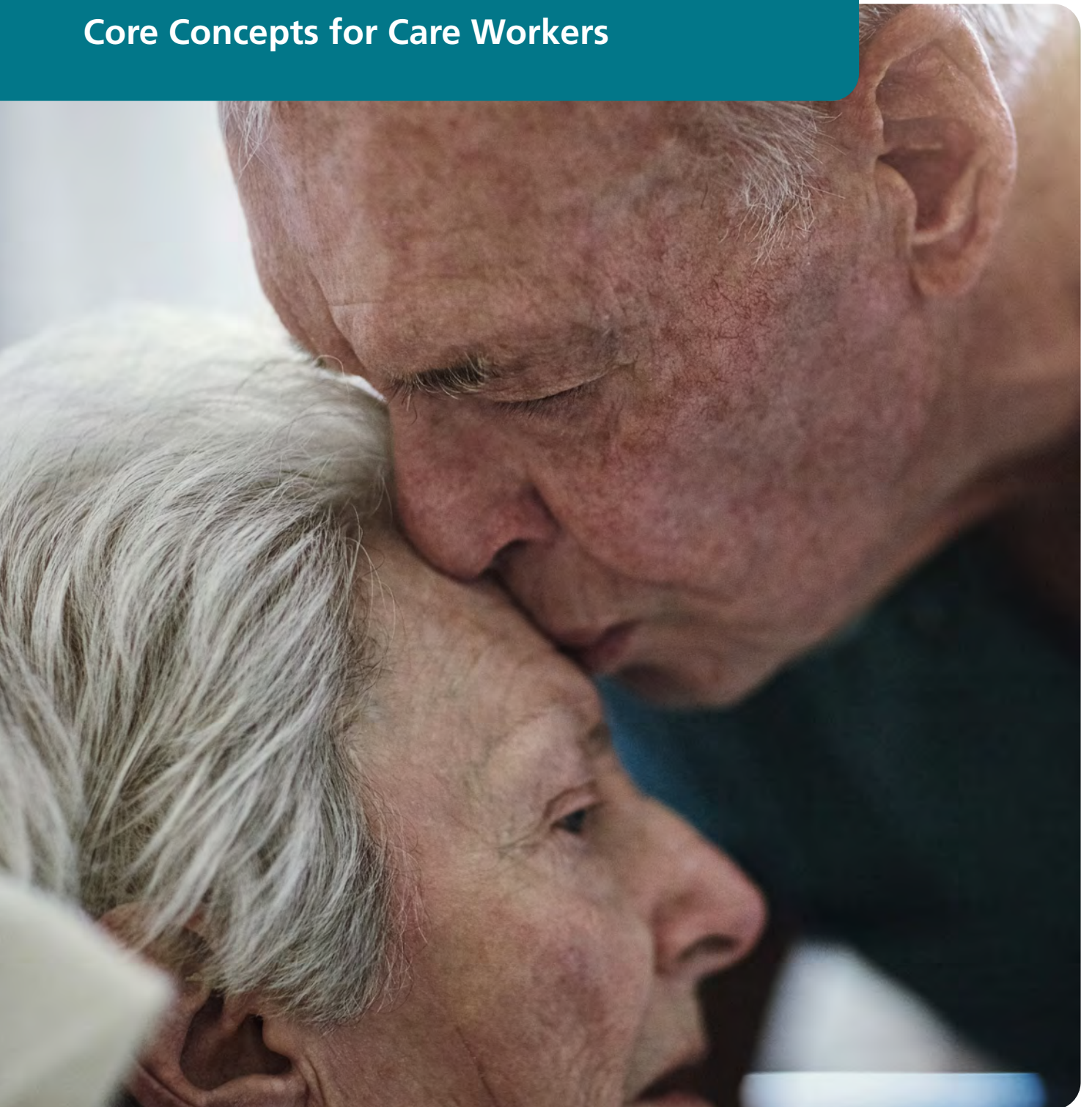


Grief and Bereavement: Core Concepts for Care Workers



Definitions

Grief

Grief is a common response to any loss. A loss may be the experience of a death, or other losses, such as a diagnosis or change in health. Grief includes:

- Feelings (e.g. sadness, fear, anger, relief)
- Thoughts (e.g. disbelief, finding it hard to focus, questioning beliefs and views about the world)
- Physical reactions (e.g. tiredness, headaches), and
- Behaviours (e.g. trouble sleeping, not eating, avoiding family and friends).

