



TRANSCRIPT

PSW Webinar Two: Addressing our Grief Associated with COVID

Guest Speaker: [Michelle O'Rourke, RN, MA](#)

Host: Kath Murray, Life and Death Matters

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Kath Murray

Welcome, welcome wherever you are from. Welcome to the second free webinars series for personal support workers, also known in different parts of the country as healthcare assistance, continuing care assistance, et cetera. This series is brought to you by [Life and Death Matters](#), [Hospice Palliative Care Ontario](#), and the [Canadian Hospice Palliative Care Association](#). It is exciting to be with you. Nearly 700 people have signed up for this series, which I think is a testament to how important it is for personal support workers to be able to access education, to be able to be seen and heard and validated. I welcome you and include personal support workers, allied health workers, nurses, managers, and educators. There are a number of people that wanted to but are not able to attend, and so we are recording this session. We will post the recording on the Life and Death Matters website in the coming days. And you will receive an email with a link to that. You are more than welcome to share that with your colleagues. Wherever you come from, we welcome you. We hope that you will leave this session, feeling the support of our team across the country. We hope that you will learn some new content about grief associated with COVID and perhaps better understand some of the varied feelings that you are experiencing.

My name is [Kath Murray](#). I'm a hospice palliative care nurse, educator, author, thanatologist, and founder of Life and Death Matters. I live, work and play on the traditional unceded lands of the [WSÁNEĆ people](#), part of the coast Salish people. And I am grateful to be a neighbor of the Tsartlip, Tseyc and Tsawout communities. Some of you may know me because some of you have been involved as PSW students with the books that I've developed, [Integrating A Palliative Approach: Essentials for Personal Support Workers](#). It's a text for personal support workers, the texts with companion podcasts and videos are used in many programs across Canada, as well as for education and long-term care home and community care, hospice, palliative care, physician facilities, et cetera. So a tribute PSWs, you are often referred to as the eyes, the ears and the hands of the healthcare team. And I often add, and unfortunately for you, you also get to be the nose of the healthcare team probably more often than you would like. People you care for, sometimes, some people describe you as the heart of the team. In the [Ontario report](#) on staffing and long-term care published the end of July, 2020, the long-term care associations, operators, residents, families, and labor partners often refer to you as the backbone of a long-term care system. And yes, they even acknowledged that you do much of the heavy lifting. This past year during the pandemic and you have

been referred to as heroes: heroes, hearts, hands, eyes, ears, backbone. Wow, sounds incredible and incredible you are.

Today in collaboration with the [CHPCA, the Canadian Hospice Palliative Care Association](#) and [Hospice Palliative Care Ontario \(HPCO\)](#), we are excited to announce that one of you will be randomly chosen to receive registration to one free course in the new online program PACE for PSWs. PACE for PSWs is an online program specifically created to support personal support workers, health care assistance, continuing care aids, et cetera, to learn the skills that you need to integrate a palliative approach and provide excellent palliative care. We will share more about the PACE program after the presentation. But right now, we want to announce that the recipient of the award from last month was Kristin [Resinkas](#) from Vancouver Island. So, Kristen works with Vancouver Island Health Authority or [Island Health](#), as it is now known. And she was excited to find out that she has won this free course, and she can choose any one of the five courses that will be launched in September. And actually, she might even be able to sneak in early, Kristen, if you needing to.

At the end of the presentation today, we invite you to put your names and emails in the chat box, and a name will be randomly chosen to receive that free online course in the pace program. Now, let me introduce you to Michelle O'Rourke. Michelle is a hospice palliative care nurse and an author. During this series, Michelle is both a cohost and a presenter. T

Today she will be addressing grief associated with COVID. Michelle also has a history of nursing and emergency medicine, and faith-based nursing, and writing about caregiving. Her books include [Befriending Death and Healthy Caregiving](#). Please enjoy the comments in the chat. We look forward to hearing your thoughts and would like to share those ideas with people who have not attended. So, if you want to send a message out to the whole group, please send it to panelists and to everyone, if you want to just share your thoughts with Michelle and myself, then just send it to panelists. If you want your ideas to be kept confidential and your name to not be shared with them, then please just start your post with confidential. And you will just be confidential amongst PSWs across the country. Now, with that, I turn the time over to my dear and esteem colleague, Michelle. Michelle's going to present for about 35 minutes, and then we're going to have time for just, you know, an intimate chat around the fire together or around the chat room. Michelle.

