**NHS Education for Scotland**

**Transcript of ‘Experiencing the death of a colleague: Supporting yourself and others’ webinar (14.03.24)**

**Speakers:**

* Dr Gemma Edwards, Previous Scottish Clinical Leadership Fellow, NHS Education for Scotland and Paediatric trainee, NHS Lothian
* Lynne Innes, Senior Educator Bereavement Education Programme, NHS Education for Scotland and Healthcare Chaplain, Spiritual Care Department, NHS Fife

**Chair**: Dr Graham Whyte, Associate Postgraduate Dean Bereavement Education Programme, NHS Education for Scotland and Consultant in Palliative Medicine, Marie Curie Hospice, Glasgow.

Graham Whyte (GW): Okay, well, I think that's gone 12:30 by my watch so I think we'll maybe make a start for, today's webinar. So, welcome everybody to what's the 21st NES Bereavement webinar. So, it's entitled 'Experiencing the death of a colleague: Supporting yourself and others'. My name's Graham Whyte. I'm an Associate Postgraduate Dean with the Bereavement team at NES and also a Consultant in Palliative Medicine at Marie Curie Hospice in, in Glasgow. I'd like to welcome today's speakers. So we have Gemma Edwards who was previously a Scottish Clinical Leadership Fellow at NHS Education for Scotland and she's also a paediatric trainee in NHS Lothian and our other speaker is Lynne Innes, Senior Educator with the Bereavement Education Programme at NES and also a Healthcare Chaplain with the Spiritual Care department in NHS Fife. So welcome and thank you for both our speakers for presenting today.

Just a outline for those of you maybe haven't attended some of the webinars before, the general structure of these, so we'll be having 45 to 50 minutes of, of presentation and this will include the showcasing of two case study films based on real life experiences and also a, a new film which is about experiencing the death of a colleague in the health and social care setting, that we're going to launch today. So, and then we should have maybe around about 10 minutes at the end for, for question and answers, following that. We will be recording the, the presentations today along with the, the question and answer session. We will ensure that any of the recorded question and answer session doesn't include any identifiable names. So, so don't worry about that when the final recording will appear on the Support Around Death website at a later, a later date. Everybody's cameras and microphones will be turned off. So if you do have any questions you'd like to post, please put those in the question and answer session, section sorry. You should see the wee icon on the top of your toolbar at the top just next to the, the chat function. So if people could please use the question and answer session, section for posting questions and any general comments can just go in the, in the chat. But we'll try and stick to the Q&A for the, for the questions. If you... we'll try and answer all the questions if we do have sufficient time, but if for any reason we don't and you still would like to post your question, or you have questions you want to ask, then please get in touch with us, at the team e-mail address which we'll put in the chat but it's [SupportAroundDeath@nes.scot.nhs.uk](mailto:SupportAroundDeath@nes.scot.nhs.uk).

After today's session we will be posting out a feedback questionnaire. So we'd really like to hear your comments about the, the webinar and also any thoughts you might have about topics for future sessions. So I think without further ado I'll, I'll pass you over to, to I think it's Gemma that's going to, to kick off for us. Thank you.

Gemma Edwards (GE): Thank you. So I think that Becky's just going to share my slides because my [inaudible] has been a bit dodgy this morning. So we can just bring them up. Brilliant - think they're just on their way. So my name is Gemma. Thank you for the introduction and thank you everyone for joining. I am a neonatal registrar usually in Glasgow, but I'm working in Edinburgh for a bit at the moment. So, don't actually encounter death as much in my clinical job as you, you maybe do in other specialties, but it's something that I've found an interesting area and when I was a Scottish Clinical Leadership Fellow a couple of years ago, I had worked with the NES Bereavement team on this piece of work. So just to the next slide.

So just to give you an outline of what we're going to speak about. So, if we just continue through. So I was going to speak a little bit about the background to this piece, some of [inaudible] the [inaudible] that helped to shape the way that this work was progressed. I looked into the literature base, so that we were kind of combining colleague experiences with the known literature around this topic for dealing with the death of a colleague. And then we're going to show the new animation and then have time for some questions.

So thinking about the background - so thankfully death of a colleague in the workplace is quite rare. But we've [inaudible] looking into this that when it does happen, often the people who are expected to be involved in the immediate response and the immediate kind of aftermath of this event likely have never dealt with this before, even though they may have dealt with death during their day job. And we notice that, you know, people were having to respond very quickly with quite few, few resources available to direct them in their response. And it can be maybe easier either just to continue on as normal and try to focus on getting the work done or focusing just on the practical tasks. But we wanted to do a bit of work on just the communication side of things and how to support yourself and support your colleagues in this really difficult situation. And particularly in health and social care, the setting can be challenging because we do work in very close teams on already quite emotive topics and work on often very difficult shifts together. So we can form strong bonds and the death of a colleague from that team can be a really shocking and traumatic time for the team. And we initially were doing some work looking at creating resource for the death of a doctor in training, but from speaking to colleagues, kind of, across the country, who had been involved in this situation, we could see it was clear that it wasn't just doctors isolated who were affected by this. And when we spoke to people involved in the death of a trainee doctor, it was the, the trauma of that was felt by admin staff and by Deans and by people who weren't always on the wards but were connected to the individual. So we wanted to do a more broader piece of work looking at, in general, supporting yourself and others in health and social care if there's a death of a colleague.

