Geriatric Social Workers and Grieving Seniors:
An exploratory study of the experiences of geriatric officers working with grieving elderly clients

Ayobami Jimoh & Adede Otieno

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Supervisor: Ann Kroon, Ph.D.
Examiner: Pia Tham, Ph.D.
ABSTRACT

In Sweden, the elderly population above the ages of 65 who can no longer cater for themselves can seek assistance from the social services in their municipalities. A case officer popularly known as bistândshandläggare in Sweden is usually assigned by the municipality to assist in planning, assessing and making decisions on the kind of services which best fits the elderly clients seeking assistance. This study investigated the experiences of geriatric case officers working with grieving elderly clients who are either in hospitals or in their private homes. A qualitative methodology was employed and, interviews were conducted with four geriatric case officers working within elderly care departments in social services around Mid-Sweden. The results were analysed using thematic analysis. The findings revealed that these geriatric case officers had insufficient knowledge on how to work with grief and loss. The results also showed that geriatric case officers had both positive and negative experiences when working with grieving elderly clients. To work in elderly care services, a social work degree or related education is a requirement.

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Keywords

Geriatrics, social workers, experiences, elderly, grief.
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1. INTRODUCTION AND BACKGROUND

A report by the Association of Palliative Care Social Workers (APCSW, 2015) in the United Kingdom (UK) stated that social work plays a key role in the delivery of worthwhile palliative, bereavement and end of life care. They further stated that all social work practitioners will encounter individuals who are experiencing loss, bereavement, grief or end of life. It can, therefore, be said that social workers in elderly care or geriatric social work focuses on the well-being and biopsychosocial needs of elderly service users. It also connects the elderly individuals to community resources. For that reason, geriatric social workers design a care plan for elderly individuals who are in need of services and how these services will be paid for (APCSW, 2015).

The world’s population is ageing as well as an increase in the number of older people in the society (UN, 2017). Kuble-Ross (1969) mentioned that the ageing process is synonymous to loss, bereavement and grief in late adulthood (as cited in Hutchinson, 2011, pp. 417-418). To understand the phenomena surrounding the ageing process, it is important to describe the scientific study of older people’s situation in the society, how their individual characteristics and social context is affected during the ageing process which is known as social gerontology (Öberg & Tornstam, 2003).

Countries with high-income and high life expectancy significantly have a high percentage of the elderly population, some of the countries include Japan, Germany, Sweden, Italy, Finland and Portugal (UN, 2017). With the rapid growth of older persons in different societies globally the need for primary healthcare providers, in this case, geriatric social workers will be in substantial demand to cater for their needs (Bolmsjö et al., 2015). This study has its central focus on geriatric case officers’ experiences in working with grieving or bereaved elderly clients. A number of terms will be defined for easy comprehension of what the study specifically entails. Grief, loss and bereavement will be briefly described this is because they will appear throughout the paper. According to Hutchinson (2011) grief, loss, bereavement, and mourning are terminologies that are commonly used interchangeably. This means that the effects of death lack a definite description when it occurs in the life of an individual, family or community. Hutchinson (2011) further defines bereavement as the state of having suffered a loss. When defining grief, she describes it as a normal internal reaction of an individual experiencing a loss.
1.1 Geriatric Social Workers in an International Social Work Context

The International Association of Schools of Social Work (IASSW, 2014) defines social work as a profession that is practice-based as well as an academic discipline that advocates for human rights, empowerment and equity among people. They further elaborated by saying that social cohesion, respect for diversity and social justice are fundamental to social work. Social work is also a profession that is based on principles, values, code of conducts and code of ethics with regards to the inherent dignity and worth of an individual (IASSW, 2014). Unlike Sweden and most developed countries where services for the elderly are provided by the municipalities, developing countries lack such resources to support their older population. Younger family members tend to care for their ageing family members. The International Federation of Social Workers (IFSW) advocates for the expansion and support of geriatric, gerontological and cultural knowledge in social work curriculums. They maintain that it should be applicable to all social workers globally as well as other social service providers. They also recommended the securing of geriatric and gerontological specialists by providing equitable compensation, safe working environments and non-discriminatory conditions for all workers in the ageing sector (IFSW, 2012).

National governments worldwide are required to incorporate gerontological social work interventions to promote the spread of social work practice within the older population. The advocacy for geriatric social work will enable and promote clients’ well-being as well as expand the practice in gerontological social work (Crampton, 2011). Incorporating social work into long-term care with regards to case officers working with the elderly service users enables each individual in this case the service provider and service user to function at the highest possible level of social and emotional wellness. The merging of international social work to this study will highlight the important role social work professionals play in stimulating social contact and interaction, advocating for the protection of both the staff and elderly population rights and offer counselling services to all the stakeholders (Perring & Polowy, 2008, pp. 9-11).

1.2 The elderly in the Swedish context

Sweden is among the Western Nations faced with the ageing population, it has been predicted that by the year 2050, the population of the age group 65-79 will increase by 45 per cent, while the age group 80 and above will increase by 87 per cent in Sweden (Öberg
& Tornstam, 2003). With these indicators, the demand for geriatrics social workers will also increase in the near future that will have to cater for the elderly population, particularly grieving elderly. The elderly or the ageing society in the Swedish context have a life expectancy that increased by 30 years since 1900 (Öberg & Tornstam, 2003).

According to the Swedish Institute (SI, 2018), Sweden is preparing for a future where 1 in 4 Swedes will be 65 years or older. Sweden’s population is ageing therefore, the demand for quality elderly care keeps increasing. The Swedish Care International (SCI, 2018) made a prognosis which indicated that in the year 2040 there will be an increase in the older population by 23 per cent in that 1 in 4 persons in Sweden will be considered an elderly person. The high life expectancy and low birth rate contribute to Sweden’s ageing population. With such indicators, it is evident that the demand for elderly care will increase particularly geriatric social workers (SCI, 2018).