Michelle O'Rourke ([06:04](#)):

Thanks so much, Kath. I'm really excited to be here today and really excited to be with all of you. I come to you, I live in Chatham, Ontario, Chippewa, Odawa, Potawatomi and Delaware Nations. These Indigenous Nations, known as the Anishinaabeg and Lunaapeew, agreed through their ancestral languages to the mutual sharing of the land, with obligations and responsibilities to the environment. And we know today that these responsibilities and obligations extend to all peoples. And in a special way, our hearts. It's ironic that we're talking about grief today, but we know that our whole nation is grieving with our brothers and sisters from first Nations as we mourn the loss of these children and the

finding of their bodies. So with that, we're going to turn things over to talk about addressing our grief and our grief, particularly associated with COVID.

I want to, first of all, thank you for coming and I want to thank you for what you do. No matter if you work in acute care, long-term care, if you work in the community, if you work in a retirement residence, wherever you work, no doubt you've been doing an amazing job and have gone way above and beyond. But not without its own implications to our physical health, to our mental health. And we'll talk a little bit about that today and maybe how we can process some of that as we hold on. So thank you for what you've done. You know, I wake up in the morning sometimes and I just find that I'm feeling really heavy. And I think sometimes what is that? You know, why am I feeling this way? And, I think that the very first thing that we have to realize is all of us are suffering from grief.

Grief is our response to loss, and we have suffered loss on so many levels. Sometimes we only think of it as being referred to as the loss of a loved one, but there are a lot of things that we've lost during this pandemic. We've lost the ability to be able to hug our grandchildren, to gather with our families at Christmas, we've lost the ability to go eat in restaurants the way we normally would. We've lost the ability to gather with our friends. And besides the loss of life, besides the loss of the clients that we've taken care of. And so this grief that we carry is kind of always under our skin, and it includes our collective grief, our grief across our community, across our nation and indeed across the world because so many people have suffered and died during the pandemic.

We also have our normal workplace challenges and stresses, physical, mental, emotional stress that are normal stresses that we have at work, but the COVID related stresses on top of that have been enormous. And we're going to talk about both. We carry a lot of worry and anxiety. And even though, you know, we've been at this for over a year and there are some vaccines on horizon, there are still so many unknowns. We suffer frustration and anger, and we have a right to. Loss of control, nobody has been able to control this virus. And so as we go through continuous change, more lockdowns, more rules, decisions that are made by people outside of ourselves. We've just had to keep adapting. But in the last, I would say 15 months now we've had no downtime. We've had no time to regroup and we're physically, mentally and emotionally exhausted. We have no reserve.

And that's why I think, you know, a lot of our emotions are so close to the surface and we don't seem to have the ability to bounce back, maybe the way we used to. Returning to whatever normal is going to be still seem so far off, even though we have these vaccines. And we're worried about the variants we're worried about, you know, will this last, because nobody really knows the future. But most of all, I think we're longing for a break. We'd love to plan a vacation. We'd love to travel. We'd love to just have a change in scenery. So on top of this are some challenges and some losses that we've experienced, particularly because of the pandemic. The loss of the ability to provide care the way that we wish we could, the way that we used to. A loss of the death of residents and clients to COVID as well as to other conditions during the pandemic.

Visitor restrictions have had huge implications. Oftentimes the PSWs have, and the staff have had to step in and be family because the family wasn't allowed to be there holding iPad and having to say goodbye, and, you know, all of the emotional angst that has caused. Loss of control over our work environment, having to wear PPE, do we have enough PPE? Do we have enough staff, not having enough staff? Being in contact with the clients and their families and having these barriers, shields, and face masks and gloves and gowns, and not being able to be intimate the way we used to be. Worry about catching COVID ourselves or bringing it home to our loved ones. And then having the loss of help from all the volunteers that used to be able to come and help support our programs in our care. And what I want you to do is just to think for a few moments. And again, if you can put something in the chat box, try to think of some of the losses that you personally have experienced during the pandemic, whether that's a personal loss or whether it's a loss related to your work.

Kath is going to share a few of those.

Kath Murray

So, Michelle, someone has said companionship.

Michelle O'Rourke

Absolutely.

Kath Murray

Touché. I was at a funeral of a dear nursing colleague. We met on the beach and I greeted one of our older nurses. And somehow, I just could not, not hug her, and things are starting to open up here in BC. And she said, thank you for the hug. And even as she was leaving, she said, thank you for the hug. Jill says,

"Not being able to connect with friends, not connecting with coworkers in the same way, hugging family, my new baby socializing without other kids and moms hugging, family hugs, not seeing my friends."

There's a lot of people who are huggers here, personal loss, two overdoses, friends for 20 years, huge. And the implications on mental health or the fallout on mental health from COVID has been so difficult. And I think if I was somebody working in the community with substance abuse or with, addressing some of these issues, I would be really ticked that we're spending so much money on this pandemic where we haven't responded as well to people with mental health and addiction issues. Seeing smiles, ability to mourn in a shared experience, newborn missing grandparents love, we lost our son and could not have a funeral for him.