And just to the next slide. So like I said, it's often a group of caring professionals who work very closely with each other and that can make it a particularly difficult thing to, to lose a colleague in. And at the same time that's balanced with it being often a need for clinical service which is often already pushed quite far, to just continue as normal, because you still have your patients or your clients. And professionally it can be quite challenging because many of us feel that we've been trained to deal with death and we do face it frequently in our day job, but it, it is very different facing the death of a colleague and someone close to you within your team – the, the boundaries are very different. But feeling that professionally you should be equipped to deal with this in a setting where there's often different hierarchies and different grades can produce quite a barrier to acknowledging your own feelings and helping yourself and your team to recover from this.

And so we just wanted to start by showing two case study videos of real people working in health and social care settings. And then Lynne is just going to speak a little bit about her role as a Chaplain following that.

Case study video 1 clip: Roy and me were best pals. We started as porters together over 20 years ago and have always been pals. When I went through the breakup of my relationship, he was there for me and we lived together for a while. Then when I was getting married, he was going to be the best man at my wedding. He was the obvious choice for me, I was gutted that he couldn't be there. There was no other best man. We were each other's only friends. In fact, during COVID the others used to call us hermits as we enjoyed not socialising with the others. When he was off sick for a while, I would visit him at home and take him food. On the day he died at home, all the porters got a message from the boss to say he was being brought in. It was really kind of him to warn us because it would be us who would have to take him to the mortuary. I was on a day off that day so my boss phoned me himself to tell me. I was shocked and totally disbelieving. I immediately spoke with his wife. It was then it started to feel real. I messaged my wife, who was working at the hospital at the time, to tell her. I was with the children and trying to keep it together for them. It was hard. However, her boss let her come home to be with me. Roy was well known in the hospital. He was a larger than life guy. Everybody was devastated and shocked by the news. I got a phone call from my boss. Just a supportive call really, to say I could take the next day off and not go in. I appreciated that. I went back to work the day after. I thought it might be distracting in a way and maybe also a blessing as I would be with my teammates and that might be comforting. I find it hard to talk about my feelings, but I didn't have to. We just sat quietly together, and that was comforting. That morning, though, that was tough, as my first job was to take somebody to the mortuary. Seeing Roy's name in the mortuary fridge door almost broke me. I find it difficult to talk about that. My boss helped me get support from the peer support service and John our Chaplain. Because of that support, I've now trained to be a peer supporter too.

Case study video 2 clip: For me, having read their e-mail earlier that day, I was in total disbelief. I had to double check we were talking about the same person. It wasn't until I spoke to her family again the next day that it finally sunk in, and I realised we would never see or speak with her again. In my line of work we deal with death quite often, however, having managed this person for some years with them being so young, this was by far the most emotional I've ever been at work. Not only did I find myself dealing with my own thoughts and feelings regarding this sudden death, I realised I was going to have to help care for both colleagues and clients as I broke the news to them too. Steph had been with the company for many years and was a valued member of the team. I knew I now had to tell both our clients and the rest of the care team. As this was a very delicate matter and I knew how shocked I had been, I visited each one of our clients after speaking with the family, in person to break the news. This was met with utter shock. Disbelief. And condolences for the family. One of Steph's clients told me they would miss her meals, as she had always taken the time to ensure they were nicely presented. Hearing the different stories from the clients about Steph, both saddened me and brought a warmth to me to know that she had touched so many different people. I then had to tell the rest of the care team. I spoke with each member personally, and again, everyone was shocked and saddened by the news. The care and branch team were given access to a counselling service and I went in person to visit the family and pass over everyone's condolences. We spoke at length about her life, her work and family. And this helped me process my grief a bit more. Spending time with the family and listening to the stories that she was the same kind and funny person out of work as she was in work, helped.

Lynne Innes (LI): So we're, we're very aware that watching these films can sometimes be, triggering or distressing for people. So if anybody wants to take any time out please feel free to do that because we really acknowledge that, that sometimes this can be difficult. Both those films were, are, are, are based on real life stories with minimal editing actually from, from a porter and a care home, care at home manager. So they are based very much on their real life experiences and, and, but we've used actors to, to film the, the films so the... protect their anonymity and confidentiality. But just, just ask you, just have a few minutes, just to think, or a few moments really just to think about what you've heard and, and, and process what you've heard and, and reflect on, on how you're feeling yourselves as you've listened to those stories. And Gemma will come back later on after I've finished my section and, and resume her talk.

So, we, we wanted to put a bit in about how we support ourselves and others. And I work for both NES and NHS Fife, and my role in NHS Fife is as a Chaplain for staff support and in, as an Educator within the Bereavement Education Programme in NES. But I have almost 40 years of experience working as a nurse in primary and secondary care and, and I'm kind of motivated to be in this place through my kind of enormous support for staff really. And we know that health and care staff need to feel that our wellbeing and psychological health is valued by, by the organisations that we work for. And in actual fact high quality patient care relies on motivated and skilled staff who not only are physically and mentally well enough to do their jobs but also that they feel valued. They're well supported and they're engaged within a culture that enables them to flourish and thrive. And, and that was my motivation I think for, for, for moving into staff support.