Family and friends related to the elderly in Sweden are able to obtain information about care services for the elderly. This can either be through the municipality or via seniorval (senior/elderly choice) which is the largest Swedish web service that offers information about services and cares for the elderly in Sweden. Geriatric case officers in Sweden work with social services in all municipalities around Sweden. Case officers in Sweden are commonly known as biståndshandläggare. A case officer (geriatric case officer) working in the elderly department is responsible for elderly care cases in the municipality. Their work duties include; giving information about municipal elderly care, assess service-users’ needs and receive elderly care applications and make decisions on the kind of support an elderly service user is entitled to (Seniorval, 2019).

1.3 Motivation
The problem formulation and applied research usually start as an interest in a specific situation or personal interest/experience (Grinnell, 2001, pp. 84-85). This study was inspired by both authors’ experiences working within the health-care services specializing in elderly care. From the observations made during our work placement in elderly care, it was noticeable that there was more emphasis on the general well-being of the elderly service users while little concern on the service providers and direct workers for the elderly clients, especially when attending to grieving elderly service users. An observation that was also stressed by George (1987) who revealed that the well-being of
primary caregivers is often ignored whereby more attention is given to the elderly service users (Chappel & Novak, 1994, p. 299).

1.4 Essay disposition
This study was conducted in a structured procedure. The first section which is the introduction and background presented geriatric social work in both International and Swedish contexts as well as the motivation of the essay. The previous research section which is the third section of this study introduced earlier studies related to our research interest. The fourth section which is the theoretical framework section, discussed the theories specifically the work/family border theory and the spillover theory that were applied throughout the study. The fifth part, that is the methodological section outlined the research design, sampling method, data collection processes, mode of procedures, analysis method, ethical standpoints as well as the limitations of the study. In the result and analysis section, findings were presented and analysed according to the data collected. The seventh part which is the discussion section dispensed the summary of the findings gathered in line with the study’s aim and research questions. This section also presented recommendations for further research in our research topic. References used in this study were listed and relevant appendices summed up the paper. Adede and Ayobami worked as a team throughout the research process.

2. AIM AND RESEARCH QUESTIONS

2.1 Aim
The aim of this study is to explore the experiences of geriatric social workers working with grieving elderly clients in social services regarding how they perceive their preparation from the education, which emotions and reactions they experience and how they perceive their professional role.

2.2 Research questions according to interviewees:
• According to interviewees, to what extent does the social work education prepare the geriatric case officers on how to work with grieving elderly?
• What emotions and reactions do the geriatric case officers experience when working with grieving elderly clients and how do they cope with them?
• How do the social workers describe their professional role?
• Which effects on their emotional well-being is described by the case officers?
3. PREVIOUS RESEARCH

For comprehension purposes regarding geriatric social workers experiences working with grieving elderly clients in social services, twelve earlier studies were utilized. These previous studies provided the foundation for this study in understanding the experiences of social workers working with elderly service users. The twelve previous studies will be presented in two separate sub-headings highlighting their relevancy to the four research questions of this study.

3.1 Geriatric Social Work Education

Milne et al. (2014) study’s focus was on the importance of the care provided to the elderly and also the introduction of gerontological social work courses into both the Bachelor’s and Master’s levels in social work programmes at the universities. The emphasis on geriatric social work training in their study was linked to effectiveness of providing care to the elderly. The authors felt that many social work students who started working in elderly care lacked competency when it came to delivering services to the older population. Milne et al. (2014) study was relevant to our study’s research question 1 which sought to find out the education capacity of social workers working with elderly clients particularly grieving ones.

Holosko’s (2017) study; Can social work education keep up to the demand of geriatric social work also found out that new social work professionals were incompetent when working with the elderly. This was because of the few faculties in the universities that offered gerontological social work as well as insufficient knowledge from professors in geriatric. Lee and Waites (2008) study; Infusing ageing content across the curriculum: Innovations in Baccalaureate Social Work Education discussed how baccalaureate social work (BSW) students lacked ageing content knowledge and also the BSW students requested the introduction of gerontology studies in the curriculum to enable them work effectively in elderly care. Hooyman and Tompkins (2005) research; Transforming social work education discussed how there has been an increase of social work educators in gerontological studies which showed progression compared to past years where there was lack of geriatric studies. Their study also highlighted low student participation in gerontological courses which made it difficult for social work educators to promote geriatric studies. Foster and Beddoe’s (2012) research examined health social workers skill base with regards to working with older people. The study also explained that social
workers inclusion into primary care would be more effective in the development of skill base. Keefe et al. (2009) study aimed to pinpoint from nurses and primary care physician’s perspectives on the challenges faced when providing healthcare to older adults as well as the benefit of integrating social workers into primary care teams. Their findings revealed the lack of strong evidence that supports the benefit of using social workers in primary care, which was also a major barrier in the widespread use of social workers in primary care.

Ray et al. (2014) research on *Gerontological Social work: Reflections on its Role, Purpose and Value* aimed to recognize the importance of social workers in the field of elderly care to take up roles that will permit them deliver services to elderly service-users. Creation of bonds with elderly clients to discover their social and individual needs was also mentioned.

**3.2 Geriatric Social Workers Emotions and Reactions**

Marcella and Kelley (2014) conducted a qualitative study titled; *Death is Part of the Job in Long-Term Care Homes* (LTC). Their study explored direct workers experiences of loss and grief with regards to elderly residents’ death. The study’s focus was on the kind of support staff needed at the work place to assist them handle grief and loss when elderly clients pass on. In their findings they discovered that the staff lacked sufficient training that prepared them for loss and grief. Most of the staff experienced different types of emotional reactions with ‘self’ whenever they encountered grief and loss. It was also reported that death was hidden within the LTC culture, peer support that helped them cope with work related stress and the lack of control over death.