Kath Murray ([14:03](#)):



So much loss, loss of a close friend and unable to see them in their last moments, not seeing my family back home, hugging the fat families and socializing with them. As a senior companion, loss of work and income during two lockdowns in facilities, no hugs or giving hugs. I think we're a huggy group here. Missing family in Ontario and not visiting for too long. And as Christian said, yes, my thoughts exactly. So there's a good summary. Loss of body language and facial expression. Yes. And physical connection hugs and supportive touch. When communicating with clients, this is especially difficult when supporting clients with short-term memory loss and dementia. not being able to sit beside a stranger and start a casual, friendly conversation. Yes. So what a great bunch of options there.

Michelle O'Rourke ([15:01](#)):

And when you think about all these levels of loss, it's just staggering. It's astounding. And I don't think that we realize that so much of the heaviness that we're carrying as grief. So let's just talk a little bit about grief because grief is not an illness. Sometimes we think as soon as somebody who's grieving, we need to send them off to a counselor, but grief is our natural response to loss, whether we losing something or someone. And it's important for us to acknowledge these feelings of loss and these emotions, and not try to hide them and not try to control them because they are what they are. Everybody grieves in their own way, and no two people are going to grieve the same way, even if they lose the same person. Even if it's two sisters that lose their mother, they both had a different relationship with her.

So their grief is going to be very, very different. And depending on the other things that are happening in your life, the way you process, your response to that loss is very different. So we have to remember that people can't say to us "Well you should be moving on by now", because grief is very personal and unique. And sometimes, you know, maybe we learned there were these stages of grief. Like maybe at first, I'm going to be angry that I'm going to have some denial and then I'm going to move to acceptance. And yet what we know about grief is that it's really mixed up that this doesn't happen in a straight line. You can have all of those feelings in an hour and then three hours later, you can have them all again, the grief comes back, it seems in waves and kind of catches us.

You know, we hear a song, we see a picture and all of a sudden we're grieving again. So, it's a long process and we have to be gentle with ourselves and help those people who are also grieving to remind them to be gentle with themselves. And we know that there are different kinds of grief, not every kind of loss has the same kind of response. So anticipatory grief is the kind of grief that you would have before you actually have the loss. And we see this in people that you work with that have dementia, and Alzheimer's where, you know, their family kind of loses the person that they knew because they can't do what they want anymore, they don't recognize their loved ones. And then they actually grieve when they die. So, there's two different losses.

There's chronic grief, which is, you know, something that's under the surface all the time with somebody who has a chronic illness or caring for a child with a chronic debilitating illness, that there's always these losses of the ability to do certain things or losses of dreams, of what you wish you could do. And it's always under the surface. Compound loss when we have a number of losses really close together, and we can't

really seem to kind of get through one of them before we have another one. But sometimes what we see with compound loss is, you know, maybe you'll lose your aunt and then you lose your grandmother and then you lose your mother and you're really grieving. And then, you lose your goldfish, and you don't know why you kind of went over the edge, but it's because that was the straw that broke the camel's back.

And so oftentimes we see that when there's multiple losses close together. So again, that's something you've maybe experienced during this pandemic with the number of losses of clients or residents that you were caring for. Disenfranchised grief is the kind of grief that we also, sometimes, assimilate with healthcare providers because it's kind of a grief that's not supposed to be publicly mourned, you know. It's as if we're supposed to take care of these people, but we're not supposed to be upset when they die. And so sometimes our grief doesn't have the space to be able to talk about it out loud. And so we keep it inside and it festers. Complicated grief is a kind of way of working through a loss where you're not functioning very well. So people who are not coping well, people who are maybe using substances like drugs or alcohol to deal with the pain of their grief, that kind of complicated grief really needs some medical and mental health intervention.

So, if you know somebody who's suffering from that, you know, encourage them to talk to somebody about it. And then we have something called incomplete grief, which I think we're going to see again, a lot during the pandemic. And somebody talked about it already where, you know, and even in my own case, my brother died early in the pandemic, he didn't die of COVID, he had a heart attack, but we've never been able to have a funeral. We've never been able to have a celebration of life. We haven't been able to gather all his family and friends together because of COVID. And so this grief is incomplete. Everybody's kinda just feeling stuck. And I think many of you are probably in the same boat. What I want to remind you though, is that grief and stress are both a little bit different. And I think we suffer for both of those things, but they're not quite the same stresses, you know, how our body responds to a demand and grief will always kind of cause us some stress, but stress doesn't always cause grief.

