**NHS Education for Scotland**

**Talking about Bereavement Podcast Series – Transcript of ‘Internationally recruited health and social care staff: Supporting those affected by bereavement’Podcast**

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**Speaker**: Christiana Ekpete, Healthcare Chaplain, NHS Tayside (CE)

**LI:** Hello and welcome to the Talking About Bereavement podcast, which is brought to you by the Bereavement Education Programme in NHS Education for Scotland. I'm Lynne Innes, one of the educators in the team, and in these podcasts, I'm going to talk about bereavement with our guests, who will be sharing and reflecting some of the work and learning they're involved in as they talk about bereavement.

Hi, and welcome to this episode of the podcast. I'm delighted to introduce my guest today, Christiana Ekpete. Christiana is a Registered Nurse by profession, currently offering services in healthcare chaplaincy and previously as a specialist lead on pastoral support, education and induction at NES. She has acquired skills and knowledge in human resources, adult nursing, public health and health promotion, case management, spiritual care and health management within the NHS. She has a strong commitment towards staff and student wellbeing at work, as well as workplace health promotion and education, and she tells me she feels privileged to utilise her experiences to champion person-centred recruitment, developing and offering reflective training and practice while supporting her team in the day-to-day decision making of the project. Christiana enjoys family time, travelling, singing and supporting charities to fight period poverty in her native community. Christiana, that is an amazing resume that you've provided us with and obviously you have lots of experience in healthcare. I wonder if you'd like to expand on that introduction and tell us a bit more about yourself and how you've got to where you are in terms of your life and work.

**CE:** Hello Lynne, and thank you very much for having me here. Like Lynne has said, my name is Christiana Chinenye Ekpete and I'm originally from Nigeria and had moved to Europe / UK since 2006 in pursuit of what it means to be… to find meaning and purpose. I found myself doing a lot of building in terms of my knowledge and skills and as you've read there so far, but, but at the centre of it all is… I had come to discover that it was really about what can I do so that before people retire, they continue to enjoy and find purpose to life and work, and within work especially. And that has led me to, you know, some of the roles that you've mentioned there. And at this point in time, I am grateful for the opportunity to be serving as one of the healthcare chaplains, providing staff support via the staff wellbeing service at NHS Tayside.

Before that, and within which we had the opportunity of meeting, was my role as a specialist lead provide, providing, you know, that support to care providers within adult social care around pastoral arrangements and those tangible things and intangible things as well, that can help people who have been recruited from overseas to come in here to live, to work and to thrive in Scotland. And in doing so, it involved taking into considerations their cultural needs, the basic needs upon arrival, you know, things like helping them build credit, setting up bank accounts. I didn't do this directly, but you know, I had, I was able to provide training to the care providers who were able to do this. And when you think in terms of wellbeing, in providing pastoral support, you're caring for the wellness. You're almost like, the literal word for, for pastoral means to feed, to nurture, to care for the needs of others. And that's something that I find myself thriving or doing well. And that's where this role came, found its purpose in supporting people who had been recruited from overseas.

The curiosity for me was when I realised we were doing so much in terms of supporting collaboration and integration, identifying assets, cultural networks, those things that can help people live and live well in Scotland. Well, how about taking it to the other side, so when you think of the continuum of life, at some point there is death. How do employers know to support people who have come from overseas when they die? You know? So that got me curious and got me researching. I found that it was incredibly hard to see solid information around when an oversea worker dies. What, what you would see would be information... and by oversea I mean, you know, people from minority or ethnic group because those are the ones who have access to the health and care visa, or who have utilised the health and care visas the most. So people from Africa, people from Asia, people from India and you know, the Philippines. So these are the majority individuals who utilise these visas types really. So I had to do some digging and in my research I realised that sometimes people, people, Boards had a government to... so there's something called the government to government agreement where nurses are trained for export. And within this government to government agreement, there are certain requirements that the receiving country needs to endeavour that they keep to. Now I, I got to discover that one of these agreements is that if the person dies, the body has to be… for some government to government agreement, the Board has the responsibility of sending the body back to the person's individual country. Within that to add this other context as well, so what if this person, though sponsored by the Board, dies outside of the country? What happens? Who then is responsible for this? That's one aspect.