Huang et al. (2019) study; *Who Will Care for the Caregivers? Increased Needs When Caring for Frail Older Adults with Cancer* debated on how service providers faced challenges when attending to elderly clients with cancer. They discussed how caregivers physical and emotional health is often impaired when delivering services to the elderly clients with cancer. Åström (1990) study explored different attitudes and burnout among staffs in geriatric and psycho-geriatric care. The quantitative study revealed different experiences, attitudes and reactions among staffs who work with elderly clients with severe dementia. The staff reported burnout and fatigue when working in somatic long-term care and psycho-geriatric care.
Szebehely, Stranz and Strandell (2017) research ‘Vem ska arbeta i framtidens äldreomsorg? Which means who will work in the elderly care in the future? discussed how service providers working conditions and their emotional needs are usually ignored. The research also explained how ongoing social policy and organizational changes impact care-givers working conditions. In their study, the participants mentioned the importance of having a good work environment that would enable care-givers deliver the required services to the elderly clients.

Gustafsson and Szebehely (2009) study discussed how New Public Management (NPM) can have an effect on the care given to elderly service users in Sweden. The study had a focus on quality, efficacy, working conditions and democratic control. The research also sought to assess the working environments of direct workers in elderly care. From the assessments carried out, staffs revealed both positive and negative experiences at their work places. The positive experiences included varying sufficient work, interesting and positive contact with supervisors. The negative experiences included heavy workload, physical and emotional exhaustion in both residential and home-base care.

3.3 Connection of Earlier Studies to this Essay
The seven earlier studies presented in section 3.1 were relevant to the first research question of this study that sought to find out the education capacity of geriatric social workers working with elderly clients, particularly the grieving ones. The five previous studies discussed in section 3.2 were in connection to the second, third and fourth research questions of this study. As seen from the twelve earlier research studies, it was clear that the chosen previous studies had similar or close connection to our study’s research questions. Some of the previous research also had direct link to the issues investigated in our essay. Having that in mind, we decided to use the chosen earlier studies to be able to understand the experiences of service providers in elderly care. Though most of the articles explored the experiences of direct care-givers who were mostly nurses and physicians, our study focused on geriatric social workers experiences working in elderly care as well as their education capacity on how to work with grief and loss in elderly care.
4. THEORETICAL FRAMEWORK

The work/family border theory and spillover theory were used to describe the connection and the various features of the relationship between work, personal and family life of working professionals (Grzywacz & Carlson, 2007). In the case of this study, these two theories will highlight the connection between work, personal and family life of the geriatric case officers.

4.1 Work/Family border Theory

Work/family border theory was developed by Clark (2000) under the mentorship of a qualitative methodology expert. She decided to establish the work/family border theory after finding existing information on work and family conflict dissatisfying. This theory was built from her own experiences and other individuals experiences who tried to find a balance between their personal life, family, education and work. Work/family border theory together with the boundary theory are the two foundational theories of work-life balance theory that try to describe the various aspects of the relationship between work, personal and family life. These two central theories examine role conflicts and its general effect on work-life balance. Work life balance can be described as a well-balanced and holistic combination of work and non-work private life (Clark, 2000).

There are several aspects of an individual’s life that can intrude with work which include; personal life, family, leisure and well-being. Work-life balance entails several directions whereby work can interfere with private life and private life can obstruct work also. The work-life balance theory addresses how an individual sets a balance between work and other aspects that are not work related such as personal/private life, family and leisure (Greenhaus & Powell, 2006). Work/family border theory was designed to reform the gaps and criticisms of earlier theories on work and family. It is a theory that describes how professionals can negotiate and manage the work and family spheres as well as the borders between them in order to achieve balance. Focal to this theory is the notion that ‘work’ and ‘family’ comprise of different domains which influence each other. Work/family border model defines people as border-crossers who make frequent transitions between their focus, goals and work to fit into each other (Clark, 2000).

The work/family border theory has several concepts which include: domains, borders, border-crossers and border-keepers. Domains refer to ‘work’ and ‘home’, these two
systems are differentiated by behaviours, patterns and rules. The home domain consists of personal happiness and close relationships while the work domain involves achievements and means of providing income. The home and work domain hence have purposes and a culture whereby each sphere is determined by location and time. The two systems which is home and work, vary also by differences in valued ends and differences in valued means. Culture in the home and work sphere is defined by a set of rules and means of what means and rules should be prioritized. Borders in this theory’s context refer to lines and limits between the home and work domain. They can either be physical, psychological and temporal (Clark, 2000).

Psychological borders are defined by rules formed by individuals who determine which emotions, thinking patterns and behaviour patterns are suitable for the two domains. Physical borders are defined by walls of the workplace and the walls of the home which determine where domain-related functioning occurs. Temporal borders are measured by division of time in both the home and work domain. Border-crossers in this theory’s context can be described as working individuals who play a part in altering borders and domains to suit their needs. Border-keepers can be described as working individuals who strongly define the border and domain. An example of border-keepers at work are supervisors while border-keepers at home are usually spouses. It can therefore be said that border-keepers observe domains and borders cautiously than border-crossers who lack the flexibility of handling demands (Clark, 2000).

This theory tries to affirm that ‘work’ and ‘home’ are two distinct domains that individuals have related to different rules, behaviours and patterns. This means that differences between work and home can be distinguished by levels of accomplishment in these two spheres. Work provides income and a sense of achievement while home life is all about realizing personal happiness and close relationships. Therefore, this model aims to affirm borders between work and home spheres as well as the border-keepers and the border-crossers between work and home domains. It is therefore of great importance for working individuals to distinguish to some extent the nature of the work and home spheres, the borders and bridges between them to establish a desired balance. For that reason, ‘balance’ can be termed as satisfaction and worthy functioning at work and at home with a minimum role conflict (Clark, 2000).
4.2 The Spillover Theory

The spillover theory is one of the several theories of Work Life Balance (Xu, 2009). It explains the relationship between work and family with regards to feelings, emotions, attitudes, behaviours and skills developed at work into their personal or family life and vice versa. Spillover can be viewed in two dimensions that is positive and negative. Positive spillover refers to the fact that accomplishment and satisfaction in one domain may bring along achievement and fulfilment in another domain. Negative spillover means that distress and problems in one domain can bring along the same emotions into another domain (Xu, 2009).