So what's good for us just to kind of tease out, you know, if we just feel like we're having a hard time, maybe we need to do some soul searching and kind of think, you know, how much of this is stress and maybe how much of it is grief, because the responses are a little bit different.

If we realize that some of it is stress, then we need to explore ways to manage or reduce our stress. And if our response is really related to loss or grief, then maybe it's important for us to acknowledge that, to cut ourselves some slack and to continue to find ways to work through it and to realize it's going to take a long time.

Some of the differences between stress and grief, and what I want to do at this time is to tell you that this COVID-19 and grief program through Canadian Virtual Hospice, if you go to the [virtualhospice.ca](https://www.virtualhospice.ca), in their grief section, there is a whole free program for healthcare providers who have been working during COVID 19 and are suffering from grief. You know, questions and things to work through that, to help you try to, to process that.



And it's a really good course. It's open to anybody. And as I said, it's no cost. And at what they helped me to kind of see is that there is a difference between grief and stress. So sometimes we kind of think, you know, I've got these chest pains or there's something going on with my heart. Well, if it's grief your heart is probably more aching or empty, but if it's stressed, you're probably having palpitations and a fast heartbeat. And maybe, you're having some muscle tension because stress often leads to more tension. And so, you know, you've got that tension in your back and your neck and your fists and tensions in your relationship. You're getting anxious and you're edgy and you're irritable.

Whereas if it's more related to grief, sometimes instead of that muscle tension, it's more like I have this emptiness or this ache in the pit of my stomach, or I'm isolating or withdrawing from social interaction. So I'm feeling more sad or numb or helpless or guilty rather than edgy and irritable. So these aren't comprehensive lists, but it helps you a little bit to realize that there is a bit of a difference. The other thing about our experience during the pandemic is that it's been traumatic, and we've heard a lot about trauma. It's good that we're learning a lot about trauma and how it affects us. And this psychologist, Dr. Jennifer Yaeger, she says, you know, really we've had these responses during the pandemic that are the same things that people would have to trauma. Part of our brain shut down in order for us to survive. And so, sometimes we're wondering why can't I think this through, why do I have this brain fog? This is why. Feeling numb, feeling out of touch with our emotions, that's really normal, especially if you've been traumatized before.

And people react differently to trauma. Some people get anxious or hypervigilant, other people might get depressed or hypoactive. But again, what we know is that in depth processing of trauma often happens way down the line. Once we feel that we've left that situation and we're in a safe environment, and maybe we're a little bit more emotionally equipped to deal with it, then we start to process it. But we're living still in the midst of the pandemic and you're living in the middle of PPE and still probably having visitor restrictions and things aren't back to normal. So she says, when you're in the midst of the trauma, just getting by emotionally and functionally is okay. You have to lower your expectations of yourself, you have to be kind to yourself, and you have to be kind to the other people that you work with and live with because everybody is experiencing this together.

Some people have heard of PTSD or post-traumatic stress disorder. And this is a diagnosable and treatable psychological condition. So remember how I said grief is not really an illness, Grief is something that, you know, it's a normal reaction. Whereas if somebody is suffering some of the symptoms of PTSD, it can be treated. And so it's important for you if you're having nightmares, or if you're having suicidal thoughts to please see someone a healthcare professional so that you can have some treatment for that. Or if you know somebody who's having that as well. And so we're not going to spend a lot more time on trauma, but you know, this, this continuum of grief runs through trauma and all different kinds of things that we experienced because of the pandemic. I want to take a minute to tell you a story.

And this is a story that was just printed last month, [Global News reported](#) on this, and they were talking to different kinds of people for medical staff about why some of them are calling it quits and maybe, you know some people that you work with, or this relates to you. This is a story about Sharon Tonner-Clarkson,

and she never imagined that she would leave her job as a personal support worker. She worked in palliative care in Toronto for nearly a decade, and she said it was grueling and emotional work providing end of life care for her elderly clients, but she loved it. So much so that she became a coach training new workers in the field. And she says, I love caring for people. First and foremost, especially at the end of someone's life. I love helping them facilitate the end of life that they want. So throughout the pandemic, she kept going to work and did the outbreaks and the scares.

She watched colleagues getting sick. She had her own daily stress. There were constant policy changes, and she kept showing up until she couldn't show up anymore. And she's now off on stress leave without pay. And she says, I've been doing this work for a very long time, but this whole pandemic and this whole situation just broke me. On her lunch break, she would lock herself in her car and take off her mask and break into tears. And one day she said she just snapped and walked out. "I left there in such a state. I couldn't even drive my car." She said, "I couldn't take it anymore. I had to get away." And now she said, she doesn't think that she'll be able to return to the job that she once loved and dedicated her life to. Global News also spoke with other PSWs who said that they were experiencing anxiety attacks and heart palpitations and mental and physical fatigue.