So how do we sustain our wellbeing? So we need to plan for our own wellbeing. If... I don't know if it just happens – it needs to be something that we, we, we think about and we, we culture ourselves. And as I've just said to look after others safely and effectively we first have to take care of ourselves. But sometimes that can be a bit counterproduc..., counterintuitive for us and, and we, we kind of, we run around and we kind of do everything for everyone else and we're the last person that gets kind of looked after. But if we take care of ourselves, it's a way to take a proactive approach to manage our own wellbeing. And as I said, enable, enables a compassionate and nurturing culture for us all to be in and, and, and that can only be positive.

So if we move on to talk a bit about self-compassion; you might have heard about self-compassion maybe described as being kind to yourself or, or, or self-care. And sometimes I've heard people say, "Is that not just being selfish?" But it's not selfish. It's essential because of our own wellbeing - if we're not self-compassionate to ourselves, then we will not be able to look after each other. And Lucille Zimmerman, who's written quite a bit about self-compassion, says taking good care of yourself means that people in your life receive the best of you rather than what's left of you. And I know myself, even, even though I kind of do all this stuff, and I know all this stuff, I sometimes get in at 7:00 at night and I'm shattered, and I'm not sure that the best of me is available for, for the people that live with me sometimes because I'm so exhausted from the day that we've just had. So it means being really practised at, that means being really attentive to ourselves and considering the challenges that we meet, and being gentle with ourselves. And, and taking intelligent action to support ourselves. Michael West, who some of you might have heard of, he's written a book called Compassionate Leadership and he, he's done quite a lot of work around compassionate leadership with the Kings fund as well, talks about self-compassion, means being warm, self-soothing and understanding towards ourselves in situations where we suffer. And Gemma's already mentioned that we've had, we may have had hard shifts, we've had hard days, we've seen things that are actually quite traumatic and distressing. And so it's really important just to nurture ourselves when we know we've been suffering.

And self-compassion is a bit about our relationship with ourselves, or you might talk about as our inner world or our inner voice. And, the image there from the Charlie Mackesy book, 'The Boy, the mole, the fox and the horse' is it "Isn't it odd. We can only see our outsides, but nearly everything happens in our insides". And I remember reading that when it was first published in March 2020 actually, and, and, and, kind of, having a... one of those kind of, moments of yeah, that's absolutely what life is like. But actually everything we do is, is appears to the outside. So we internally talk to ourselves. Sometimes I refer to that as storytelling. So we tell ourselves stories about ourselves. You might have all... I tell stories that you know, 'I'm not any good at this'. 'I'm not, I'm not good with technology'. 'I'm not good at being patient'. 'I'm not good at doing the shopping' or 'I'm not good at emptying the dishwasher' really whatever, whatever we want to say to ourselves. But we can talk ourselves a good game basically where we story tell. But we do that quite a lot when we put ourselves down, when we say 'I'm not any good at compassion' or 'I'm not good at being kind' or, or 'I'm not good at kind of taking time for myself or taking a breath for myself'. In fact, I was doing a bit of staff support yesterday and I actually did say to the person, I think you've started storytelling here and they, they did laugh, you know, because once you notice you're doing it, it's actually easier to stop it. And, and we do, it's, it's the way we judge ourselves. And we judge ourselves really harshly, and so if we can just accept or reject our feelings and our thoughts, then we get ourselves into a different space about that judgement around ourselves. And that, that, that leads to how we experience emotions such as shame or joy or anger, love, anxiety, guilt, whatever that, that emotion may be, and actually gives us a, a different way of experiencing it. If we just take a moment to reflect on, on what we're telling ourselves. And our relationship with ourselves is the basics for our, the basis for our relationship with others and how we relate to ourselves determines how we relate to others. And that compassion is then rooted in the relationships that we share with, with other people.

So what is self-compassion in practice? So we, we might talk about that as being, attending to ourselves, being present with ourselves, and you know, we, we hear about mindfulness and being mindful and, and taking one day at a time. And this is the moment that we live in. And, and this is all absolutely true, it is, of course, but what we're often doing is we're thinking about the next thing we're about to do. So who's thinking just now about what they've got to do when this webinar finishes? And, and actually, can you stay for the entire webinar, because you might be under pressure to get back to work. So we're always thinking about the next thing we've got to do, we're thinking about our deadlines. But actually self-compassion is being present in the moment with ourselves, just in that moment and trying not to focus on what's got to be done next. That doesn't mean we don't understand the challenges we face. It's actually, you know, accepting that you've got a busy afternoon or that you're heading back to clinical shift at 1:30 or even before that. We know that these are challenges and we do face them - we have to face them. So it's not, it's not saying you know, be unrealistic about what we have to do. Caring for ourselves and, and I've put in here avoiding heroic self-denial, and that's, kind... that kind of thing where we go "No, no it's okay. I don't, I don't need to come. I don't need a lift. I'll just walk" or, or whatever it happens to be. I've, I've done it myself where we're kind of saying no, no, I'm, I'm the least important person here, so don't worry about me. You don't need to bother about whether I'm included or not. But actually that doesn't really work. We, we need to avoid that. We need to be tender and concerned and love ourselves. So that's valuing ourselves, that we are important, that we do matter and helping us in supporting ourselves to be our very best selves.

