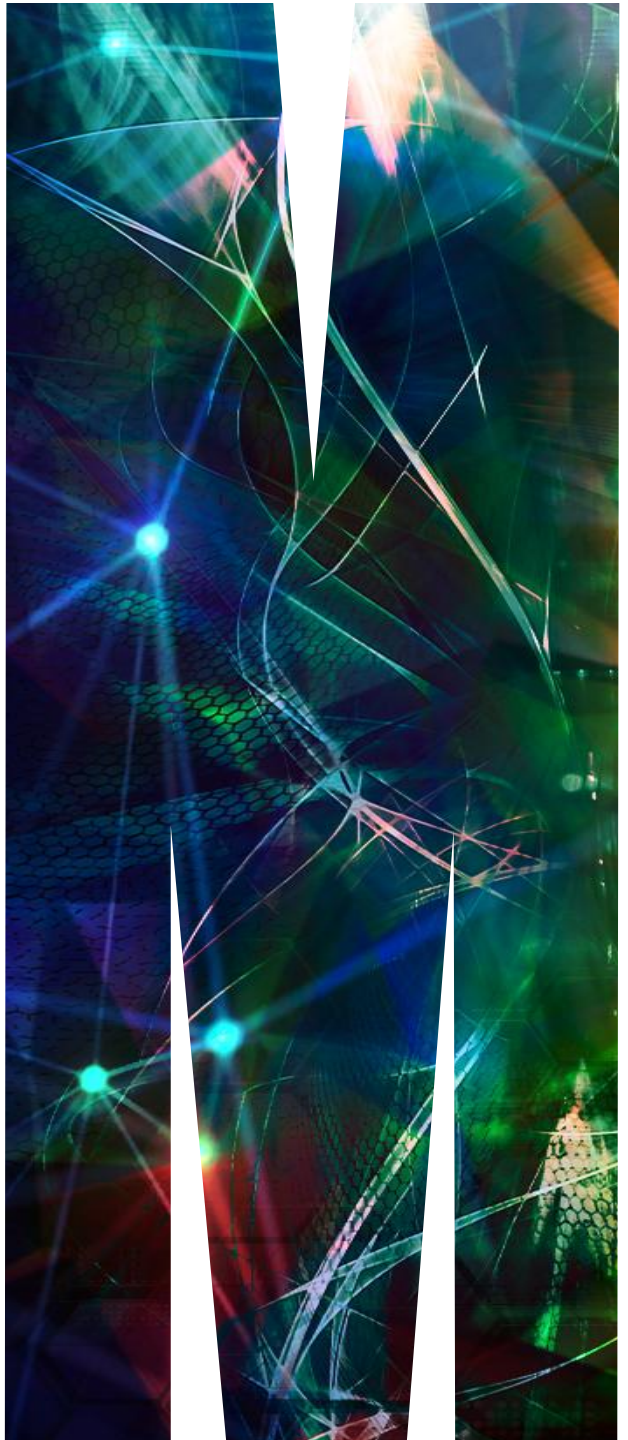
MONASH University

Manager's views on staff grief and the pilot-tested grief support program



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Acknowledgement of Country

Our research team acknowledges the traditional custodians of the land which the PCNA Conference is held. We pay our respects to the Elders, past and present, for they hold the memories, traditions, the culture and hopes of Aboriginal and Torres Strait Islander peoples across the state and Australia.

Acknowledgement:

- **All participants** working in Residential Aged Care Homes in VIC
- Monash Nursing and Midwifery (MNM) Research Development Grant

Background

Close family like relationship

Resident death

Staff grief (emotional distress)

Unrecognised cumulated grief

Reduced wellbeing & burnout

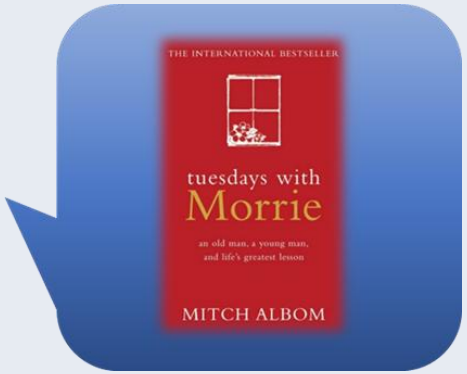
Psychological Hazard (Safe Work Australia)

Background

Research progress:

Co-designed staff grief support program

Part 1: Discussing death and dying	Part 2: Reflecting on grief and making a self-care plan
1. Introduction 2. Warm-up activity 3. Activity: “Tuesdays with Morrie” 4. Facilitated discussion 5. Presentation: views of life and death, grief 6. Conclusion	1. Introduction 2. Warm-up activity 3. Activity: Coping and self-care planning 4. Facilitated discussion 5. Presentation: resilience and importance of self-care 6. Conclusion



Methods

Aim:

To explore RACH managers' views on staff grief, available support for staff and pilot-tested staff grief support program.

Semi-structured interview

Participants: RACH managers

Analysis: Thematic analysis approach (Braun & Clarke, 2021)

Results

Interview period	May to July 2025
Participants	Seven (7) management roles from 5 organisations
	5 of them are RNs
Interview duration	27-41 minutes (average 33 minutes)

Results


Unique relationships and grief
Unspoken rule, Stigma and Expectation
Usefulness of the program
Facilitator role needed

Theme 1

Unique relationships and grief

- You become basically like their second family…[after a resident death] you can mask your feelings and could be okay on shift, but not okay when you leave the shift. (Manager 1)

Theme 2

Unspoken rule, Stigma and Expectation

- We [health professionals] are seen as being quite resilient, not asking for help, and being able to cope with a lot of stress which is a shame because we're human as well. (Manager 4)
- It's a stigma…particularly with nurses that you need to be super professional all the time. (Manager 2)

Theme 3

Usefulness of the program

- The program is invaluable, it [the program] is a resource which I do not have the skill to provide…psychological safety in the workplace is such a big key OH&S risk for all of us. (Manager 3)

Theme 4

Facilitator role needed

- Absolutely needed…I think our organisation will be supportive of the people to take the role. (Manager 5)

Conclusion

- The pilot staff grief support program was viewed as effective by managers as their staff were open to their experiences and feelings in an emotionally safe environment.
- Managers strongly support to embedding the program and adopting the facilitator role in their organisations.

THANK YOU

We will continue this project to implement the **staff grief support program**.

Find out more about this project, please contact:
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