Some continue to work out of necessity despite their worsening mental health, while others have left the industry completely. So a lot of sadness out there and I think a lot of things that all of you can relate to. And so it's so important to check in with yourself and make sure you're doing well and make sure you have the support that you need.

In September, we're going to be talking a lot more about self-care and resilience. But as we listened to this presentation, and as we see all the news reports, we know that this impact of COVID on grief is extensive. We're expecting there to be a surge of grief related issues for healthcare providers, including PTSD, and a tsunami of families with huge grief issues related to the inability of them to be with their family members when they died, to celebrate or ritualize their death, everybody's stuck in this place.

I just want you to know that there's a [Canadian Grief Alliance](#) group that you can find out more about on the virtual hospice website. And they're actually lobbying the government for a national grief strategy that includes a hundred million dollars in funding, because we know we're going to need to have so many programs in place and a huge public awareness campaign in every community to help people deal with the fall out. And a lot of this is grief.

Rachel N. Remen says, you know, she looks at health care workers, she's a physician herself, but she says *"The expectation that we can be immersed in this daily and not be touched by it is unrealistic."* And that's so true. And I like to say that we are wounded healers, but we have to remember that we're healers first and foremost. And by the fact that we're wounded, the fact that we're grieving, the fact that we're suffering, the fact that we're exhausted, you know, somehow our suffering puts us on a level playing field in a way with the people that we take care of who are also suffering. And we have to just remind ourselves that every day we are able to walk into our workplace, the little tiny things that we do with our presence,

with our smile, with our touch, with our pleasantness, with all the ways that we help people to feel better, we're bringing the light and the life and the healing into such a difficult dark suffering place.

And so hopefully that will help to remind you that you do have it in you, even though you're suffering, to continue to heal. And as Dr. Remen says, people have been healing each other since the beginning of time. Long before we had psychologists and internists and doctors, we were just there for each other. And the healing of our present woundedness can lie in the capacity that we have to heal each other, the power in a human relationship, the power in a touch, in a smile, never underestimate that. And just know that it's the little things that you do that make all the difference in the lives that you touch.

So what are some of the strategies that, that we have personally around trying to stay well while we're processing the loss?

The very first one is support. We need to make sure that we have enough support both in our personal lives and in our workplace. Who do you talk to? Who do you vent with, who do you debrief with? Both at home and at work and making sure that you're confiding in somebody you trust if you're struggling. Access a health professional if you need it, that's a sign of health. It's not a sign of weakness. It's good for us to reach out. The real work of grief, you know, we hear that term 'grief work'. The real work is sharing stories. It's this formal and informal debriefing at home and at work. Allen Wolffelt, who's a preemptive grief expert says really this stuff of healing is storytelling.

If you tell the story of the death or the loss, you begin to acknowledge it. But if you tell it 10 times, it moves from your head to your heart. And once you tell it over and over again, you can process it and find it become a part of who you are and what you bring into the future. And so it's good for us to remind each other of this. And that's the piece that we're missing I think, because we can't have things like funeral home visitation, and we can't sit around and laugh and cry and tell stories with our family members because of the pandemic. That's where we would always process our grief. So we have to find ways to do that. And we have to be creative. We have to remember that feelings are not good or bad, they just are. We don't have negative feelings, whatever feelings we're having are normal for us.

And we need to find creative ways to express our grief and our loss. And sometimes things like listening to music or art or poetry or nature can help us. Self-care, self-compassion, self-awareness, those are all things that can also help us focus on, "What am I feeling? What do I need?"

Taking care of ourselves isn't something that we add onto our busy to-do list. It's something that we make a choice to integrate into our life every single day. What do I need to nourish myself so that I've got something to give somebody tomorrow. And again, we're going to talk a lot more about this in September. Rituals, mindfulness, trying to live in the present. These are all things that can help us to stay well as we process loss. Also, you know, self-compassion, managing our expectations and being a good friend to ourselves. Sometimes we're our own worst enemy, and we expect a lot of ourselves, but to cut ourselves some slack and to be gentle with ourselves is important, and caring for yourself is an inside job. Nobody can do it for you. You have to be convinced that you need to take time, that you need to be more aware

of how you're doing and how you're feeling and working through that and putting things in place in your life that will help you.