But what if that doesn't quite work? Because sometimes it doesn't, and sometimes the kind of stress and anxiety and the, the speed to do things overwhelm us. And there's a little acronym called RAIN written by somebody called Tara Brach and, and it's cited actually in Michael West's Compassionate Leadership book. And RAIN stands for 'Recognise', 'Allow' or 'Accept', 'Investigate' or 'Inquire' and 'Nurture with self-compassion'. And the 'R' is, the 'Recognising' is, recognising how I feel in this moment. Actually I do feel a bit stressed or I do have a deadline to meet. And then allowing ourselves to, to, or accept this is how we are in this moment and perhaps we might want to investigate or inquire about that. Why do we feel like that? Why am I feeling stressed or anxious just now? And then nurturing ourselves with self-compassion. So, and we often talk about self-compassion as talking to ourselves how we would talk to a good friend. In that kind way and that supportive way, where you would maybe say to a friend, you know, "No you shouldn't go to work today because you're clearly too ill". But we would you know continue on our kind of, hero mission and think we have to go to work, and we want to go to work for altruistic reasons. We know that our colleagues will be, will be, will miss us or will be stressed if we don't go to work or they'll get more work to do. So it's not that we're kind of, being selfish in that moment, it is just that it's important to kind of, to think about how you would speak to somebody that you love and that you would, that you care for. Try to speak to yourself in the same way.

So move on a wee bit to talk about how do we support others. I deliberately put self-compassion at the start of this, this talk because I think we need to be, we need to be kind to each... ourselves first and then we can be supportive to others. So supporting people through a bereavement in the workplace is, is, can be very, very difficult. And even for us as Chaplains, it's not something that we gaily enter into, or go, "Yeah, I'll do that kind of, that visit because I quite like doing this". It's hard for all of us and we need to take a moment before we do go in and support people. But we want to make sure our support's compassionate. At the very heart of that support, for supporting people who have experienced the death of a colleague is being compassionate and able to share their grief and their vulnerability. And that whole aspect of supporting others encompasses, encompasses the physical, emotional, psychological and spiritual dimensions of wellbeing which are kind of fundamentally important. And we've got a couple of films that might be of interest for you looking at later on. This first film is called 'Talk', and it's, was designed to help people cope with death and bereavement. And it encourages people to support each other with simple strategies such as talking to one another, asking how your team are doing, listening one another, and showing kindness to yourself and others. It's not, they're not long films, they're quite short films but really useful film to have a look at. The other, the... I, I don't have another film here but the, we have a dedicated web... webpage on the Support Around Death website which is for wellbeing. So you might want to have a look at that. And we also have, we've just been starting to populate more recently dealing with bereavement in the workplace. So all of the case study films that, the two you've just seen, they're there, and we're just starting to kind of build on that work there. And the, the Gemma, the film that Gemma's going to show you a bit later is there as well. So there's, we've got some resources for you in terms of how you, how you can learn more about how to do this and, and some of them will be kind of maybe straightforward to do in the moment, when, when you have some time to have a look at them.

So in terms of supporting others through a bereavement, make sure you've, maintain open communication with all staff. Build a rapport with staff and actively listening. All these communication skills that we've all been taught as health and, and social care staff. Acknowledge people's emotions. Not, we don't, you know, not, not, it's our... we bring our humanity into the space where, when we're upset, when we might be crying. And that's okay to do that and, and that, that's who we are. And it's really important to enable people to feel like they might want to cry that, that's absolutely fine. We don't have to pull ourselves together or to kind of struggle on. And we want to be really present in our attention with people. So what we mean by that is actually focusing on what people are saying, you know, not looking at our phone while we're talking to them or looking at our emails, while we're talking to them. There isn't, well, that can be really distracting if we, if we do that. So being very present with people. Actually sitting down with them. Getting eye contact. Listening to what they have to say. You don't have to fix them. You don't have to rescue them from their grief or from their, their, their, their, their distress. Being, being alongside people in the moment of their need is, is so, so valuable and, and in, in lots of ways it doesn't always feel valuable. It feels like "What am I doing here?", "Am I offering anything to these people?". But we know that these, these, with, from evidence and research that sitting, being present with people and listening to people is extremely valuable.

Be sensitive to the needs of others. If people don't want to be in that space or they want to be away doing something else that, that's entirely okay. This might just not be the right place for them at this time. That might change in the future, but it's important to let people be how they want to be. So we've, we've kind of, heard sometimes of people all getting corralled into one room to be told something and a lot of people find that really difficult, and find it very anxiety provoking. So just being sensitive to the needs of other people.

Try not to make any assumptions, and in grief we sometimes, you know, we felt like we, we know somebody better than somebody else or, or this will touch you more than it might touch somebody else. That, there's, there's no rules around this. People will affect... grief will affect, and bereavement and grief will affect everybody differently and each individual's experience is very unique to them and, and, and, and is, is, is validated for their own experience.

