**Research Summary:**

**Dealing with Death**

**Researchers:**

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Please note, the results section contains information about the death of service users, which could be distressing to read or remind you of difficult experiences relating to death. Please take care about when you read it and seek support if you need to.

**What was this research about?**

Many people using Framework services are at higher risk of earlier death than the general population. Staff are likely to support people who die and sometimes must attempt to prevent death. They are also likely to support service users who have been bereaved.

Even in healthcare jobs where death is a given (like in hospices), exposure to dying patients can contribute to staff Secondary Traumatic Stress; this means having symptoms of post-traumatic stress disorder that result from witnessing or hearing about trauma that has happened to other people. This can result from one off events, or continued contact with people who have experienced trauma.

Staff in homelessness and related services might be impacted differently by death compared to staff in other services, because of the circumstances of service users’ lives and deaths. Understanding staff experiences and support needs relating to dealing with death is vital to provide tailored resources. This might reduce the likelihood of secondary traumatic stress.

**What did we do?**

We sent an electronic survey to all staff in Framework (about 1100 staff) and invited anybody who works with service users (about 900 staff) to fill it in, whether they had known a service user to die or not.

We asked staff about: their experiences of service user deaths; whether they are confident in dealing with death and dying at work; and what support they have had or need to deal with death at work. We also asked them to fill in two questionnaires, one about ‘coping with death’ scale and one measuring secondary traumatic stress. This was to find out if people who reported being affected by death at work showed signs of secondary traumatic stress, and whether feeling better able to cope with death made secondary traumatic stress less likely.

A total of 243 staff filled in the survey. We analysed their responses using statistics to look at the numbers and analysing themes across written responses to open questions.

**What did we find?**

***Experience of death at work:***

Just 7 staff stated they were warned about the possibility of service-user death in their job role.

186 (77%) had experienced one or more service user deaths. Physical illness was the most common cause, closely followed by drug overdose and then suicide.

Of the 186, 88 had experienced between 2 and 5 deaths, 35 had known between 6 and 10 service users die and 27 had known over 10 service users die. One in five staff had found the body of a service user after death. 18 staff had witnessed a service user die.

It was common for staff to have received the news or broken the news of a service user death.

171 people responded to the question about being affected by the death of a service user. Of those, 92 (54%) had been negatively affected. This included feeling “*deeply*” affected emotionally about the death. People felt “*extreme sadness*”, “*grief, distress*”, “*guilt*” “*angry and powerless*”, “*anxious*”, “*a loss of empathy*”, and “*burnt out*”. Other impacts included “*ruminating*” or “*(over)analysis of what could have been done differently*”, “*stress, headaches, bad dreams*”, “*panic attacks*”, “*not being able to do welfare checks on my own for months after the death*”, “*struggling to go to the property where it happened*”, and in one case being unable to return to work for some months. Several people reported feeling “*inadequate*” or losing confidence in their role, to the point of wanting to leave their job.

Of the 92 who were negatively affected, 47% showed clinically significant symptoms of Post-Traumatic Stress Disorder, compared to 14% of those who had not been affected by the death of a service user.

People who scored as better able to cope with death showed less secondary traumatic stress.

Some staff reported being changed positively by the experience of deaths at work, including becoming “*more reflective and resilient*”, feeling “*much more well equipped to deal with something like this*”,

***Support received following death at work:***

A minority of staff reported receiving practical support to:

attend the funeral (22%);

follow procedure and / or complete incident reports (13%);

prepare a coroner’s report (6%);

have time off work (5%) or altered duties (2%);

speak to the person’s family or close one’s afterwards (4%);

deal with the person’s belongings (4%).

Emotional support was more common and came from a range of sources: colleagues who are peers (56%); managers (46%, and debriefs by managers for 33%); debriefs from somebody external to the team (11%); Wellbeing practitioner (7%); Employee Assistance Programme (5%) or other sources (10%).

A significant minority of staff (41) reported wanting reassurance following death to decrease the feeling of being responsible, with 19 reporting concerns over whether things could have been prevented and 11 feeling inadequate in their role following a death. There was a wish for open and non-judgemental conversation after service user deaths, including a recognition that it can be experienced as a loss and that the process of grief can be different for everyone.

Some staff did not wish for any additional support in relation to service user death. However, one person alluded to a culture in which staff ‘*have a habit of not asking for support even if they need it as we are aware people can die on service and it’s part of the client group we work with… So they just get on with it regardless, the hostel still has to run day to day*’.

***Confidence to discuss death with a service user:***

Most staff (65%) said they would be confident to discuss death with a service user; 19.3% said they would not.

***Views on training around death and dying at work:***

The majority 71.6% of staff said they would attend training on preparing to cope with the death of a service user; 12.8% said they would not (15.6% did not respond to the question).

Training needs included: preparation for service-user death; grief and bereavement; how to support colleagues, other service users and the bereaved family following a death; vicarious trauma. More information and guidance around the practical arrangements when a service user dies was identified as an unmet need, including support for completing paperwork.

**What does this mean?**

Staff are generally not prepared for service user deaths at work, despite it being a common experience and over half of staff who know service users who die being negatively affected. Although some staff do not wish for any additional support following service user deaths, the survey indicated that both practical and emotional support could be more routinely available.

It is not possible to know definitely from these results whether those receiving less support are more likely to be negatively affected. It is also not possible to know whether being better able to cope with death definitely protects against secondary traumatic stress. However, there is a wish for greater preparation, training, and support around dealing with death at work and it is likely that such provision would protect against secondary traumatic stress, or support recovery from it.

As part of a commitment to psychologically- and trauma-informed organisational culture, there needs to be recognition that service user deaths can have an ongoing impact on staff members, including anxiety about being held responsible, a more general sense of inadequacy at work, and symptoms of secondary traumatic stress. This is likely to impact not only the individual staff member, but also teams and wider service delivery.

It is suggested that all staff working directly with service users should be consistently offered training about preparing for and dealing with death, including understanding personal reactions, how to have difficult conversations with bereaved others and how to complete paperwork. For those who experience a service user death, there should be a consistent offer of leave (including to attend the funeral), a confidential psychological debrief and ongoing support from management.

**What future research might be needed?**

Any provision to help prepare staff for the possibility of service user deaths and / or support them following death should be evaluated.

**Want to find out more?**

If you are interested in knowing more about this research project, or would like a full copy of the research (including more background information, direct quotes from participants) please contact Anna Tickle (Anna.Tickle@frameworkha.org)