PRACTICE POINT: Times of major change, such as moving into residential aged care or the end of life, can increase grief reactions for older people and their families.¹ Try to pay extra attention at these times as people may need more support.

Anticipatory grief (or pre-death grief)

This involves grief responses that we may experience before a death has happened.²⁻⁴ Many losses can arise when someone receives a diagnosis of a life-limiting illness, or their health is getting worse. These might include the loss of a sense of control, loss of physical or mental well-being, loss of role, and loss of the ability to make future plans.

PRACTICE POINT: Carers may not always realise they are grieving before a death has happened. It can be helpful to notice where feelings and reactions may be related to their grief, and that this is normal. Allow time for people to share difficult feelings, such as guilt.

Bereavement

This is the experience of grief after the death of someone important to us. Most older people will manage bereavement with the support of family, friends and others in their own community.^{4,5} However, some people will face extra challenges with mental and physical health in bereavement.⁶⁻⁹

PRACTICE POINT: Older bereaved people might share physical health issues that don't seem related to grief at first, such as pain.¹⁰ It is important to seek review of any physical health issues, and then to explore how grief may impact the well-being of an older person.

When grief becomes complicated

Most people will cope with grief or bereavement with the support of others who are already in their lives – family, friends, co-workers, and others in their community. Most people will not need professional help after a death. However, a few people may have a hard time coping after someone dies.^{11,12}

Grief and bereavement may become challenging in different ways.

- Older people and their family or carers may have poorer **mental health** during illness, caring or bereavement. This may be related to anxiety, depression, and/or past or current experiences of trauma.^{5,13} They may also experience the onset of new mental health conditions.
- About 7-10% of bereaved adults may experience **Prolonged Grief Disorder (PGD)**.^{14,15} Older adults may be at a higher risk of PGD.¹⁴ PGD is a severe grief response following a death, with symptoms more than 12 months after the death which have a major impact on day-to-day life.¹⁶



Risk and protective factors

Risk factors

It is helpful to be aware of factors that might mean an older person or a family member or carer is at risk of negative outcomes related to grief and bereavement (e.g. PGD and other mental health concerns). Listed below are some examples of key risk factors.^{11, 12, 17}

Background factors

- A close relationship to the dying person
- Mental health concerns
- High levels of pre-death grief
- Low social support.

Care-related factors

- Family conflict about treatment
- Financial hardship related to illness or treatment
- Caregiver burden
- Nature of experience of end-of-life care.

Death- or bereavement-related factors

- Death of a child or partner
- Experiencing several deaths close together
- Feeling unprepared for a death.

Protective factors

People may be better able to manage grief and bereavement when:

- They have personal resources, such as being able to make sense of what has happened, or to experience comfort by thinking or talking about the person who has died.
- They seek out and accept the help and support of family, friends and the community.
- They are well-prepared for a death through conversations and support provided by care workers and other staff.^{18, 19}

Remember that good quality end-of-life care, guided by your relationship with an older person and their family and carers, can have a positive impact in bereavement and possibly reduce the risk of complicated grief.²⁰

If you are worried about how an older person, family member or carer will manage their grief, you should discuss this with your supervisor or manager.

The **ELDAC Toolkits** (Residential Aged Care, Home Care, Dementia) include more information about how to approach grief and bereavement support for your care setting or context. Review the **ELDAC Bereavement Practice Tips for Care Workers** for more information about how to provide support and respond to people with complex needs.