The other thing as well was the fact that, is it suitable? Is it really candidate-centred that your death in office policy should be generic for everyone or should it take into consideration some of the cultural context for people who live or who come from overseas? So these are some of the things that I had through my research and I'm still looking into.

**LI**: What you've been looking at.

**CE**: Yes, yes, yes.

**LI:** Yeah, yeah, yeah. And I know that we kind of, well, we kind of met before around internationally educated nurses coming to, to Scotland. But also we, you, you did reach out to us in the Bereavement Education Programme around what we knew or understood of how in would be supported in the event that someone… if they died while they were working here in, in the UK. And I wonder, I suppose, did you identify ways in which we can support people who are bereaved or are anticipating loss or bereavement when, when we're talking about overseas, kind of, colleagues?

**CE**: I think I'll provide a generic response and then in particular to staff who have passed who are from overseas. I remember too, some people are from overseas, but this is their home.

**LI**: Okay.

**CE**: While some people are that have been directly recruited from overseas, so I think I'll be talking in the context of the second group of people.

**LI:** Okay.

**CE**: Right. So, in terms of supporting people who have, who are anticipating loss or grief or who are bereaved themselves, it's important to take it on a case-by-case basis and you'll find me using that term quite often. Case-by-case. It's about ensuring a person-centred approach because everyone grieves differently. This is in reference to the people who have been left behind. So you're talking in terms of the families, the carers and the colleagues and you know, individuals for, I think I'll be speaking from the context of someone who provides staff support and in some cases bereavement support as well. Everyone grieves differently and sometimes based on the relationship with the individual, grief could be complex or complicated. So it's just gauging that and ensuring that you're providing the necessary support and understanding your limitations as in, in your care delivery so that you know when to signpost to more specialised input for the individual.

There's also something about active listening that's really important when you are helping people through the grief process and, you know, using your attending skills. When I'm talking to someone or when, when listening to someone who's experiencing bereavement, I'm always checking my body language, you know, especially and, and, and you know, whether it's telephone call, whether it's Teams or face to face, I am ensuring I'm checking, you know, you have to make, I have to make sure that I'm not folding my hands or I don't look stiff and that my face is not intense [inaudible]… because sometimes you don't you, you don't realise it, but your face is actually reflecting the pain that they're experiencing. They want you to be, to show that level of empathy, offer presence, time and space. The people should not be rushed when they're going through. And I mean, you're building a trusting moment right there. And the therapeutic relationship when you are in that helping space and helping people to express their grief and the deep emotion they feel for the loss that they're experiencing. And also making sure that that space, which is, I usually vocalise that this is a non-judgmental space, this is compassionate space for you to talk through, process what's happening with you. I usually vocalise that at the start of my sessions. And during the process of communication, there's also something about helping people be aware of those moments where they need to show kindness to themselves, 'cause sometimes when people are expressing grief, sometimes the, the, the, they vocalise the emotion of guilt or even shame. And it could come from, or could be due to different reasons. Some feel guilty because maybe they didn't have the best communication with the person before they died and this death may have been sudden. And we work with the individual through, you know, that listening support to also help them see or highlight the assets around them. You've spoken about, say a good friend or you've spoken about your spouse or sibling or even the children. You know, these are assets around you that are still your, your loving presence, so to speak. And it's about helping them see that blue sky in the midst of the dark clouds as well, because it's really hard when they're deep, deep, deep in, in sorrow and emotion about the situation.

Other things to look at in terms of support for people from the diaspora, so to speak, will be cultural considerations. And this is quite practical in, you know, from this perspective, you're thinking in terms of, you know, being mindful of the, the immigration issues and perhaps the person who died was the main applicant.