Edwards and Rothbard (2000) also explain that there are two interpretations of the spillover theory which are; the positive relationship between work fulfilment, work values and life. The other interpretation is the shift of whole behaviours and ability between domains. For example, when work-related stress is felt at home or when personal/family demands obstruct with work demands.

The spillover theory accredits that both systems that are work and home may have spillover effects onto each other. This means that excess work can have an impact on family/personal life while experiences gained from the family sphere can have an effect on work too. Madsen (2006) states that experiences emerging from spillover can present themselves as either positive or negative. These experiences range from moods, values, skills and behaviours which can manifest from one role to another. Hence the spillover model explains that work-related stress can manifest at home while the family life demands intrude work domain. Therefore, findings reveal that working individuals are more likely to carry along their work-related emotions into the home sphere than they were to bring family-related emotions at workplaces (Madsen, 2006).

The reason why the work/family border theory and spillover theory was employed in this study, was to recognize the balance between the work-life and personal life of geriatric case officers. The spillover theory recognises that the home and work domain can have a spillover having an effect on each other. The work/family border theory explains how working individuals can achieve a balance between the work and family spheres by observing the borders between them. The combination of these two theories will help the authors of this study to analyse how work-related experiences interact with
family/personal life experiences of geriatric case officers. It will also make it feasible for us to understand how geriatric social workers can attain a balance between work and family/private life.
5. METHODOLOGY

5.1 Research Design
When conducting a qualitative research study, it usually begins with general research questions. A qualitative study seeks to gain deeper knowledge about certain cases instead of seeking understanding of several cases or people. The research design of this study was a case study. A case study is a significant qualitative research design in that a case can either be an organization, a group, a person or a phenomenon. Case studies are feasible to ask descriptive, exploratory or explanatory level research questions (Grinnell, 2001).

5.2 Sample
In this qualitative exploratory study, geriatric case officers were the selected samples. A case study design which falls under flexible designs has the advantage of being conducted by various qualitative research methods and can also be used for a wide range of research purposes and cases. We the authors of this study were also aware of its limitations one of it being credibility issues and challenges (Robson, 2014).

The sampling participants mentioned above fall under the non-probability sample design of purposive sampling. Purposive sampling produces substantial data, especially when applied within qualitative research studies. This non-probability sampling method is purposely designed to extract possible research participants (Grinnell, 2011).

5.3 Data collection
Data collection was carried out through interviews. Thematic analysis was applied to analyse the gathered data. The research design of this study being a case study, produced results that were thick and descriptive relating to the experiences of the selected samples.
It also produced an in-depth description of experiences of the geriatric case officers that work with grieving elderly clients within social services.

5.4 Mode of procedure
Two different elderly care departments within social services were contacted for interview purposes. The authors contacted two geriatric case officers from each of the two different elderly departments to be part of the study. This sums up a total of four participants gathered from the two elderly care departments, this was done to gain a holistic understanding of the area of research interest. A series of semi-structured interviews were conducted including three face-to-face and one telephone interviews. Face to face interviews involved verbal and physical contacts in that we asked questions directly to the interviewees. The telephone interviews conducted were semi-personal, it involved the use of a telecommunication device that was utilized to carry out the interview process. One of the participants requested a telephone interview because of distance. According to Frankfort-Nachmias et al. (2015) telephone interviews yield substantial results and they are cost effective as well. Follow up questions and open-ended questions were carried out as well as an audio recording of the whole interview process.

5.5 Interviews
The interviews were guided by semi-structured questions as well as follow up questions. We adopted an approach known as funnel-shaped interviews. This approach allows an interviewer to briefly explain the interview’s purpose, the topic of the study and ask if the sound recorder might be utilized to the research participants. The interviewees are asked if they had any questions before the interview commence (Kvale & Brinkmann, 2015).

5.6 Literature search
The University of Gävle library databases were extensively utilized when searching for literature, scholarly books and materials that were useful in the study. Google scholar and SocIndex were of great help in finding articles and journals that were directly or closely related to the authors’ research area. Current published literature in both Swedish and international context were searched for. Although the process of finding direct scholarly materials related to the study’s area was quite a challenge, search words like social work, globally older population, Gerontology social work, geriatric social work, older population, social work education, loss and dying in elderly care, elderly care in Sweden,
5.7 Method of data analysis

The data collected were analysed using a thematic analysis. Thematic analysis is defined as an analysing method used in identifying, analysing and reporting themes or patterns within data. It also organises and outlines the data set in an extensive manner. The authors’ chose thematic analysis because of its adaptable nature, adaptable meaning that it can be applied within various theoretical frameworks. Thematic analysis has the advantage of being flexible to use, the authors were also aware of its disadvantage in that it makes it difficult for a researcher to have a focus on specific details of their data. It can also be complex if an existing theoretical framework is not applied (Braun & Clarke, 2008, p. 79-97).

The six phases of thematic analysis were applied to the collected data during the analysis process. Those six phases include; familiarizing oneself with data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report (Braun & Clarke, 2008). A computer software known as ATLAS.ti cloud was used to help in the analysis process. The participants of this research study were respectively named Informant 1, Informant 2, Informant 3 and Informant 4. This was done for anonymity purposes and in accordance with the consent letter.

When the data collection process was completed, ATLAS.ti cloud was used to ease the analysis process. As mentioned by Braun and Clarke (2008) the analysis process can be very time consuming and difficult if a novice researcher doesn’t have the proficiency in it. ATLAS.ti cloud helped in the storage, coding, sorting, comparing and connecting data. The authors chose to use computer software over the old method of coding manually which can be monotonous. ATLAS.ti cloud helped in the sorting out of data as well as speeding up the coding process (Patton, 2015, pp. 528-529).

Total of four interviews were conducted, two in English and two in Swedish. Both authors have good knowledge of Swedish language, therefore translating the responses from the Swedish language to English was not a huge task. The interview responses were transcribed into texts and we also tried to apply epistemological assumptions such as the role of social workers in palliative care, social work with older adults were terminologies used to extract academic materials relevant and useful to this study.
hermeneutic and the hermeneutic circle that allowed us to become reflexive (Collier, 2005, as cited in Neuman, 2014, pp. 93-108).