Try to create quiet spaces for people if they need to talk, if that's possible to do, so that they have space to, to, to just talk on, maybe a one-to-one basis with somebody who can give them support. Offer breaks for people to meet over coffee and lunch if they can do that, and if people are working online that might be different, but try and create that kind of same space in an online environment. Check in with people regularly. Go back and see people. Make sure that they are actually doing okay. And signpost to other organisations for, for support. And there are, quite a lot of you might find in your own board areas that that, you can signpost from, from some of the kind of staff wellbeing pages.

This film is a, is about talking and being with people who are bereaved. And it's a film as well as a... there's a leaflet here, but it just gives you some tips here on what you can try to do and what you can try not to do. We never say don't, you know, absolutely do this and absolutely do that. That's not kind of how, how we kind of operate. But, but there are some tips there on the, the things that might be helpful to, to, to say or not to say to people.

So where can you get support from? So most people, most board areas, certainly all of the territorial boards have Spiritual Care departments who will offer support, who will offer staff support as well as support to patients. And traditionally people might have thought of Spiritual Care departments being there for, for staff... for patients only, and their families, but actually they've always been there for staff but increasingly they are, they're, they are there you know they're, they're, they're seeing more staff and what they will do is offer support. So reach out to them if you, if you do have a, a... experience the death of a colleague. Do reach out to them for support. Most of the... their board, the boards will have a, a... e-mail address or a... you can be put, put through to them through the switchboard. I work in NHS Fife. We have a 24/7 on-call service where we respond via the switchboard to anybody that, that wants us whether that, whether that be staff, patients or families.

And what we do is we enable people to connect with one another. We help people to build relationships. What we do is what's called relational. So it's all about relationships and how we build relationships with, with one another. But, but often that will be in spaces that enable people to talk with one another. Really listening to what matters - that's a very important aspect of bereavement support is, is truly listening. And we do... a lot of the listening that we do, we listen to reply, but actually you can listen to understand, and it's a different way of listening where you're actually, as I said before, focusing in on the people that you're, you're with, being present with them and truly listening to what they say. You don't have to come up with answers. Often we feel like we need to answer. We need to come up with a solution or, or, or fix somebody, make them feel better, by actually just by listening to them we can make people feel better. We... spiritual care enables people to, to reflect and have some reflexivity. But we also support growth and the... we can be a compassionate presence. And we talk about providing and holding a space. And fundamentally that all comes from a place of love because we do genuinely care how people are, and we want to help people, if we can, and be alongside them.

This slide is particular to NHS Fife. I did have a quick look around other boards and there... all the other boards do have similar, something similar, but the other service that we have in Fife is a peer support service, and peer support I think that was mentioned in the porter video. Peer support... I know there are peer support services across a lot of the boards and you can, you can also... so you can talk to a peer and this is how you get in touch with the Fife ones. So you can send them an e-mail or you can contact them by phone and they will refer on you, to, to match you up to somebody to get some peer support. And the Porter in that video said that he had trained to become a peer supporter. He had received support from peer support. He'd also received support from the Spiritual Care department and from the, one of the Chaplains. And so that, that can you can, you know, it doesn't, you don't just have to use one or the other of the services. There are, there are, there may be quite a few services aimed to support you. And spiritual care in Fife we offer one-to-one support. We also offer a staff listening service. We also offer group support, and that can be through formal connections or informal connections. And we also offer critical incident debriefs as well, after a critical incident. But never kind of, what's the word, think that small kind of, regular chats with people or small social connections, are not valuable because they are. They're really important. And, and a lot of the work we do is, you might call it corridor conversations, where we meet people in the corridor and have a chat to them. And those small social connections are so important. Asking somebody how they are, you know, how they're feeling today and not being frightened of the answer and not being frightened to, to just be with them, alongside them. Because you know, asking people how they are can be a, a, a dodgy pursuit because they may get really upset and that, that can be difficult to deal with. But actually it's... being alongside them, listening to them, being supportive can... is, is, is, is so valuable. I feel like I can't overstate the value of, of being alongside people and just... I don't want to say just, but just being with them and speaking to them.

I think I've already spoken about that. One of the things that we do, most Spiritual Care departments do is offer Values Based Reflective Practice, which is, can be used for support as well. I've just included there some examples of support, so the National Wellbeing Hub, Turas Learn have some Psychosocial Mental Health and Wellbeing Support pages, Taking Care of Myself and, and as I've said, all of the NHS Scotland Spiritual Care and Chaplaincy departments, mostly within each, each regional NHS board will also provide support. And I did have a look at the websites and they, they are all, all, all on the website so you will be able to access them. And I think that's me finished, so I shall pass back to Gemma now.

GE: Thank you so much Lynne. I [inaudible] listen to you talk [inaudible] whole hour about that. It's so interesting, so thank you for sharing all of those experiences. I was just going to go back to the slides. [Inaudible] coming up. And again it's, it's quite a heavy topic, and going through the case studies as well, so just take a break and rejoin us if anybody needs to do that. Fine. In my speediness to get started at the beginning we had planned on doing some polls which we, we missed out, which is fine. But really it was just to gauge the audience's thoughts on, if this happened in your team, would you feel, how confident would you feel to support yourself and how confident would you feel to support others? And it was really just to gauge people's thoughts, recognising that often in the experiences of people that we've spoken to who have been through this, it's just something that hasn't... oh, we've got a poll now. Well, you can do it if you want to, but it was just to give you a chance to reflect yourself on, would you feel comfortable, prepared? Is it something that you have thought [inaudible] about? Because just with the, the nature of it, it's something that people haven't really got a chance to prepare for and it can be very [inaudible] navigating in the initial points.

