



*Helping you live today.*

**Bereavement Education Services:  
Building Community Capacity in Rural Manitoba  
Report to The Thomas Sill Foundation**

**Ellen Jacobs, RN, BScN**

**Project Manager**

**Palliative Manitoba**

**Mike Goldberg, MA**

**Community Outreach Coordinator**

**Palliative Manitoba**

**December, 2016**

## **Background**

Palliative Manitoba believes that all “Manitobans who may be experiencing a life threatening condition, live well until the end of their lives and that their caregivers may be cared for in the process”. (Palliative Manitoba’s Vision Statement)

The mission of Palliative Manitoba is to “promote the compassionate effective care for all Manitobans touched by any life threatening condition or bereavement and to promote services and education complementary to the formal health care system”. (Palliative Manitoba’s Mission Statement)

In January 2014, Palliative Manitoba’s board of directors approved a three year strategic plan for the organization. The board adopted three strategic directions each with accompanying objectives. “*Building Palliative Manitoba’s Capacity as a Provincial Organization*” was one of the strategic directions. “*Expand services to rural and northern areas of Manitoba*” was highlighted as one of the objectives needed to advance that directive.

Although Palliative Manitoba has always considered its mandate as province wide, the services have been centered in the Winnipeg region. With the exception of Palliative Manitoba’s annual provincial conference, programs and services have not extended much beyond the city limits.

Dialogue and discussion ensued in a series of board-initiated stakeholder discussions that sought to provide input re: the renewed vision, mission, and strategic direction. This included a board of director representative from rural Manitoba, Dr. Cornie Woelk, a palliative care physician in Southern Health-Sante Sud Region, regional health representatives from Southern Health-Sante Sud, Prairie Mountain, and Interlake-Eastern Regional Health Authorities, members of Palliative Manitoba’s staff, and this project’s former lead. Two conference call meetings between Palliative Manitoba board members, staff, and regional health representatives occurred to explore ideas in partnering in bereavement service provision that would meet the needs of citizens in their catchment areas.

There are a number of gaps in rural services provision in the area of bereavement support. The geography of the rural RHAs is vast and the population is sparse in many parts of the regions. Staff resources are limited and creative means must be employed to

attempt to provide quality services to as many individuals and families as possible. Despite excellent work being done in rural Manitoba, there continues to be an identifiable gap in resources for families/friends of the deceased. Community capacity building in the area of bereavement support was identified as an important need where rural health regions could partner with Palliative Manitoba.

Community Capacity Building involves “equipping individuals and communities with the understanding, skills and abilities, access to information, knowledge and training, which enables the individuals and communities to perform effectively.”

Bereavement Education Services in Rural Manitoba: Building Community Capacity was proposed and hence, developed by the current project manager.

### **Method (Intervention)**

In February, 2015, a meeting was coordinated by Palliative Manitoba that brought to the table representatives of the three rural health regions which occupy a significant portion of the province of Manitoba south of the 53<sup>rd</sup> parallel (Southern-Sante Sud, Prairie Mountain, and Interlake-Eastern Regional Health Authorities) and members of Palliative Manitoba’s staff. Work was done on the development of a common understanding for the bereavement services project.

A proposal was developed and submitted to the Thomas Sill Foundation for funding of the proposed two year project (September, 2014 - June, 2016). The total amount granted by the Foundation was \$33,000.00. This included funds for payment of the project manager, projected mileage @.45/km, overnight accommodation, meals, refreshments for workshop attendees, office supplies, long distance telephone calls, and marketing. *A complete financial analysis and record of expenses can be found in the appendix.*

An initial needs assessment was conducted to determine existing community capacity. The assessment resulted in the development of a strategy as to the type of community capacity that was deemed most effective. The needs assessment also aided in tailoring the workshops towards specific community needs.