The entire research process was conducted without any knowledge about the participants’ background, work experiences or their perceptions. Since this study utilized thematic analysis, an already existing theoretical framework was employed. Thematic analysis requires an existing theoretical framework to reduce difficulties in the analysis process (Braun & Clarke, 2008). Data was also reviewed multiple times with rigour to ensure clarity and to avoid any possible bias.

The epistemological assumptions of hermeneutics and the hermeneutic circle was utilized for the purpose of interpreting texts and explaining various kinds of meaning gathered during the qualitative interviews as well as observing the questions posed to a text (Alvesson & Sköldberg, 2009). In this study, hermeneutics was used in the interpretations of data gathered. It allowed the authors of this study to establish the true meaning of texts through detailed review and study of the collected data. The hermeneutics circle also allowed the authors of this study to review and understand data from the whole and the whole only from the parts (Alvesson & Sköldberg, 2009, pp. 91-92).

5.8 Tools of analysis
Tools for analysis employed in this study included computer software for qualitative data analysis known as ATLAS.ti cloud. ATLAS.ti is an effective workbench for analysis of sizeable sets of textual, video, audio and graphical data. It assists in extraction, exploring, comparison and management of data within texts that are important for analysis (ATLAS.ti, 2019). The use of thematic maps for displaying themes was also utilized.

5.9 Ethical considerations
Ethical considerations can be described as a collection of values, morals and principles that address questions of what is wrong or right in people (Neuman, 2014). The Swedish Research Council (SRC) has four key ethical requirements for social scientific research. These requirements are; requirements for information, data use for research, confidentiality and consent. These ethical demands were followed and applied in this research process, whereby the participants were briefed in the letter consent and before interviews commenced (SRC, 2017). These four disciplines of ethical guidelines were
applied throughout the research process and were also in alignment with Kvale and Brinkmann’s (2015) ethical guidelines. Those guidelines included informed consent, confidentiality, consequences and the role of the researcher. The informed consent involved giving information to the study participants about the general purpose of the inquiry and its design. It also briefed the participants of any benefit or risk as well as their right to either accept or decline their voluntary participation. All the participants that took part in this study remained anonymous and were issued an informed consent about the purpose and procedure of the research project (Kvale & Brinkmann, 2015).

Confidentiality simply means agreeing with participant about data gathered from their participation. A preferred written agreement was available to all the participants that served as protection for both researchers and participants, therefore enhancing confidentiality. Consequences on the other hand relates to the possible harm on participants or awaiting benefits from their participation in the study. The participants requested a copy of the research after completion. The role of the researcher entails how a researcher presents him/herself observing morals, integrity, sensitivity, empathy and commitment to moral action and issues. We were committed and observed our roles as researchers when conducting the interviews. The four disciplines of ethical guidelines were observed throughout this study which acted as a framework of ethical protocol for a qualitative study. They reminded we the authors of this study what to watch out for in practice when conducting interview research (Kvale & Brinkmann, 2015, pp. 91-93).

5.10 Credibility

Lincoln and Guba (1985) describe credibility as the degree to which a researcher can defend whatever data collection method used and show that the data of enquiry do represent appropriately the phenomena those data represent. We established credibility in this study through the process of reflexivity. We did a critical self-reflection by putting aside our own preferences, judgements, biases and preconceptions. This research was conducted without any prior assumptions of what the results would be. We were aware that preconceptions and self-conceptual lens might affect the entire study. The transferability criterion was also utilized to verify credibility. Transferability based on Lincoln and Guba (1985) refers to the degree in which the results of qualitative research can be transferred to other contexts with other respondents. In this study, the data process and results were presented describing not just the behaviour and experiences, but their
context as well. By doing so the behaviour and experiences become meaningful to the reader (Korstjens & Moser, 2017).

5.11 Reliability

D’Cruz and Jones (2014) defines reliability as a test of good research which can be replicated by a research process (p. 68). In qualitative it is not feasible to reproduce social phenomena because of the social settings and its surrounding environment. This means that even if the same participants of this study were to be used later or in the future to carry out a similar study, the chances of obtaining similar responses from them are very slim. It can be that the participants have reviewed some issues that might have arisen during the initial research process prompting them to changes and further development. To ensure that this study was not manipulated, the authors of this study enhanced reliability by outlining and reflecting the entire research procedures in a transparent manner (Carcary, 2015). We collectively cross-checked data analysis, interviews and transcriptions with rigour to avoid inconsistencies.

5.12 Validity

Validity refers to whether or not something actually measures what it claims to measure (Robson, 2014, p. 56). There is internal validity and external validity. Internal validity refers to the degree to which concepts are measured correctly and these same concepts studied are actually measured. External validity refers to the degree in which the answers to questions provided by the sample participants can be generalized to the larger population. For external validity to be achieved, Grinnell (2001) recommends researchers to always clearly state their study’s purpose as well as ask only relevant questions. He further stated that researchers should avoid sensitive questions and socially desirable responses (pp. 183-186).

To enhance internal validity in this study, the research questions were sent to the participants beforehand upon their request to prepare them to answer the questions accordingly. Semi-structured and follow up questions were presented to the research participants and they all acknowledged to understand the questions asked. The entire interview process was audio-recorded to ensure that the information gathered were correct and referral purposes.
5.13 Generalizability

Generalizability is the ability to draw conclusions about a wider population based on the findings of a study’s sample. It is commonly used in quantitative studies where the use of statistical techniques to select samples reflects on the wider population (D’Cruz & Jones, 2014). In this study it was not possible to generalise the results to a wider population, this is because the sample of this study did not represent the wider community. Loh (2013) mentions that the generalizability of qualitative studies is usually not a predictable aspect.