So, just having a little think about the [inaudible] topic, it's obviously quite difficult to do, it's you know, [inaudible] full scientific studies in this area because it's so specific to each individual it happens to. But there... where I reviewed the articles that [inaudible] on death of a colleague or death of a member of the workplace team, and found 17 articles that were relevant and looked through those for kind of pointers that were coming up, as in what has been useful and on what people have kind of published in, what they've learned from experiences of going through this as a, as a team. And I was interested in this area because I've worked in some workplaces myself where there's been the death of a colleague and it's because of the nature of how we work in teams, you often end up staying in touch with these people for a bit of time and have collected lots of experiences from speaking to those people and also [inaudible] other insights from speaking to other colleagues across, across the country.

See if I can just get the right slide up here. And just as, just as Lynne was saying about kind of, [inaudible] do think we probably often at baseline don't practise self-compassion enough [inaudible] baseline, so when something like this happens, it's just important to have kind of, a, the chance to reflect on what this all means, and being, being kind to yourself and to [inaudible] team. So, looking into the literature, as I said there were 17 articles and we wanted to use these in combination with real life experiences. And grief in the workplace can be similar to the death of a family member and it's often stifled. And the sudden death of a colleague can understandably be very damaging and destructive for a team, particularly in team environments that we work in where they're often are quite extreme and highly [inaudible] on a daily basis. And in these settings there might be a hierarchy and it can be quite difficult for junior staff to see senior staff [inaudible] their way around, or just the differences between different professions and their [inaudible] other complications about concerns about the financial or career implications have been felt to show vulnerability or requiring time off which should, should understand that they should have the ability to access, but it's just having an awareness of that.

And then just moving on to the next slides. So, what we looked at in the literature recognised that there, there needs to generally be someone who [inaudible] to dealing with the death of a colleague. And there are certain practical aspects that will need to be done like contacting other team members, and you usually, liaising with the family as well just to clarify the details and understand what they would like done with the, the colleague's possessions and things like that. But although there will be an initial practical steps that need to be done it's so important that leaders, pay attention to their own needs as well as thinking about others. And even though we work in very hectic environments sometimes, there should really always be an opportunity, even just to pause and reflect on how you feel and how your own background experiences might affect how you're going to respond to this before immediately thinking about the other people in your team that you're going to need to support.

And grief in the workplace can be complicated, and like all grief, it's a, a healing process that will change for different people at different times. And there's, there's no way of predicting that. Things might never quite return to how they were before when there's been that disruption in the team. But it's just important not to speculate and make assumptions about, I suppose what's happened or assumptions about who is going to be affected. And more just like Lynne was saying, taking the time to be present and find out how people are feeling because, not necessarily all staff will be affected. And some people in the hierarchy that we sometimes work in might feel that it's not their place to be upset because they didn't know someone as well or they weren't on the [inaudible] level. But there's, grief doesn't know these different hierarchies. And, do you know, there might be someone who is relatively new who feels particularly impacted but feels they can't speak up because they feel that they didn't know somebody as well. And just being aware that these things don't work in the same usual NHS or social care hierarchies. It's going to be more, more complicated.

And then just on to the next slide. So for immediate responses, we often work in protocols and flow charts, but for dealing with a situation like this, there's no exact recipe for... or checklist that you can go through. And we did look at creating checklists and things like that, but that's always going to have to be in tandem with pausing and reflecting and thinking about your own needs and just being present with your team as well. And what came through from the literature that was... there were no... I think I went into it looking for specific things that could be pinpointed that where – this is the exact right thing to do, but what came through with it, do you know just working through a compassionate and considerate approach is the best and most sensible way of working through how to support yourself and others. And trying to suppress your grief responses can be natural in this setting especially if you feel you've got a professional, like way to act, but this can in the longer term be more disruptive and damaging to yourself [inaudible] the way [inaudible]. And important just to think about everyone that should be contacted. We'd had some feedback that in, you know, for example, in the situation of a death of a doctor that lots of doctors had been informed in a considered way but actually other professions like the nurses hadn't been contacted. And just remembering, these things don't fit into the boundaries of specific specialties or niches, that we're all people and anyone connected to the individual could feel some element of grief.

And then just on to the next slide. Again there's no exact checklist for all these things, but things just to consider, are the, the challenges that often the workload must continue, but there might be some ways of adapting things in the initial period. And we have had feedback in [inaudible] in this situation where there's been a death of a colleague, there, there will be some people who like myself felt I was able to work and wasn't... didn't know the person as close as other people did. And actually I felt after, oh I wish somebody had asked me to cover a shift because I would have very happily done that and you're hurting for your colleagues who you know are going through this. And for some people it might be a sense of relief if you can help them by covering a shift if you feel safe and able to do that. Also making sure that anybody covering a shift is aware of the circumstances that they're going into, and then looking forward to think about arranging additional cover for the funeral, but thinking of any way of marking this in the workplace for people who aren't able to leave just because of the nature of our work. And what people had fed back had been helpful was making things like a condolence book or internet page and just things to, to contribute and write messages and sometimes that can be shared with the individual's family. And just like Lynne was saying that actually having places for small informal conversations, just like a quiet space for reflection where people can share, share how they're feeling and just sit and listen to each other came through lots in literature as being very valuable, even though it sounds like a little thing.

