

MDS Alert

Pandemic Realities: Understand That Your Grief is Real - and Valid

Long-term care workers' mourning has been largely unacknowledged.

The long-term care industry has experienced unprecedented and relentless loss in 2020. With the pandemic raging and no end - or even a pause - in sight, you may be feeling sad, overwhelmed, or traumatized. Healthcare workers across the world have been asked to go above and beyond, and people who work in nursing facilities have managed extraordinary feats with few resources and limited respite.

Taking care of yourself and starting to heal may begin with recognizing that your experience was authentic and your feelings are valid.

Know You Aren't Alone

The numbers are staggering: More than 113,000 deaths in long-term care facilities and more than 29,000 facilities with at least one COVID-19-positive resident or staff member, according to data from the Kaiser Family Foundation available at the time of publication. These deaths account for nearly 40 percent of the deaths suffered in the entire U.S. throughout the course of the pandemic - and many experts believe that the numbers are much lower than the reality.

While other frontline healthcare workers are also overwhelmed, people who work in the long-term care industry generally know their residents well and, often, for a while. The losses are especially acutely felt.



One crucial step in healing is acknowledging your feelings and knowing that it is completely valid to be mourning residents, colleagues, and the way life used to be.

It may be helpful to categorize your feelings a bit and try to determine if you're experiencing burnout, traumatic stress, or both. While staff members should not feel unsupported by management, it can also be helpful for individuals to partake in a buddy system, where they have a known confidant and team member to be accountable to checking in on stress, workload, and safety, says the American Health Care Association and National Center for Assisted Living (AHCA/NCAL).

Believe That You're Not at Fault

The national news media has highlighted many stories of families who lost loved ones to COVID-19 infections while their loved ones were residents at nursing facilities, but few outlets have highlighted the grief of the people who provide the direct care for residents and see them every day.



In fact, when local or national news media has highlighted nursing homes during the pandemic, the stories have almost always portrayed the facilities and, therefore, staff, in a negative light - even though studies have shown that COVID-19 spread into nursing homes is almost always a reflection of community spread, rather than the individual's facility's quality rating or infection control measures.

"Our findings suggest that nursing home COVID-19 outbreaks are more related to facility size and location than

traditional quality metrics such as star rating and prior infection control citation, reflecting the unique infection control needs of COVID-19,” say **Hannah R. Abrams, MD; Lacey Loomer, PhD; Ashvin Gandhi, PhD;** and **David C. Grabowski, PhD**, in “Characteristics of U.S. Nursing Homes with COVID-19 Cases,” published in the Journal of the American Geriatric Society.

Understaffing at nursing homes, which has been exacerbated by the pandemic and the very real fears that workers could bring the virus into a facility or bring it home into their households, has allowed for little respite for nursing home employees.

For folks in leadership positions at facilities, it's especially important to provide support for your staff. If you aren't already prioritizing employee emotional and mental health, start now. One easy step is to set up a quiet room, where staff members can go regroup during their shifts, says AHCA/NCAL in guidance about employee support. Don't penalize staff for taking breaks - those moments may be a major facet of how they're coping. And consider relaxing rules about cell phones in the quiet room; folks have been socially isolated for months, are worried about their families, and are craving connection.

Make sure managers are reaching out to their supervisees at least weekly, AHCA/NCAL recommends. And encourage staff to be open in conversation, while respecting team members' and residents' rights and privacy, so as not to let the emotional pain build up.

For more information, including contact information for trained crisis counselors, see www.ahcancal.org/Survey-Regulatory-Legal/Emergency-Preparedness/Documents/COVID19/Emotional-Support-HCW.pdf.