5.14 Limitations

The main limitation of this study was that one of the participants got emotional at some point during the interview. The participant avoided one question which seemed to have brought back sad memories, the question was about the meaning of grief and loss. Unfortunately, that interview did not last to the expected time and had to be cut short.
6. RESULTS AND ANALYSIS
A total of four participants who were case officers all with social work degrees partook in the study. These case officers are employed by the social services in different municipalities within Mid-Sweden. The participants had social work experiences ranging from 3 to 30 years. We found out that the participants work experiences was particularly in elderly care. The four geriatric case officers worked with elderly service users who either lived in their private homes or in hospitals.

The participants gave an account of their work duties that involved assessments, investigations, planning, decision making, fieldwork visits and giving information. These work duties are usually carried out after an elderly service user, relatives or concerned citizens contact the social services for assistance. Other work responsibilities included professional teamwork, support to the elderly clients and their families as well as the allocation of resources. Codes were generated from the data collected to search for patterns with meaning. The themes and sub-themes were in accordance with the aim, research questions and the interview questions together with the responses. An example of the themes and sub-themes formed are illustrated below:
6.1 Figure 1.1 Initial thematic map presenting the four main themes

It is important to mention that the six phases of thematic analysis outlined in the methodology section 5.7 were applied when searching for themes and during the coding process. The initial thematic map was reviewed to determine if the initial themes were in alignment with the research questions. The refinement process revealed how several sub-themes disintegrated into the four research questions of this study.

The four research questions were presented as the main themes which were lucidly presented and participants responses were also quoted. Data extracts were embedded in each discussed theme. When describing these themes in details, their sub-themes were also included and discussed for the purpose of displaying structure to complex and particularly large themes. This is because sub-themes validate the order of meaning within the data (Braun & Clarke, 2008).
6.2 Theme 1: To what extent does the social work education prepare the geriatric case officers on how to work with grieving elderly?

6.2.1 Importance of Education
The participants in this study signified the importance of having a social work educational background and knowledge of the Swedish law to be able to work in elderly care services. Three out of the four participants talked about the importance of social work degree as being professional to be able to work in elderly care and social services. The social work degree is offered at the university nationwide and it runs for either 3 years or 3.5 years. The 3.5 years social work program has Swedish law courses, informant 3 mentioned that “Usually one must have a social work degree to be able to work with the elderly care department in the social services”. Swedish law knowledge and education seemed to be a major requirement for social workers aspiring to work or are already working in elderly care services. The Swedish law serves as a guide for the geriatric case officers on how to work in a lawful and professional manner.

When the participants were asked whether the social work education, they received prepared them to work with grief and loss, informant 1, 2 and 3 admitted that it was insufficient. Informant 3 recalled by saying that lectures about grief and loss were briefly touched upon by lecturers, therefore there was lack of in-depth knowledge about the subject “I don’t think so, loss and grief were taught on a bigger picture but not taught extensively” (Informant 3). Informant 2 learnt how to work with grief and loss during work placement but admitted that the social work education received did not facilitate working with grief and loss. Informant 4 received social work education from the United States of America (USA) which was sufficient and helped in working especially with grief and loss. This same participant has long work experience with trauma and abused children which served as a complementary:

I have worked as a case officer since 2008, it is more than 11 years now since I graduated and got my social work degree in 2001. Before working as a case officer, I was a nursing assistant in the elderly care department and it was from there I knew how to work with grief and loss. (Informant 2)

I have a social work degree from the USA and complimentary social work courses that I did in Sweden. I feel like I’m lucky because I have two different ways to look at things. My education background I acquired from the USA prepared me to work with grief and loss. (Informant 4)
6.2.2 Analysis of importance of education

Most of the participants reported cases of shock and fear during the first-time encounter with grief, loss and death. The participants also mentioned that the social work education they received did not prepare them to work effectively with grief and loss. In the case of this study, the geriatric case officers lack the competency of working with grief and loss. Clark (2000) states that for working individuals to achieve a sense of accomplishment in both the home and work domain, professionals should realize their duties in the two spheres to attain a balance. From the work/family border theoretical view, the social workers working with grieving elderly clients faced challenges that made them unable to distinguish a border between their work and home domain. That is why at some point they carried work-related burden to their homes and private lives. They can therefore be termed as border crossers between the two spheres (Clark, 2000).

6.3 Theme 2: Emotions and Reactions of social workers and how they cope with feelings of grief and loss

6.3.1 Perceptions of grief and loss

In connection to the second research question, different emotions and reactions were experienced by the participants. The participants reported that grief and loss are individualised depending on one’s background and situation. The four participants also admitted that grief and loss vary, each individual perceives grief and loss differently. Informant 4 said grief and loss is personal and can have a different meaning depending on the given context by saying “For me, grief is when you lose something or a person that you cherish, it can be in different ways.” Informant 1 and 3 explained that grief and loss can sometimes mean self-grief. For example, some elderly service users who have been diagnosed with cancer perceive it as self-grief and loss in that context. These elderly clients assume loss/death while alive due to the doctor’s report about their diagnosis of a life limiting illness. The response from informant 2 revealed that grief and loss vary from one individual to another by stating “When talking about grief and loss, I think it is all about the individual perception, it varies.” Informant 1 spoke of grief and loss as a hard to accept natural occurrence that must be eventually accepted while informant 3 also explained explicitly how an elderly client can be in a state of self-grief:
It is hard to accept even though we all know that one day we are all going to die. It is natural to grief, we are human beings, therefore, grieving or mourning is a natural process one must undergo...but after some time, the elderly clients must accept their loss or what makes them be in a grieving mood. (Informant 1)

I have met elderly clients who just found out that they are going to die of cancer within 2 months, these clients are always in a grieving state. They are in a sensitive state, self-grief so to say because they already see themselves dead. (Informant 3)

All the informants acknowledged that frequent meetings with grieving elderly clients was exhausting and demanding. They further stated that those encounters sometimes interfered with their personal lives. Informant 1 explained by saying “When I first started, I used to carry the work burden with me at home and it affected my personal life too.” The participants admitted being affected personally and emotionally when they had to work with grieving elderly.