And just a slide on suicide. So, I just felt that we should... we want to cover this as well. And in the literature suicide was sometimes referred to as grief with the volume turned up and can just be particularly traumatic and complicated for individuals going through that. And also important to be aware that some professions within health and social care at higher risk of suicide, and thinking about the aftermath I suppose we were saying about not making assumptions. But if you think about how many people might be affected by something, I probably would have thought the number would be less than in this next statistic that we'd found that approximately 400 people exposed to the aftermath of every suicide, which is, is really huge numbers, and can also be complicated by stigma and just real fear of saying the wrong thing. And it's kind of a separate topic in itself but we know that suicide would even... it's a risk factor in itself for attempted suicide and there is an intervention called postvention which is a specific group of actions and, and there are, we could maybe share a link, or there are resources available for post... postvention following death through suicide to support others in their grief. But also strategies to talk about death through suicide appropriately and helping people to specifically deal with the difficult emotions and trauma that this can bring up. And particularly if this happens in a workplace, team members might feel guilt at not recognising warning signs or feeling that [inaudible] within their work or their role that had contributed. So it can be a particularly complicated situation to navigate and again avoiding speculation and if possible treating the death in the same way as any other death and focusing on how the person lived rather than how the person died.

We're almost there. So communication. Lynne has covered lots of this and so we could see that in the literature, many people felt more connected to their team members who had also gone through this experience with them. And although there's lots of different strategies that have been looked at, actually simply having group and team meetings at regular periods, I think this is in the next slide actually, but [inaudible] helpful in just feeling heard and helping to navigate people's emotions. And here's no perfect thing to say and just like Lynne was saying, so just listening and being present and being patient and sympathetic is really important. And although we do, we have received training in dealing with death, dealing with it in our patients or our clients, is very different to dealing with it with your friends and your colleagues.

And thinking about if you're informing people about a death, just remembering to be sensitive. The way that we work, we're often accessing emails at all different times when we're waking up after doing night shift, when we're paying for our shopping and just being really sensitive about the way that people receive this information.

And we're almost there, so just in, in the longer term, so we know that people grieve at different times and different ways. And for that reason it's beneficial to think about holding just informal meetings at ongoing intervals, and that can help to validate each other's feelings and to facilitate any adaptations to ways of working. It can be very helpful to create a memorial in the workplace. And again you... we know that social support from friends and colleagues is often the most popular and useful way of coping.

And then just on to the next slide. So just a quote that I think maybe sums it up a little bit from the Good Life, Death, Grief website was that evidence is [inaudible] place affected by bereavement, reduces anxiety, helps people feel valued, builds the collective capacity for healing and helps people resume a sense of normality. And through this, there was no exact formula for how to deal with this, but simply being human and listening and understanding towards yourself and to others came through as being a helpful way to navigate these scenarios.

And then these are just some of the resources that can be very helpful in navigating the situation. And the last thing we were going to do was just play the, the video.

Animated film: Strong relationships often form between those of us working in health and social care. A person may touch the lives of their colleagues and others who they will encounter in the course of their work in different ways. This is regardless of profession, professional relationship or the length of time spent working together. Experiencing the death of a colleague can have a significant impact on each of us and the dynamics of the teams we work in. Waves of grief may also be felt across the wider team and organisation.

Finding out that a colleague has died will often come with shock, sadness and questions about what happened. We may think back to our last interaction or any work we've been involved in together. There are no rules for how we'll react to the news. Everyone will respond differently. It may be helpful to take a moment to pause and gather your thoughts. Think about whether you feel safe and able to work. In these exceptional circumstances systems should be adaptable to provide cover so that services can continue. Emergency cover may need to be arranged. It's sensible to inform anyone who is providing this of the circumstances.

Be considerate and supportive of one another. Try to show care and compassion as you all deal with the news. If you're one of the first people to hear about your colleague's death, you may worry about the responsibility of sharing the news. Even if you've been involved in sharing bad news or encountering people who are bereaved in the course of your work, it can feel very different to be communicating the news of the death of a colleague to your peers. Don't be afraid to acknowledge how you're all feeling and the potential uncertainty about what this means for your team. News can spread very quickly, particularly over social media, so if you feel able, it may be helpful to think about any individuals, such as previous colleagues, who may benefit from personal contact and support.

Being in the workplace can naturally stir up feelings of grief. There may be unexpected reminders of the person who's died. You might see their name on IT systems, a mug they always liked to use, or the desk where they sat. In the initial days and weeks it may be helpful to have a dedicated quiet space available for reflection to talk about the person and share memories. Consider also the different experiences for those colleagues who are working remotely and how they might receive support. People may never have experienced this situation before and they might not get everything right. We can often wonder what the best words are to use when someone has died. Whilst there aren't necessarily any perfect things to say, simple acknowledgements of the fact you're thinking of each other and an understanding that you may need to step out of the work environment can help people feel less isolated in their grief.