The community capacity building module is defined as a “conceptual approach to development that focuses on understanding the obstacles that inhibit people from realizing their development goals while enhancing the abilities that will allow them to

achieve measurable and sustainable results”. The community capacity building module also refers to “strengthening the skills, competencies, and abilities of people”.

In November, 2015, Ellen Jacobs, the program manager, developed the fifty page resource book entitled – **Bereavement Education/Services in Rural Manitoba: Building Community Capacity**. It was developed from resources available at Palliative Manitoba and in the three rural health authorities afore- mentioned. The resources included:

- Manitoba Provincial Palliative Care Network, Palliative Care Volunteer Education Program. (2012). Facilitator Handbook (Session 5, Loss, Grief, And Bereavement, Session 6, Completing The Circle)
- Palliative Manitoba (2015) Bereavement Volunteer Handbook
- Palliative Manitoba Compassionate Care Course for Volunteers and Community Student Binder
- Manitoba Compassionate Care Course, Loss, Grief, and Bereavement Power Point Presentation (2015) by Mr. Lee Barringer
- Hospice of the Valley Website
- Dr. Therese Rando (1991) *How To Go On Living When Someone You Love Dies*
- Dr. Alan Wolfelt (2003) *Understanding Your Grief-Ten Essential Touch-Stones for Finding Hope And Healing Your Heart*

This resource book is available in PDF format from Palliative Manitoba’s Mike Goldberg, Community Outreach and Education Coordinator  
(mgoldberg@palliativemanitoba.ca)

It is divided into six sections:

Section A - *Education*- Loss, Bereavement, Fundamentals of Grief, Grief and Mourning, Understanding Grief, Types of Grief, Reactions to Grief

Section B - *Communication Strategies*- Companionship, How to Help Others Through Grief, Basic Principles of Communication, Guidelines to Creative Listening, Practical Communication Tips, Clichés to Avoid, Leads for Empathic Responses, Questions to Promote Story Telling

Section C - *Self Care* for the Bereaved

Section D - *Self Care* for the Volunteer- Volunteer or Friend: Is There a Difference, Warning Signs of Burnout, Compassion Fatigue, Suggestions for Self Care

Section E - Themes and Issues with Different Types of Losses- Loss of a Spouse, Parent, Sibling, Child, Suicide, Sudden versus Anticipated Death

Section F - Resources- Community Resources, Websites, Phone Numbers to Community Organizations, Books available re different types of loss, Men and Grief, supporting someone who is grieving, helping children /teenagers through grief

In collaboration with the three leads of the rural regions:

**Interlake-Eastern RHA** - Tammie-Lee Rogowski (TRogowski@ierha.ca)

- Susan Barnett (sbarnett@ierha.ca)

- Vera Appleyard (vappleyard@ierha.ca)

**Prairie Mountain RHA** - Miranda Radics (mradics@pmh.mb.ca)

**Southern-Sante Sud RHA** - Heidi Wiebe (hwiebe1@southernhealth.ca)

It was decided and confirmed that two or three sites in each region would be selected for the pilot project presentations. Winnipegosis and Birtle, MB., were selected in Prairie Mountain RHA, Winkler-Morden and Portage La Prairie, and Carman, MB., were selected in Southern-Sante-Sud RHA, and Stonewall, Gimli, and Beausejour, MB., were selected in Interlake-Eastern RHA.

A poster and promotional paragraph were available for the advertisement of the pilot project presentations at the above mentioned rural sites.

The poster detailing the project in rural Manitoba was developed by Mike Goldberg and is available on-line. The details of the workshop outlined on the poster were to:

- Develop a plan to establish your own grief workshop
- Receive valuable grief tools and resources
- Distinguish between loss/grief/bereavement

- Learn about the types of and reactions to grief
- Discover proven communication strategies
- Understand the importance of self-care

The Rural Bereavement Project Promotional Paragraph available on-line and developed by Mike Goldberg read as follows:

“We invite you to join us for a half day workshop to learn how to create a group that addresses grief and bereavement in your community. At this workshop, you will be provided with valuable information and resources about how to care for people who are experiencing grief; you will be able to define and distinguish between loss, grief, and bereavement; you will learn about the varying types of grief; discover proven communication strategies for speaking to someone who has experienced loss; and understand how important self-care is for your ability to provide quality grief support”.