6.3.2 Analysis of perceptions of grief and loss

The social workers admitted that during their grief and loss course at the University, they assumed that grief and loss was all about losing a loved one to death. The assumption changed as they advanced into their academics and went into field practice. A new meaning of what grief and loss meant when working with elderly clients was revealed in this study. Most elderly clients that grieved were the ones diagnosed with life-limiting illnesses. This type of grieving was referred to as “self-grief” by the case officers. Working with grieving elderly clients seemed to be a challenge for the geriatric social workers. It affected them and most of the social workers allowed their work-related stress intrude their personal lives. In the case of these geriatric social workers, negative spillover was manifested. This mean that the problems, challenges and distress in their work domain was carried along into their private lives/home domain. From spillover theoretical view, we see that the experiences of the participants emerging from spillover were negative (Madsen, 2006).

6.4 Theme 3: How do social workers describe their professional role?

6.4.1 Professionalism and professional teamwork

The participants confirmed professionalism and professional teamwork as division of labour, positive work environment, and journal keeping which were all acknowledged by the participants as professional teamwork. Informant 2 described problem sharing
and problem-solving as professional teamwork by saying “It is very important to be in the midst of supportive work colleagues otherwise the workload becomes tough and heavy.” This gives an impression of a positive work environment and division of labour when problems are being shared and solved collectively. Informant 4 revealed that they normally discuss amongst themselves whenever difficult cases arose. Informant 2 spoke about a method they use in their weekly meetings to be able to solve demanding cases with some elderly clients. Informant 3 also spoke of how consulting other work colleagues about difficult cases eases work pressure:

We have a method known as case drawing. In this case drawing, we go through cases we think are difficult with other work colleagues. We try to resolve and make decisions on those cases collectively. (Informant 2)

It is very important to mention that we all talk to each other in our workplace whenever we have difficult cases. That is what keep us going, it is also vital for our mental stability as well. Being open to each other has helped us a lot. (Informant 3)

Municipalities taking up some roles and journal keeping was also described as division of labour by the participants. Informant 1 spoke of how the municipality assisted in the allocation of services and resources to the elderly clients in need of assistance. The geriatric case officers affirmed that they were not in the position of delivering support and counselling services to the elderly clients and their family members instead they referred them to the municipality. Informant 1 said “I am not obliged to offer counselling and support services but I can direct the elderly service users to a department in the municipality that can deliver those services.” The municipality has a department where the elderly clients and their family members can have access to information on how to receive support and counselling services, this is what informant 3 said:

We the case officers, the health centre and the hospital have like communication means in the computer system where the elderly clients in need of help are registered. In this computer system, we are able to communicate with each other about these elderly clients on why they are there, what are they going to do, what the doctors are saying about them and so on. Therefore, we have brief information about each client’s situation, contact them directly or via telephone. (Informant 3)

6.4.2 Analysis of professionalism and professional team work

From the responses of the participants, teamwork seemed to mean an interpersonal process which comprised of work colleagues and other professionals who often worked closely together. They seemed to have an organizational culture in their workplace
whereby they worked together by finding solutions to difficult cases, problem sharing/problem solving and consulting other institutions that are related in the field. The work/family border theory highlights that the home and work system have a ‘culture.’ The work culture can be described as responsible and capable while the home culture is seen as loving and giving. When this ‘culture’ is attained in both domains, a professional is bound to deliver in both spheres as well as finding balance. With regards to this study, the geriatric case officers seemed to also have a work culture in that they worked responsibly as a team within themselves and other institutions. From the work/family border theory point of view, it can be said that these social workers observed cultures in their two domains and that is why they have the capacity to work as a team amongst themselves in their different workplaces. If the ‘culture’ between the two spheres is not observed, there is likelihood of conflicts between the two systems which are the home and work system (Clark, 2000).

6.4.3 Geriatric social workers professional role

Their professional role was widely spoken about by all the participants. The professional role also relates to the third research question in that the participants mentioned the importance of professionalism in most situations with regards to working with elderly clients. Depending on the situation case officers found themselves in, they acted according to the situation in a professional way. Informant 1 said “In this our work, it is like a theatre/play, even though one is not in the mood one has to play along.” The participants explained how one has to be empathetic in the elderly care, informant 2 stated by saying “You have to put yourself in their shoes, try to understand them and be compassionate.” The acting role applied to both happy and sad moments for professionalism purposes. It was also described as a drawback in that the participants are obliged to act as per the situation, they find themselves in with the elderly clients. Informant 4 talked about acting professionally in whatever situation a case officer meets an elderly client. It can either be a happy or sad mood. Informant 3 described how the professional role can be displayed in a professional way:

I always have it in mind that I need to be professional when I am with my clients. Sometimes the news these elderly clients get from the doctors are so heart-breaking, if I was not a social worker and I am around them I would act differently. It is not appropriate for me to openly express my feelings whether good or bad. (Informant 3)
6.4.4 Analysis of the geriatric social workers professional role

From the participants perspectives, it was overwhelming when it came to the relationship between how an individual feel and the feelings expected to be presented at work places. According to Xu (2009), the spillover theory describes the relationship between work and personal life of a working individual with regards to feelings, emotions and behaviours developed at work into their private lives. The geriatric case officers in this study disclosed that they always acted in whatever situation they found themselves in with the elderly clients. This acting role they adopted reflected balance, empathy as well as their professional role in delivering services. Spillover theory helps in realising how the geriatric social workers kept a balance between their work and emotions (Xu, 2009).

