colleagues if they are also ill. Departments may have fewer staff to manage demand or be staffed with people we are not used to working with. We may be concerned about bringing the virus into units with vulnerable patients or scared that we may take the virus home to our families, some of whom may be in high risk groups. We ourselves may be deployed into roles or areas that are not in our usual skill set. Turning up for work at such times requires us to manage our fears and trust that our leaders will be making wise decisions about our safety and contamination.

Anxieties are normal during abnormal times. When everyone is under threat at the same time, it can be more stressful. The widespread nature of the problem might rally more people to collective positive action. Sometimes it can make

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people irritable, controlling, avoidant, needy or 'hard'. The things that affect us the most may not make sense to us.

Some basic self-care strategies can include:

Be aware of how you react.

Stay grounded in your motivation to do a job well.

Be forgiving of others.

Keep well informed and well connected.

Raise concerns and ideas for action.

Informally support each other emotionally.

Focus on the things you can control rather than those you can't.

Find safe people to talk through your worries.

Psychological First Aid (PFA)

Psychological first aid, rather than psychological debriefing, should be offered to people in severe distress after being recently exposed to a traumatic event (WHO, 2009). It is an approach to connecting with colleagues in their moment of need that displays compassion in simple ways aimed towards supporting someone's wellbeing to prevent longer term difficulties emerging.

However, not everyone who experiences a crisis event such as the COVID-19 Pandemic will need or want PFA. Do **not** force help on people who do not want it. The core elements of the approach are:

- **Key Component 1: Care for Immediate Needs for Safety** - although some immediate needs are obvious, always ask. Identify if there are any immediate needs, like for medical treatment, medication, food, communication or accommodation.

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- **Key Component 2: Protect from Further Threat & Distress** – ensure that people are physically safe and attend to physical comfort
- **Key Component 3: Comfort and Consolation for people in distress** - be respectful; check if they want to talk to you. Listen with empathy to help them feel calmer. Let them tell you what they need if they know.
- **Key Component 4: Provide Information and Support for Practical Tasks** - say only what you do know and don't make up information. Support their own resilience and help them feel that they can control the things they can have control over.
- **Key Component 5: Provide Information on Coping** - helping to promote effective coping is an important step in helping people adjust to what has happened and plan for the future.
- **Key Component 6: Connect with Social Support** - people recover more quickly when they are connected to family and friends. It is especially important in the context of social distancing to support people to connect with their natural support networks, including their loved ones, friends and communities.
- **Key Component 7: Educate and Normalise Responses** - it's normal for people to have strong emotions in an emergency situation. Psychological reactions to an emergency can be best understood as the reactions of normal human beings to sudden, unexpected and unpredictable threats so intense emotions will come and go. There is no 'right' or 'wrong' way to think, feel and respond. Use the do's and don'ts guidance on page 7 of this document.

THINGS TO SAY AND DO ✓

- » Try to find a quiet place to talk, and minimize outside distractions.
- » Respect privacy and keep the person's story confidential, if this is appropriate.
- » Stay near the person but keep an appropriate distance depending on their age, gender and culture.
- » Let them know you are listening; for example, nod your head or say "hmmmm..."
- » Be patient and calm.
- » Provide factual information, **if** you have it. Be honest about what you know and don't know. "I don't know, but I will try to find out about that for you."
- » Give information in a way the person can understand – keep it simple.
- » Acknowledge how they are feeling and any losses or important events they tell you about, such as loss of their home or death of a loved one. "I'm so sorry. I can imagine this is very sad for you."
- » Acknowledge the person's strengths and how they have helped themselves.
- » Allow for silence.

THINGS NOT TO SAY AND DO ✗

- » Don't pressure someone to tell their story.
- » Don't interrupt or rush someone's story (for example, don't look at your watch or speak too rapidly).
- » Don't touch the person if you're not sure it is appropriate to do so.
- » Don't judge what they have or haven't done, or how they are feeling. Don't say: "You shouldn't feel that way," or "You should feel lucky you survived."
- » Don't make up things you don't know.
- » Don't use terms that are too technical.
- » Don't tell them someone else's story.
- » Don't talk about your own troubles.
- » Don't give false promises or false reassurances.
- » Don't think and act as if you must solve all the person's problems for them.
- » Don't take away the person's strength and sense of being able to care for themselves.
- » Don't talk about people in negative terms (for example, don't call them "crazy" or "mad").

https://apps.who.int/iris/bitstream/handle/10665/44615/9789241548205_eng.pdf;jsessionid=DC3D91D802DA72C134E77110BE6172DE?sequence=1

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Looking After Yourself

There are things that you can do to help you take care of yourself.