Try to focus on supporting each other, giving everyone an opportunity to share their thoughts and feelings, and being compassionate. Be patient with yourself and those around you. Experiencing the death of a colleague can affect you in many ways, at work and at home too. Some situations may be particularly difficult or require additional support, such as a sudden or unexpected death or a possible suicide. These may bring up further feelings of distress or guilt.

In the workplace try to avoid any speculation on the circumstances of a colleague's death. Focus on remembering the person, who they were, and acknowledging the work they did. Grief does not know the hierarchy that often exists in health and social care settings. It can spread across grades, professions and locations. Try not to make assumptions about who will be most significantly affected, and avoid comparing your grief to others.

If you think that you'd benefit from specific support, ask about how this can be made available to you. Managers may not have experienced this before, but should be understanding of the time and resources required to support their team. Whilst we're each likely to respond differently to the death of a colleague, grief in the workplace is likely to be a shared experience. Finding ways to commemorate and capture memories of a colleague who has died can be valuable and supportive for us and can be appreciated by their family and friends.

Acknowledging the colleague's impact on the workplace can be important at other transition points, such as when the individual's post is re-advertised both for ourselves and any future colleagues. Examples could include a minute's silence, creating a memorial, or raising money for a charity that was important to the person. A condolence book can provide an opportunity to reflect on our experiences of working with them. It can make a valuable connection with the person's family, providing a way to share stories of their work and friendships. It may also be important to mark the day of the person's funeral in the workplace for those who are unable to or who decide not to attend.

Experiencing the death of a colleague can affect individuals, teams and organisations in many ways, perhaps for a considerable period of time. Regardless of your role or professional relationship with the person who has died, everyone should be encouraged to ask for help if they need it. Be kind to yourself and one another. Be understanding and be compassionate. It's important that individuals and the team are supported to recover, restore and renew.

GE: Thank you everyone. I realise that we've now just started to run over a little bit, but we can certainly stay around for any questions that anybody has. Happy to answer anything.

GW: No, thanks Gemma and Lynne, a couple of excellent presentations. I know those films are very, very powerful so hopefully people have found them useful and I think... would encourage people certainly to look at the, the resources available. As I say, we probably are a bit tight for time. We haven't had much in the way of questions. There was just one or two brief questions that are, that are there, we could perhaps manage one quick question – it was, it was talking about I suppose about people who are providing the support getting upset, whether that be the likes of yourself Lynne or, or Chaplains for example and getting upset when, when being with these people and being present and I suppose how do you deal with that and is that okay I suppose to show your own emotions in these situations. I don't know if... anything else you wanted to add about that, but.

LI: Yeah, I think it probably is okay. I think we, you know, we, we want to be not sitting sobbing with people all the time, that probably doesn't feel appropriate. But actually that brings our humanity into, into, the into the space really. If we are finding it that we are really genuinely upset by, by someone else being upset, I think I think that's okay. I think it's just, you know, using our own kind of, judgement on what's, on what's appropriate around that.

GW: No, thanks for that. And as I say, unfortunately we are a wee bit tight for time for questions. But I think if, if, if there are any other questions that come up now or after the webinar and you would like to get in touch with those, we can, we can try and respond to that. But if you were to e-mail the Support Around Death website at the previous address we gave you, then we'll be happy to, to make contact with you. But, no, just thanks again to both Gemma and Lynne for excellent, excellent presentations on what's a very difficult subject to, to deal with, but a very important one.

Just a couple of closing comments from myself. It was just a couple of things we wanted to, to, to highlight to you obviously... if you found today's webinar helpful, we have run a number of these previously, so you can access previous webinars on the Support Around Death webpage. So please look, look up that if you would like to see what other topics have been covered previously. We do have a Talking About Bereavement podcast series which people may not be familiar with. That's something relatively new that we've been doing as a team and, and, and we're pleased to say that, that's now available on Spotify. So all five episodes are available on Spotify and the most recent one was Oxford based GPs Dr Sheena Sharma and Lynsey Bennett discussing a primary care approach to bereavement, so... developing educational resources for clinicians around that. So, so please have a look at that if that's of interest.

And I also wanted just to mention that we now have a date for our free annual conference which this year is, is hopefully going to be a virtual international conference and the provisional title for this is 'Bereavement in the modern world, Kindness in the chaos' and, and that's going to be on Tuesday the 3rd of December. So that's not available to book as yet and we'll be in touch when the registration does open, but please put that date in your diary if that's something that would be of interest to you going forward.

And if you would like any more information sent about any of the training resources or anything else that we do have that's available via the, the, the website. But also if you look to sign up to the newsletter that we put out quarterly, you'll get a lot of the updates through, through there. So, so it just leaves for me to say thanks again to our speakers and thanks to yourselves for attending. Hopefully it's been a useful webinar for everybody and enjoy the rest of your afternoon. So, thank you.

The film was produced in March 2024 and can be found at <https://www.sad.scot.nhs.uk/> or <https://vimeo.com/933298676>

For more information visit [www.sad.scot.nhs.uk](http://www.sad.scot.nhs.uk/) or contact [supportarounddeath@nes.scot.nhs.uk](mailto:supportarounddeath@nes.scot.nhs.uk)

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