Mike Goldberg and Ellen Jacobs then developed the power point presentation entitled **“Rural Manitoba Bereavement Education Services Workshop”**.

It is divided into 4 sections:

Section 1 - Loss, Grief, and Bereavement which includes an exercise entitled:

Review of Your Personal Grief Experiences, Definitions of Loss, Grief, And Bereavement, the Loss Exercise, Grief Reactions, Types of Grief

Section 2 - Communication Strategies including an exercise on Listening Attitudes

And Behaviors, Guidelines for Listening, an exercise which allows participants to couple with one being the story teller and the other the listener, then reverse roles, Basic Principles of Communication, Practical Tips – Do’s and Don’ts, Leads for Empathic Responses, Giving Feedback Without Evaluation, Questions to Promote Story-Telling

Section 3 - Self Care for the Caregiver including A Self Care Exercise, Volunteer or

Friend: Is There a Difference, Compassion Fatigue, Suggestions for

## Self-Care for the Volunteer

Section 4 - Building Community Capacity - Grief Presentation Ideas-Replicate this Style of Seminar, Grief Walks, One on One's, Sharing Circles, Support Groups, Lecture Style, Tele-Health, MyGrief.ca (Virtual Hospice)-a 9 module online workbook to Assist the bereaved in understanding and working through their grief. (available April, 2016)

On completion of this written report on the evaluation of the **Building Community Capacity in Rural Manitoba**, a power point presentation was developed by co-authors, Ellen Jacobs and Mike Goldberg and was presented at the **25th Annual Provincial Palliative Care Conference “Strong Foundations for the Future”**, at Concurrent Session 4, Friday, September 23<sup>rd</sup>, 2016, 10-11:00 AM, at the Victoria Inn Hotel and Conference Center, 1808 Wellington Ave., Winnipeg-MB.

## Results

Eight communities within the three rural regional health authorities participated in the pilot sessions. Shown below are attendance numbers and the diversity in relation to who the attendees were, their roles, and where they came from:

### **Winkler-Morden, MB**

- 13 attendees, 12 women, 1 gentleman from the Winkler-Morden region
- Most were volunteers with the Palliative Care program at Boundary Trails Health Centre; the gentleman was a spiritual care worker in the community

### **Winnepegosis, MB**

- 3 attendees, all of them women from the Winnepegosis area
- 1 was a spiritual care worker, 2 attended due to active personal experiences with bereavement

### **Birtle, MB**

- 13 attendees, all of them were women
- Most were palliative care volunteers from Russell, Hamiota, Birtle, & Shoal Lake
- 1 was a spiritual care worker

### **Stonewall, MB**

- 17 attendees, all of them were women from the Stonewall and Selkirk region, 1

was from Peguis First Nation Health Centre

- The makeup of the group included palliative care program volunteers, a Mental Health Nurse, a student nurse in the Mental Health Program, and a Funeral Celebrant from the community

#### **Gimli, MB**

- 16 attendees, 15 women, 1 gentleman
- 3 attended from Peguis First Nation, 1 worked at the Health Center, the others attended due to personal bereavement experiences
- 1 who is employed at the Hollow Water First Nation Health Center
- 1 spiritual care worker
- 11 who are employed at the Gimli Health Center in Home Care, as casual Registered Nurses, and in Rehabilitation

#### **Portage La Prairie, MB**

- 13 attendees, all of them were women
- 1 was a social worker from Steinbach,
- 1 a nurse educator at Boundary Trails Health Center in Winker-Morden
- 9 palliative care volunteers with Sunset in Portage La Prairie