I wanted to show you a really quick clip, and this is Dr. Mary Lou Kelly. And some of you may know of her work with the [Quality Palliative Care in Long-Term Care](#). I know some of you work in long-term care. Some of you work in retirement, some of you work in the community, but I think the things that she talks about with, particularly with PSWs processing grief is something that no matter what kind of an environment you work in, you know, she makes some really good points about some of the things that we need to put in place in our workplace. And when this clip is done, we're going to talk a little bit more about what some of those are.

Dr. Mary Lou Kelley (video clip)

The staff do get very, very close to the residents. And they really did, I think, have an underappreciated burden of grief that contributed over time to, you know, kind of compassion fatigue, and burnout, because it wasn't really part of the tradition and culture in long-term care to really support the staff when a resident dies. This is part of the tradition in hospice, but again, with the changing role of long-term care that hasn't really been embedded in the culture. So personal support workers talked about the importance of having a sort of a post-death debriefing, where they could remember the resident there, where they could support each other, you know, have the positive kinds of feelings about that resident. And we worked with them to sort of both get support and permission from the management for this to happen because they're so busy.

They, they didn't really feel that if we take 15 minutes and do this, to help ourselves regroup, to go back and still provide care to the next resident, like we think we're going to get in trouble. And so now it's been, kind of approved as a very important part of workplace wellness. I think in, from a psychological point of view, that's very much the case and they're very good at supporting each other, but we've been able to teach them a little bit about post-traumatic stress and compassion fatigue and help them recognize a few signs and symptoms of where a colleague may be in trouble. So we've tried to really support them in that way with, with the post-death debriefings. And I think that's something that all long-term care homes need to incorporate into their workplace wellness strategies.

Michelle O'Rourke

So workplace strategies for wellness are really important. So no matter where you work, hopefully you're already doing some of these things, but if you're not, you'll have some things to, bring back and, and ideas to share with your colleagues and your managers.



There needs to be able to be a naming and a discussing though, of issues, including grief and burnout and compassion fatigue in the workplace. There should be the availability of support, whether that's through an EAP program, but maybe you work for a small organization and you don't have EAP per se, but you might have access to a social worker or perhaps the grief counselors or spiritual care coordinators that work in that organization can be accessible to the staff. But we all need access to mental health professionals when we need that. We need to have a supportive work environment and proper opportunities as Mary Lou said for debriefing and for talking about the people we care for after they die.

Professional development, mentoring, ongoing education, a really big thing is adapting workloads, making sure that people can get their breaks and their vacation. And I know that that's difficult, that there's always difficulty with staffing levels, but we had difficulty with staffing before the pandemic. So we just have to figure out how people can get their days off because they can't keep working like this. Staff appreciation, and you know, we keep hearing the superhero mantra and in some ways it's nice that people kind of think that people on the frontline are superheroes for all the stuff that they've done, but we are not super-human. And so sometimes we expect ourselves to be superhuman, that we're not supposed to grieve, that we're not supposed to get exhausted, that we're not supposed to complain, but we're only human. And we do. So sometimes that superhero mantra isn't very helpful because people have expectations of us that they shouldn't.

And we have to rely on making sure that we understand ourselves what we need. So promoting and supporting self-care and wellness in the workplace. A lot of times I've been involved in helping to facilitate support groups, even virtual ones, ones where, you know, staff can get together on a zoom call because they can't get together at work and just talk or a cup of coffee and just talk about how they're doing. Formal and informal ways to support each other, maybe belonging to a community of practice, having those protocols after death and embedding these into the culture and the practice. Having rituals, just ways for the staff to celebrate together, ways to remember residents, ways to remember colleagues who have died, ways to grieve together, ways to celebrate, ways to laugh and cry together. Communication's important sometimes, a private group, a closed social media group where staff can kind of talk to each other away from work, newsletters, that can help to build relationships, but developing a healthy workplace culture and encouraging input ideas is really important. I think that really, one day we're going to look back on this and realize just how hard it was, but just how well we did with what we had. Because the human spirit is than anything that can happen to it. And every single one of you who were on this call today have so much to celebrate. And although you've experienced so much suffering, you have the capacity to continue to bring healing and light into the lives of your family and your colleagues and the people that you care for.

So I just want us to take a minute, and again, you can use the chat box, I'd like for us to have a little bit of a discussion about, you know, what are some of the things that you do at your workplace already, to help process the loss of your residents or your clients or your patients wherever you work. And sometimes we learn a lot from each other by sharing ideas, or what are some other workplace wellness ideas that you have, or that you think have worked well in your workplace. So let's just take some time to kind of put

some answers in the chat box and Kath will help us kind of walk through some of the things that you're sharing.

