

## Paper Presentation

Topic: Social Capital and Volunteering

# Acute Grief Support Service for the Bereaved of Sudden Death cases in Accident and Emergency (A&E) Department

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This article describes the acute grief support service provided by volunteers for the relatives and significant others of the sudden death in the Accident and Emergency department of a public hospital in Hong Kong. This programme demonstrates the professionalism of volunteers service and an effective volunteer project management in a multi-disciplinary collaboration in hospital setting.

The objective of the this project is to facilitate grief reaction, offer continuous companion and support for bereaved of sudden death in casualty department. Volunteer enhances the family members to support each other, before offering active intervention themselves.

### I. brief description of volunteers service.

#### 1. Building rapport and offer immediate tangible help:

Volunteers receive relatives of the patients under resuscitation on the reception. This is to establish support with them upon arrival and to minimize their fear and feeling of bewilderment. There is a “quiet room” setting in the department for the relatives. Volunteers settle them in and assist in informing their families, baby-sitting for their children, ready food and water for them when needed. Volunteers stay with them for emotional support while medical officer breaks the bad news.

#### 2. Consolation without words- Grief reaction:

Volunteers are trained with grief reaction. When situation required, volunteers encourage the bereaved to do breathing exercise for calming down emotion. Volunteers use body language such as offering their shoulder for the bereaved to lean

on crying, active ear to listen their complaint and sorrow and holding their hand for comfort. These are the greatest consolation without word.

### 3. Concluding- viewing the dead

Viewing the dead body is very stressful to the bereaved. Volunteers stand beside them to support, tap slightly on their shoulder to comfort, and have a wheel chair ready for them to if they need. Sorrow seems to be an endless road to the emotion of the bereaved. Volunteers prepare for them a folder of relevant community resources information to help them taking on the road of bereavement.

## II. Project infrastructure

### 1. Volunteer Training and support:

Training is offered on pre-job and on-the-job basis by the clinical psychologist and bereavement social worker. Topics cover bereavement and grief reaction, self care on emotional strength and communication skills with person in acute grief.

### 2. Volunteer management

**Mentor system to enable skill coaching:** Mentor system is adopted in the programme, experienced volunteers are partnered with new ones for coaching.

**Job allocation:** New volunteers are arranged to observe or take a less demanding role as preparation for their readiness.

**Manage for the protection and benefit of volunteer:** Volunteers involve in this programme are required to work in pair to enable mutual support. Volunteers taking acute grieving case are on rotation work schedule so as to minimize the accumulated emotional stress effect. Impact Event Scale is used to monitor the psychological impact on volunteers. Professional social worker will render counselling to them when need is indicated. Apart from that, debriefing interviews or groups for volunteers are arranged after handling of acute grieving cases.

**Bottom up management for service improvement:** Regular meeting with the volunteers is conducted to evaluate the service flow and volunteers performance. Improvement measures will be generated by the frontline volunteers.

## III. Conclusion:

Qualitative feedback was captured from the bereaved and volunteers on volunteers  
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intervention and volunteer satisfaction. There is limitation in getting detail feedback from the bereaved because they usually do not want to recall the memory and refrain from making any statement about that.

### 1. Bereaved

An interview was conducted with a woman who received this service while her husband died in a traffic accident. This is the direct quote from her: "我家姐重亂過我，騰晒雞；如果無咗佢哋(義工)，好多人都會睇唔開，想自殺；好彩有佢哋(義工)扶住我。"

### 2. Volunteers

- Volunteers described this working experience as a personal growth opportunity. It is an life education lesson to revisit their life goal, as a reminder to treasure their family, and to lead their life in a meaningful way. These are the direct quote from volunteers: 做人唔好咁執著，最緊要自己及身邊人開心
- 珍惜生命，抓緊與家人共聚的時光
- 從中學到很東西，例如與哀傷者的溝通技巧，紓緩哀傷者的情緒
- 自信心提昇
- 改善溝通技巧

This experience makes them realize the life philosophy of “achieving self development through helping others”.

### 3. Volunteer project management

The volunteers work out the professionalism of volunteer service. They are empowered to collaborate with multi-disciplinary team. These are the direct quote from the collaborating parties:

覺得義工好幫得手

- 義工可以幫助安撫哀傷者及家屬的情緒，解釋急症室辦理手續的程序，讓醫護人員能專心搶救傷者

Volunteers are invited to be members of the project work group. Their view point and suggestion contribute to the service development. This project has successfully been sustained for 8 years and becomes a standing service with protocol in which volunteers play an important role. It demonstrates the success of managing volunteer in the multi-disciplinary project with high service sustainability. The wisdom is “**Volunteerism Makes the Difference**”.

## Reference

[www.volunteerlink.net](http://www.volunteerlink.net)

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1. Bates I, Brandt K (eds.) Volunteer Training Curriculum Recommended by the national Hospice Organization, National hospice Organization, Virginia, Arlington, 1990.
2. Coffman SL Coffman VT. Communication training for hospice volunteers. Omega 1993;27(2):155-63.
3. Wilinon H, Wikinson J. Evaluation of a hospice volunteer training program. Omega 1986-1987;17:263-75