#### **Beausejour, MB**

- 28 participants from Beausejour, Pine Falls, Brokenhead, East Beaches, Steinbach and Pinawa areas of Manitoba
- 4 were clergy members
- 24 participants were from areas including-Adult Community Mental Health, Chronic Disease Program, Palliative Care Volunteers, Outreach for Seniors Program, Siloam Mission in Winnipeg, personnel with IERHA & Southern Health-Sante Sud

#### **Carman, MB**

- 8 participants, all palliative care volunteers
- 6 were women, 2 were men

The **Likert Scale** was used as a measuring device to “gauge attitudes, values,

and opinions” of people attending the Pilot Sessions. It functions by having attendees complete a questionnaire that required them to indicate the extent to which they agree or disagree with a series of questions.

**(Total Responses=93)**

Following are the four questions used and the responses to them:

1. The learning objectives of the seminar were clearly outlined.

- strongly agree = 50
- agree = 49
- neutral = 1
- disagree = 1
- strongly disagree = 0

2. The interactive activities during the seminar were effective.

- strongly agree = 50
- agree = 49
- neutral = 2
- disagree = 0
- strongly disagree = 0

3. The facilitators encouraged questions and conversation throughout the Seminar.

- strongly agree = 78
- agree = 25
- neutral = 0
- disagree = 0
- strongly disagree = 0

4. The seminar allows me to be more comfortable talking about grief with my family/community.

- strongly agree = 40
- agree = 52
- neutral = 7
- disagree = 2
- strongly disagree = 0

My favorite aspect of the seminar was:

- Powerpoint, informed presentation, exercises, workbook, & definitions.
- Discussion, sharing, comments from others, personal input, exchange of ideas, how to deal with grief, input from attendees, open floor.
- Definitions.
- Exercises-thought provoking and a learning experience.
- Humour, easy to listen to, concerned, conversational speaking style.
- Resources are informative, helpful, encouraging me to do bereavement work, to learn and review from.
- Confidentiality, safety created.
- My least favourite aspect of the seminar was:
- Time frame was too short-full day seminars.
- Crowded room, too many people.
- Too few men involved.
- More information about setting up groups.
- Ideas on how to pull resources available together.
- Lack of coffee.

Comments:

- Great job, informative, use of Telehealth as a resource, few 'too busy' slides in the power point presentation
- More seminars; are valuable, learned a lot, would like more information on loss and support groups.
- Welcoming atmosphere as the presenters' shared their work.
- Presenters were well prepared, articulate, had a good sense of humor, comfort level, and were very approachable, shared knowledge and stories, good partnership between Mike and Ellen.
- Workbook is a good resource, is interesting and informative.
- The seminar was thought provoking, inspiring, and had practical tips.
- No help from the community or access to bereavement support.

## **Facilitators' Observational Data**

We recalled feeling an 'emotional high' after our first presentation at Boundary Trails Health Centre in Winkler, MB. We felt an amazement as to how well the power point and presentation flowed and with the interaction, sharing, and participation from the group. This was corroborated by the subsequent pilot sessions. The feedback and comments from the sessions attested to the need for volunteer education and bereavement support in Manitoba's rural health regions.

## **Discussion**

Three themes emerged upon review of the qualitative data obtained from the **Rural Bereavement Education Seminar Feedback Forms**.

The data was gathered from the responses to the following:

- My favorite aspect of the seminar was....
- My least favorite aspect of the seminar was...
- Comments...

Most comments made to the second question (My least favorite aspect of the seminar was..), related to the short time frame (3 hours) of the pilot seminars, lack of coffee and refreshments, and the size of the rooms used for the presentations. It was difficult for the organizers in each community to know how many people were coming to the sessions. This did lead to some overcrowding at times.

One comment reflected upon the lack of male palliative care volunteers and men in general, participating in palliative care activities. A comment made was: "Good to have Mike involved and his perspective."