**LI:** Okay. And how does that affect them?

**CE:** Well, it affects the family in that their visa is tied to the person who has passed, which means they're no longer the, the requirements for which the individual was here and working has now been cut short because of that death, which means they're almost illegally in the country.

**LI**: Okay.

**CE**: So once that death is registered and the individuals get in contact, usually the, the, the employers have to be in contact via the HR, after being in contact with the Home Office and where appropriate, the procurator fiscal as well, as I suppose there will be systems in place to support the rest of the family. Either what some employers do is employ the next of kin if the person is eligible, otherwise there might be other, other visa options that may be available to them, but that will be discussed directly with the Home Office.

**LI:** So that sounds like potentially quite a scary prospect for people who are recently bereaved?

**CE:** It is, it is. And there's something about, in supporting people, about signposting them, identifying what their concerns are in terms of, okay, what happens to me now? What happens to my children?

**LI**: Yeah.

**CE**: I can't go back to my home countries. We've sold everything to come here.

**LI**: Yeah.

**CE**: And this is the reason why it's really important to have some infrastructures in place, like encouraging people, minority ethnic groups to engage in things like the life insurance, you know, building your pension. You know, there are these gratuities here and there that can support the people you leave behind and even help towards funeral cost as well, especially if you're keen… because some people are quite traditional and they're quite keen for their bodies to be repatriated back to their home country.

**LI**: Yeah.

**CE**: So, you, you, you, you don't want to, you know, you don't want a situation where there's loss of life and you leave people behind. I'm suffering. I've been in situations where we're being asked to make contributions, like thinking about the inflation and the way the world is just now, not everyone has the money to be contributing thousands up to... last time I asked people who dealt with funeral arrangements, they, they said it could be up to about 5 to 8000.

**LI**: Okay.

**CE**: Just to repatriate a body.

**LI**: Yeah.

**CE**: And, and that is a slight financial pressure on the individuals that are meant to contribute towards that. And it's usually the, the cultural networks around. And this is out of free goodwill.

**LI**: Yeah. That, that, that will, that will support them...

**CE**: Yeah.

**LI**: …around this. How do we ensure that we do this as well as we can, that we, we support people as well as we can, and, you know, I'm thinking about people who are, you know, recent… who are very recently bereaved and they're not in their home country and they're facing the prospect of, of their visa… well, that they don't have a visa, but that, you know, they're, they're, they're, they're, they're struggling with all of that...

**CE**: Yeah.

**LI**: …how, how do we ensure that we support them as well as we can so that they feel like, that you were talking earlier on about, you know, giving… about being person-centred, about giving people care and compassion and, and making sure what we offer them, particularly from a healthcare perspective, that, that we do this well?

**CE**: I think a recommendation that having done my research, one of the things that I'd scribbled down as a recommendation will be to follow a whole team's approach. I think it's about, you know, support should not be just for families or relatives.

**LI**: Okay.

**CE**: Support should be for colleagues as well. And you know, everyone in the organisation can, well, everyone related to the situation within the organisation can do something to make sure that the process is streamlined. And it's, it's simplified in such a way that no one goes away suffering the more. In other words, where information needs to be provided to HR to facilitate any policies on death should be done and it should be done with… on… there should be… it should ensure that there is no unreasonable bias in providing information. And if you don't know, you can always ask whether it's other departments or whether it's other organisations, what do you do when this kind of thing happens where someone from overseas has passed? What kind of information should I be providing to the Home Office? How can I best support families? It's about keeping families involved as well. Where opportunities are there within your local community, you could find experienced undertakers…

**LI**: Okay.

**CE**: …because what they do is, you know, they can work closely with the next of kin to determine what the needs are in terms of preparing the body for repatriation if that is the preferred mode. And if there are funding streams through which that can be facilitated, you know that can be done. So it's not just an employer duty only, but the employer where they know that their responsibility stops can always signpost. I think from a preventative approach, I don't know if that's varying off slightly from, from your question…