- Give yourself permission to take regular breaks during your shifts. It is important to try to eat, drink and sleep properly. Try to think about and use strategies that have helped you in the past to cope with stressful situations.
- Make sure that you try to take some time out between shifts, slow down and bring levels of arousal back to normal. It is being responsible, not selfish, to look after yourself. Maybe download the Headspace App to use if you find Mindfulness helpful
- Stay in touch with your friends and family – even if you can't see them in person, you can have video and phone calls.
- Engage in physical activity. Maintain a routine as much as you can. Plan regular activities that help you feel good. Avoid using unhelpful coping strategies like smoking, alcohol or other drugs.
- Try to limit the time you spend watching, reading or listening to the news.
- Spend time deliberately engaging with tasks that take your mind away from the current crisis.
- If you feel overwhelmed, know that there are ways to get support. Talk to your colleagues, your manager, or someone else that you trust about how you are feeling.
- You are not alone in this situation – your colleagues are likely to be experiencing similar things to you, and you can support each other. Be

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compassionate to yourself and others. It is OK to say you are not OK.

- Focus on what is in your control. Pay attention to things that are going well when you can. Share and celebrate the successes or small wins.
- Remember this is a marathon, not a sprint. Even though this is a marathon, it will not last forever and the epidemic will end.
- Use the same resources and advice for yourselves that you give others.
- Attached to this information is a leaflet on Bereavement
- Stay connected with others. Rest. Smile when you can.

AND BREATHE....

B – Be kind to yourself.

R – Respect your body by not overindulging alcohol, drugs, and bad food; by getting enough sleep, and by moving around at least a little every day.

E – Engage with others in big and/or small ways. We’re not asking you to bloom into a social butterfly or anything. Just try not to isolate. Connect with colleagues, phone a friend, wave to your neighbors.

A – Allow your emotions to ebb and flow. Don’t run from them. Expect that grief emotions will bubble up, their intensity will rise, and they will wash over you and recede.

T – Take life one minute, hour, and day at a time. The enormity of what it means to live life without your loved one is overwhelming, but remember that coping with grief is something that happens bit-by-bit and day-by-day

H – Allow yourself space and time to remember, honor, and to connect with your loved one’s memory and their continued impact on the world.

E – Your critical voice has a lot of expectations about what grief *should* be like and how you *should* cope. Remember, there are very few “*shoulds*” when it

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comes to coping with grief. Everyone copes in their own way and at their own pace. So give yourself a break.

Based on <https://whatsyourgrief.com/self-compassion-in-grief/>

Some Red Flags to be Concerned About

As mentioned at the start of this leaflet, an emotional response to what is happening is common and normal in the situation especially whilst the on-going threat is present. However there are some areas that may be of concern:

- Impulsive thoughts of harm to self or others are (common) however Sustained (constant) thoughts of harm to self or others with intention to act on these thoughts
- New thoughts of paranoia/conspiracy/seeing or hearing things.
- Unable to function with normal activities of daily living: *a major deterioration in personal hygiene, not eating, not drinking, unable to sleep, poor concentration/motivation. A struggle to function at work and home as well as the person did before the threat occurred. Poorer ability to make appropriate decisions*
- *Burnout- Emotional, physical and mental exhaustion for work.*
- *Compassion fatigue- Emotional and physical exhaustion leading to a reduced ability to feel compassion for others.*
- The presence of acute post traumatic symptoms such as:
 - *Flashbacks: a reoccurring memory or emotion of a traumatic experience that feels as though you are re-experiencing the horrible experience again.*
 - *Intrusive thoughts or images: unwelcome and distressing thoughts and memories.*
 - *Dissociation: may feel unable to recall events or feel that the memories of Covid seem unreal or that you are cut off from your feelings or your memories as if they don't belong to you.*

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- Bodily symptoms: *pains, sweating, a pounding heart, nausea, trembling, tiredness.*
- Avoidance: *avoiding triggers to thinking or remembering e.g. avoiding the hospital or avoiding people or keeping so busy you don't have time to stop.*
- Irritability: *being more short tempered than usual*

If these are present, then Mental Health services (or other pathways) may be able to help.

Links and References to Source Material

<https://www.cruse.org.uk/Coronavirus/death-talk>

<https://www.mariecurie.org.uk/professionals/palliative-care-knowledge-zone/individual-needs/talking-approaching-end-life#why>

https://apps.who.int/iris/bitstream/handle/10665/44615/9789241548205_eng.pdf;jsessionid=92AD1D99A095ABB4469C8933170A8EDB?sequence=1

<https://www.traumagroup.org/>