Kath Murray

Michelle, a few things, initially much of the chat reflected on your earlier question about the losses people have experienced and, for a few people just a significant number of important people who died over a period of time and one, and then another, and then another and another. So definitely speaking to what you talked about on compounding losses, et cetera. And one person who had actually written about that said *"Life doesn't stop for anyone, I've learned. So keep on swimming I say"*, and Jackie has written,

"For nursing and PSW week" [which in Ontario was I think the same week or next to each other] "our organization created a wellness room with a massage chair, music, fitness equipment, creative outlets, like painting and coloring, bracelet making and, get this, chocolate, the room stays and only one person goes in at a time."

Kath Murray

So very, very, creative and a real commitment from that employer to designate a room to the teammates. Somebody wrote about just simply lighting a candle. And a colleague of mine was here, a dear friend that I've known for years, and she's the chief of Nuu'chah'nulth tribal council. And so, she was heading that night to a vigil for the children whose have been found in Kamloops. And she mentioned she was going to need to stop and get a candle. And I went in the house and found her some candles she could take and just sharing something like that felt like in a play, in a piece, we were there with her. So, the symbolism of candles is beautiful. The symbolism of sharing candles, you know, what a wonderful gift. Andrea says, "

We like candles and have a book that we can write in without using names about how our resident taught us or made us feel. We have a yoga mat, and we write condolence cards for the families and continue to welcome new ways to process our emotions."

Kath Murray

Michelle's comment about debriefing, Mary Lou Kelly had an incredible PSW working with her, her name on the research project, and her name was Jackie McDonalds. She was a PSW working in long-term care, and she was brought on to the study as a champion. Well, she was able to help identify some of the needs, and she also helped to lead the debrief sessions, which I think are recorded both in our texts as well as I think palliativealliance.ca still maintains some of those resources, and has written,

“We have a memory book about each resident who has died so we can reflect and remember them. We also send out a card to the family that we all sign, which helps us, to connect with them,” which is that's lovely. “We also celebrate all who have passed with the service that we can attend and even meet family who are invited.”

Kath Murray

Daniel has mentioned singing, debriefing and talking among our little group of coworkers, which we always say we are the IAH family. And she listed greeting everyone with smiles, even though wearing a mask. I feel like they all felt the love. I believe they all felt the love. So, squinting eyes to express smiles. Yes. Our book is a memory book somewhere to sell it to also some celebrate the lives of our residents. Daniel has said playing a soft melodious music. So just a number of different ideas and keep those ideas coming. Michelle's going to finish up here, but...

Michelle O'Rourke

Anybody else had other questions or comments?

Kath Murray

The comments are still coming and what we will do also, one of the wonderful people who's on the call today, is Richard and he's recording, and I forgot to mention him. And Casey is on our project. And what we'll do is we'll put together these ideas and share them on probably the Life and Death Matters Facebook Community page. If you go to Facebook and Life And Death Matters Community, we'll share some of those ideas there, as well as perhaps in a blog post. Marcella has also mentioned about that debriefing process. We're often asked to share the process to deliver the peer led debriefing, also called team check-in in some areas they're really a great opportunity for stuff to have grief acknowledged and support one another. Jill, could you also just put in the chat where people can find, or access you for more training, and Michelle, we'll let you finish up here.

Michelle O'Rourke

Okay. I think that, you know, the thought that I want to leave us with is that we need to remember how much of this heaviness that we're carrying is really grief. And yes, we have stress, we have exhaustion, we have fatigue, but to really do that soul searching how have that cup of tea and just sit and think and really try to, you know, understand how much of what you're carrying is loss, and to continue to be gentle with yourself, continue to try to process those losses and tell those stories. Because as I said, that's the work of grief. And if you find yourself getting into trouble with how you're coping or not, please, don't be afraid to reach out and to talk to somebody about that. Because this has been a very, very, very difficult time. And, we all want you to be well. We want you to be able to continue to carry the light that you carried and be the person that you came into your work being, and be able to give what you can. So you need to

fill yourself up and, and again, Kath is going to remind you, but our September session, we'll talk about in more detail, some of the things that we can do to take care of ourselves.

Kath Murray

Thank you so much, Michelle, wonderful. And the comments have been very much acknowledging the losses that people have been feeling, some associated with grief, some impacted or sorry, some associated with COVID and some, it just impacted by COVID. People are now putting in their names and emails so that Casey can choose one of those. She'll do a random check and do a random piece to get those. Now, those we've got at least two classrooms that are here. So maybe you can just put in the name of one lucky person or put in the name of your class. And then if you get chosen, you'll have to draw it at that end. So I'd like to take a minute to tell you, first of all, thank you, Michelle. Thank you. Thank you for giving voice to the challenges that people are experiencing.

Michelle O'Rourke:

Thank you.