References

1. Zizzo G, Mackenzie C, Irizarry C, Goodwin-Smith I. Loss and grief: The experience of transition to residential aged care. *Aust J Soc Issues*. 2020;55(4):474-91.
2. Meichsner F, O'Connor M, Skritskaya N, Shear MK. Grief Before and After Bereavement in the Elderly: An Approach to Care. *Am J Geriatr Psychiatry*. 2020;28(5):560-9.
3. Coelho A, Barbosa A. Family Anticipatory Grief: An Integrative Literature Review. *Am J Hosp Palliat Med*. 2017;34(8):774-85.
4. Palliative Care Australia. **National Palliative Care Standards for All Health Professionals and Aged Care Services**. Palliative Care Australia. 2022. [cited 4 April 2025].
5. Neimeyer RA, Holland JM. Bereavement in Later Life: Theory, Assessment and Intervention. In: Lichtenberg PA, Mast BT, editors. *APA Handbook of Clinical Geropsychology*. Washington, DC: American Psychological Association; 2015. p. 645-66.
6. Boelen PA, Prigerson HG. The influence of symptoms of prolonged grief disorder, depression, and anxiety on quality of life among bereaved adults: a prospective study. *Eur Arch Psychiatry Clin Neurosci*. 2007;257(8):444-52.
7. Stroebe MP, Schut HP, Stroebe WP. Health outcomes of bereavement. *Lancet*. 2007;370(9603):1960-73.
8. Buckley T, McKinley S, Tofler G, Bartrop R. Cardiovascular risk in early bereavement: A literature review and proposed mechanisms. *Int J Nurs Stud*. 2010;47(2):229-38.
9. Lundorff M, Holmgren H, Zachariae R, Farver-Vestergaard I, O'Connor M. Prevalence of prolonged grief disorder in adult bereavement: A systematic review and meta-analysis. *J Affect Disord*. 2017;212:138-49.
10. Gerber K, Brijnath B, Lock K, Bryant C, Hills D, Hjorth L. 'Unprepared for the depth of my feelings' - Capturing grief in older people through research poetry. *Age Ageing*. 2022;51(3).
11. Hall C, Hudson P, Boughy A. **Bereavement support standards for specialist palliative care services**. Melbourne: Department of Health, State Government of Victoria; 14 November 2012. [cited 4 April 2025].
12. Neimeyer RA, Burke LA. Complicated Grief and the End of Life: Risk Factors and Treatment Considerations. In: Werth JL, editor. *Counseling Clients Near the End of Life: A Practical Guide for Mental Health Professionals*. 1 ed. New York: Springer Publishing Company; 2012. p.205-28.
13. Palliative Care Australia. **National Palliative Care Standards for Specialist Palliative Care Providers 5.1 Edition**. Palliative Care Australia 2024 [cited 4 April 2025].
14. Szuhany KL, Malgaroli M, Miron CD, Simon NM. Prolonged Grief Disorder: Course, Diagnosis, Assessment, and Treatment. *Focus (American Psychiatric Publishing)*. 2021;19(2):161-72.
15. Thiemann P, Street AN, Heath SE, Quince T, Kuhn I, Barclay S. Prolonged grief disorder prevalence in adults 65 years and over: a systematic review. *BMJ Support Palliat Care*. 2023;13(e1):e30-e42.
16. American Psychiatric Association. **Prolonged Grief Disorder** [Internet]. Washington DC: APA. 2022 [cited 5 June 2025].
17. Buur C, Zachariae R, Komischke-Konnerup KB, Mareello MM, Schierff LH, O'Connor M. Risk factors for prolonged grief symptoms: A systematic review and meta-analysis. *Clin Psychol Rev*. 2024;107:102375-.
18. Boerner K, Mancini AD, Bonanno G. On the nature and prevalence of uncomplicated and complicated patterns of grief. In: Schut H, Stroebe MS, Van den Bout J, editors. *Complicated grief : scientific foundations for health care professionals*. First edition. ed. New York: Routledge; 2013. p.55-67.
19. Schulz R, Boerner K, Klinger J, Rosen J. Preparedness for death and adjustment to bereavement among caregivers of recently placed nursing home residents. *J Palliat Med*. 2015;18(2):127-33.
20. Wright AA, Keating NL, Balboni TA, Matulonis UA, Block SD, Prigerson HG. Place of Death: Correlations With Quality of Life of Patients With Cancer and Predictors of Bereaved Caregivers' Mental Health. *J Clin Oncol*. 2010;28(29):4457-64.