The themes were derived from responses to the question: *My favourite aspect of the seminar was...* and the comments section of the evaluation form. The three themes that emerged are discussed below.

### **Value of the pilot sessions**

These presentations allowed the facilitators (Mike and Ellen), to share two newly developed resources, **Bereavement Education/Services in Rural Manitoba: Building Community Capacity** (the workbook) and **Rural Manitoba Bereavement Education Services Workshop** (the power point presentation).

The importance of creating a safe space and confidentiality at each workshop allowed for “sharing of ideas, personal experiences, and stories”, anecdotes and conversations had. It was “comfortable and I was able to connect with many feelings I experienced.”

These pilots were “very informative. They provided ideas/alternative approaches to begin discussions in small communities surrounding bereavement support”. It was deemed “an excellent workshop to learn about the grieving process and to learn how to volunteer to provide grief support”. The “participation, the discussions, and interactions”, “the fact that you are offering sessions like this to equip us” seemed of value to participants. Many would “like more seminars” and “appreciated that the resources were on-line. Some found it to be “a refresher with new tips”.

### **Urban To Rural Difference**

At our pilot presentation in Birtle, MB, we learned about the urban to rural difference dynamic. Resources are available in the larger centers such as Brandon; much less so in Birtle and the surrounding communities of Hamiota, Shoal Lake, and Foxwarren, MB. There are “few doctors” in these smaller communities and “a lot of people die in hospitals out of our community, so we are not right there when they die”. The participants “appreciate that the resources were on-line” and the potential use of “Telehealth” as a medium was mentioned several times on the feedback forms. The facilitators mentioned **Virtual Hospice’s** new on-line program **MyGrief.ca** at each pilot session. Kleenex packages, book marks, and an information sheet advertising **Virtual Hospice’s** new program, were available to every participant. “Please present program in Peguis”, reflects a need from a First Nations community as well as the presence and participation of two people from Hollow Water First Nation and Pine Falls, MB.

### **Presentation Style of the Facilitators (Positive Learning Environment)**

Personal experience with, a compassion for, and the ability to deliver and keep participants interested in the subject matter, were reflected in the favourite aspects and comments sections on the feedback forms. “Mike and Ellen’s natural and ‘real’ personalities”, “the enthusiasm of the facilitators”, “you both did a great job-thanks-it left me wanting more”, “I enjoyed your sharing of your work, the facilitators were very well

prepared for the presentation”, “both Mike and Ellen were very easy to listen to, both had so much knowledge and a nice way of delivering that knowledge”, “partnership between Mike and Ellen works well. Humour added value, openness to listen and offer encouragement added voice”, and “I appreciated the comfort level of the facilitators and their approachability.”

These comments reflect how well the pilot sessions went. Development of bereavement support programs and continued guidance as required would be a satisfying end result.

### **Future Directions**

“Half or full day seminars would be beneficial; more of these seminars would be great; this gave me a lot to take back, to help me better in my job and personal life; there is more need for this type of topic,” reflect the continued need for advancing bereavement education and support in rural communities. It is our hope that with support from the three rural regional health authorities, the availability of the workbook and power point presentation online, and email and telephone follow up to see if implementation of the new resources has occurred, the planted seeds will come to fruition in the rural regions of southern Manitoba.

The above is reflected in these comments: “We require a bereavement program back in the province. Whether a person was in the palliative care program or not,... the spouse or family member should have access to a bereavement program. It is part of the mental health process. Mr. Pallister, Manitoba’s new Conservative Premier, has stated that he is giving more money to mental health. Bereavement should fall in this funding umbrella”.

It is Palliative Manitoba’s plan to propose a new grant and apply to the Thomas Sill Foundation for additional funding in hopes of continuing this work in the three rural health regions along with implementing sessions in the Northern Health Region. This would truly be reflective of one of Palliative Manitoba’s strategic directions - “*Building Palliative Manitoba’s Capacity as a Provincial Organization*”.