**LI**: Okay.

**CE**: …from a preventative approach, it's helpful as well that overseas workers are being, are mindful of exhaustion.

**LI**: Okay.

**CE**: Because when, when people come in here, the first thought is they change their renumeration, their wages, they’re converted to their local currency back home and they see that, wow, this is a lot of money. Or I'm going to work hard and build the house and take care of my family and do everything I need to do. So sometimes they don't pay into the pension pot, sometimes they don't keep, you know, monies for eventualities and they keep working like clockwork continually. So you find out, of course, you get burnt out at some point and develop work related stress, which leads to the burnout. And there's also the factor of isolation. You're alone here. You don't get that social, I like to call it social juice. You know, you haven't got your extended family members like close by like you would back home…

**LI**: Yeah, yeah, yeah.

**CE**: …so you find that you're often isolated and what this leads to, of course, may be some level of mental health difficulties, overthinking things and you know, worrying about things. And it's even not easy, especially now that people who have the care visas, so, if you're coming in as a social, as a social care worker or senior care worker, you can't bring your dependants. So, families are sort of estranged as well. So, in those situations it's almost worse because you don't even have a next of kin around if god… you know something bad happens to you. So that really puts people in a very isolated position.

**LI**: Yeah.

**CE**: As employers I think it's important to make that effort to be conscious of and help staff be mindful of their wellbeing. Sometimes you can even go as far as monitoring the frequency or the rate as which some staff members are using overtime and if they are having rests in between. I do know they have some sort of working time directive.

**LI**: Directives. Yeah, yeah, yeah.

**CE**: Yes. So it's important to make sure that staff are following that and getting the rest they need in between. Although it's difficult, Lynne, sometimes you can't control it in that some people have the ability to work 20 hours elsewhere. So, so they are putting in, oh, long hours of work in their day job and then doing even more extra. So there's very little rest time in between. And it's important that employees be aware of the risks potentially that this could cause.

**LI**: And in terms of, you know, as we get towards the end of the podcast, what would be the final thing you would want to say around how we support people in bereavement after they've had a, a, a bereavement of, of someone that they're very close to?

**CE**: I think it's important that organisations do recognise the impact bereavement has on people. From my perspective, I say I'm supporting staff wellbeing and therefore I'm supporting staff members. But remember that staff is also a son or a father or a brother. Staff is also a mother, a daughter or a sister. Staff is a friend. Staff is a carer. Staff has responsibilities whilst also trying to support themselves through the grieving process. So when organisations recognise this and put in place or continue to ensure that those policies around bereavement, around people taking time off is used effectively, that helps people go away, take care of themselves so that they can better, be better at work when they come back.

**LI**: Yeah, yeah.

**CE**: Because at the end of the day, you don't want presenteeism, you want people to be productive at work as well. I appreciate that could have some impact on the workforce capacity sometimes but death is inevitable and the way people feel supported when such, when you know such occurrences happen in their life, plays a major role on how they see you and trust you as, as their employer.

**LI**: Yeah, and that's, that's probably a good place to finish actually, in terms of thinking about that, that kind of wider organisational support. And I quite liked the fact that you were kind of talking about people as being brothers and sisters, and fathers and mothers, and sons and daughters and, and really thinking about that person, not just as an employee or somebody, you know, that works for, for an organisation, but actually is, is a, is a person. So, it's truly person-centred.

**CE**: Absolutely.

**LI**: And which you probably started off saying at the beginning about, you know, how important person-centred care is. And so it's a, it's a kind of nice place to finish thinking about that we need to continue to make any kind of bereavement support that we offer person-centred so that it is really compassionate and kind and caring. So, thank you so much Christiana for, for joining me today to, to share some of your research into this work. It's been really illuminating. Thank you so much.

**CE**: Thank you very much, Lynne. I'm very glad to be here.

The podcast was recorded in October 2024 and can be found at <https://www.sad.scot.nhs.uk/podcast/> or [https://open.spotify.com/show/11AORpjHqbsYwgg1DJUtLk?si=687dba351d1f45d4](https://open.spotify.com/show/11AORpjHqbsYwgg1DJUtLk?si=687dba351d1f45d4 )

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