Kath Murray

You're welcome. Once again, this is a joint education project with Canadian Hospice Palliative Care Association and Hospice Palliative Care Ontario and Life and Death Matters. This particular webinar series has been started about a year ago. Maybe it's always been in a seed in my heart as a way to help personal support workers, healthcare assistants, continuing care assistants gather. And on the one hand, I would have loved it to have been small, so we could be intimate and just share with one another freely about what's going on in our worlds. But in another way, I'm so glad that there has been such an outpouring. Please do feel free to reach out to the Life and Death Matters Community on Facebook and join in that conversation. Somebody said, "I'm so glad to feel appreciated or something about that, I don't get that at work," and I'm sorry to hear that.

Kath Murray

The PACE for Personal Support Workers is palliative care education for personal support workers, specifically written for you to support you to learn the skills for providing excellent hospice palliative care and integrating a palliative approach, no matter where you are working. Sometimes people think of palliative care as being a specialty thing. Michelle has definitely addressed the fact that working in long-term care with short turnover, short lengths of stay shorter and shorter all the time. You are doing the work of caring for people who are living and dying just as those of us working at hospice are. Some of the unique features of the course include, each course is interactive and include videos, podcasts, and learning activities. Each course is short, and it takes about three hours to complete. You can learn when it's convenient for you.



Kath Murray

So if you're one of those people who can't sleep at night, great time to study, you can select courses that meet your current needs. You can complete all courses and receive, and this is exciting, *drum roll*, a national certificate in palliative care from CHPC, HPCO and LDM. We thank CHPC, HPCO, Life and Death Matters, Health Canada, and The Sovereign Order of Saint John of Jerusalem for supporting this project. Thank you for attending and being here before you exit out of zoom, please provide feedback on the quick survey. It helps us to have a sense of how this went for you. If it was too long, too short, if you have other topics that you would like, please just take a minute. The recording of this session will be posted on the Life and Death Matters website. And my understanding is you will receive an email within a couple of days with the link to that. And again, feel free to share it.

Kath Murray

The next webinar will be on September 7th, the first Tuesday of September. And we will be talking about fatigue, burnout, resilience, and strategies on self-care, reflection, and self-compassion. Again, if you want to collect, connect with colleagues from across the country, you are welcome to join the Life and Death Matters Community Facebook page. I think it's [facebook.com/groups/ldm](https://www.facebook.com/groups/ldm) community. You will also receive an email announcing the webinar the day before the next one. And again, you're welcome to share those with your friends.

Stay tuned for more information about PACE for PSWs. PACE will be formally launched in September but is also having some sneak preview launches. Now, please, if you want to connect with us one way you can do it is by going to the lifeanddeathmatters.ca website, and you can just hit on contact us and we will be able to respond.

Kath Murray

Bernice has said be safe and take good care of fellow caregivers. Kristen has said, stay safe, stay healthy, be kind, you are all valued, and all appreciated, we've got this. And I want to finish with a quote from somebody who writes me and their quote at the end of their signature is "stay safe and stay sane". I love the idea, Michelle, that grief is our response to loss. It is healthy, natural response to adapt to our losses. And so when I cry, when my grief, when I am sad or fatigued, then I just am able to go, "Good. This is good. This is what I'm doing to adapt. This is my grief, and this is my healing journey." And it's pretty nice to know about hard times and things that feel hard can be healing. So thank you everyone. If there's any other comments, you're welcome to make them here.

And again, another one, thank you. It's my pleasure to learn and proud to be a part of this process and learning and sending all my love to our fellow caregivers and our heroes. Lots of lots and lots of hugging. So on my birthday, I got a message from my dear cousin, brother, and he says, this is your year. He says, Kath, by August, the restrictions are going to be lifted and you will be able to hug. There will be hugging. There will be complete strangers hugging and strangle hold hugs, this will be a hugging Renaissance. So I

think he could have been addressing all of us when he said this is your year, because I think there's a lot of huggers in this room.

Michelle O'Rourke

That's for sure.

Kath Murray

Lovely, lovely. Okay. Any last names and emails enter them in. Okay. And Casey's going to have quite the job of counting up how many names there were to the bitter end and then choosing the random number on the random numbers site on the web, and then counting down to that name.

Michelle O'Rourke

Thank you, Kath, for facilitating today and for everything that you're doing for the PSWs with your program. See you all in September!

Kath Murray

We had some comments today from a number of people, but one of them has been just how important it's been, that we as a country value better the role of our personal support workers. And if there's something that this group has committed to doing, we're committed to celebrating. So thank you very much. So, thank you very much. I think Richard closes us off now and we will see you in September. Isn't there a song about that? See you in September? If I could carry a tune, I would break into song. Thank you though. I know all the best.