6.5 Theme 4: Which effects on their emotional well-being is described?

6.5.1 Positive and Negative effects on well-being

Emotional well-being was prevalent in the participants’ responses whereby emotional burden was acknowledged as a major difficulty faced by informant 1, 2 and 3 when working with grieving elderly clients. When it came to physical well-being, the participants indicated energy drain, fatigue and exhaustion while working with grieving elderly clients. The workload seemed to mount heavy demands on the geriatric case officers in that most of the participant start working as early as 07:00 and close around 17:00 during weekdays. Informant 3 stated that a single case officer can have up to 200 clients to work with while informant 4 mentioned that a single case officer can have up to 75 cases to work with. Informant 1 also narrated how working with the elderly particularly grieving elderly clients can be tough leading to physical exhaustion:

I get very tired physically because one has to always concentrate and be at their best. This can be tiring especially when one works long hours from 07:00 to 17:00, didn't get enough sleep the previous night and always thinking about work. (Informant 3)

When I was younger, I use to get so emotional when i meet with sad, depressed or grieving elderly clients. I use to carry the burden with me back home and it really affected my personal life. I still get emotionally affected but now I don’t carry those sad emotions back home. (Informant 1)

Informant 1, 3 and 4 revealed that they have access to a psychological therapist at their workplaces. They perceived it as a necessity to help ease the difficult situations they encountered while working with elderly clients. Informant 1 stated that they have access to a psychologist who offers counselling services by stating “We have counselling
services with the help of counsellors, we also have a psychologist.” The availability of counselling services and psychologists appeared helpful in easing the geriatric case officers’ stress levels and work-related burden:

A psychiatrist comes to our workplace every three months. We are 26 case officers and divided into smaller groups, each group is entitled to a 3-hour session with a psychiatrist. The psychiatrist is available for two days to be able to attend to all the groups…. for those two days, we are able to talk about hard situations affecting us at work. (Informant 3)

We are offered different counselling services and tutorials on how to engage with our clients especially clients experiencing grief and loss. A mental health counsellor visits us and engages us in counselling conversation that help us and that can also be helpful when attending to grieving clients. (Informant 4)

Informant 3 and 4 spoke of how working with grieving elderly clients can be challenging to their overall well-being, but they also perceived the heavy demands as an aspect of professional and personal development. Informant 3 mentioned that working with grieving elderly clients can sometimes be challenging but in the long run it is rewarding. This same informant further revealed that when a difficult situation is managed, one gets the feeling of accomplishment and satisfaction of a job well done. Informant 1 stated that knowing how to handle challenging situations at work helps maintain a balance between professional role and private life. Informant 4 seemed to appreciate working with the elderly knowing very well that it can be difficult and challenging at times.

I really enjoy working with the elderly…. for me, it has been positive. I always try to see it as a learning curve, of course at first you get affected then later you come back to your normal self with support from colleagues. (Informant 4)

From the four interviews conducted, physical, mental and emotional well-being were emphasised on. Informant 1,2 and 3 described their work with grieving elderly clients as a burden on their well-being. Informant 3 described feelings of fatigue and emotional breakdown when attending to grieving elderly service users by saying “I see a lot of elderly clients in bad shapes, there are a lot of times that it has such a big effect that you carry them with you.” Informant 1 and 2 stated that it could have been different to work with elderly clients who still live in their homes. They believed that the elderly clients who still live in their homes are easier to work with because they are healthier and lively.
### 6.5.2 Analysis of positive and negative effects on well-being

The geriatric case officers were aware that their work involved working closely with the older population. They also knew that working with grieving elderly service users would be certain and it could lead to burnout and workplace stress. From their accounts about their work with grieving elderly clients, they admitted to have experienced different emotions and reactions which affected them both in a negative and positive way. This emotions and reactions they had in their line of service appeared to have intruded into their private lives at some point. Positive spillover was indicated when one of the participants disclosed how rewarding and satisfying it was working with grieving elderly clients despite the challenges involved. It is clear that the participant achieved satisfaction and accomplishment in the work domain which was manifested in her private life sphere whereby feelings of fulfilments and rewards were experienced (Xu, 2009).

From the responses gathered, the reactions and emotions experienced by the geriatric social workers seemed to have reflected on their personal lives. From work/family border standpoint, the social workers were supposed to manage and negotiate their work and family spheres as well as the border between them to be able to find balance. This was not achieved initially because they allowed work stress and burnout obstruct their home domain (Clark, 2000).

According to Clark (2000), border-keepers realize and have the ability to maintain domains and borders. Border-crossers on the other hand are working individuals who constantly cross between work and family domains. In the case of this study, the geriatric case officers can be seen as both border-crossers and border keepers. They can be termed as border-crossers when they allowed their workplace burnout into their home or personal domain. They can as well be termed border-keepers when they observed and maintain borders between their home and work sphere. This is seen when they acknowledged that they acted professionally and did not allow their work stress in their personal lives. The work/family border theory in this context enables one to understand the balance needed for worthy functioning at home and work environments with a minimum role conflict (Clark, 2000).
7. DISCUSSION

Work/family border theory and spillover theory were the theoretical frameworks applied to this study. Both theories central focus is on working individuals keeping a balance between the work and home domain as well as establishing borders between them to avoid role conflicts. Having that in mind, the findings collected through interviews with these four geriatric social workers who work with grieving elderly in social services, unveiled that working with the elderly clients particularly the grieving ones, can either have positive or negative impacts on the well-being of the service provider with regards to emotions and reactions. The results also revealed that these geriatric case officers perceived that their education was insufficient for them to allow them to work with grief and loss. The focus therefore was based on the two findings.

7.1 Results relation to the aim

The research questions of this study sought to investigate the extent to which these geriatric officers regarded their social work education and whether it prepared them to work with grieving elderly clients, description of their professional role and effects on their emotional well-being. Also, the challenges they encounter while working with this same group was explored. Initially, this study produced several themes and sub-themes, whereby the four research questions were used as the main themes.

Under the theme 3 in section 6.4, the responses provided by the participants made us understand that a positive work environment, division of labour, social work education and teamwork are all equivalent to being professional. Having a team of helpful and supportive co-workers according to the participants increased work productivity, job satisfaction and reduced workload. This can be considered as part of the positive experiences of the geriatric case officers working with the elderly clients. A day in the field can be stressful but having it at the back of the mind that supportive work colleagues are available gave the geriatric case officers a calm and positive feeling. Different emotions and reactions were spoken of by the participants and they admitted that working with grieving elderly clients can have both positive and negative impacts on their well-being. These geriatric case officers working with grieving elderly clients experienced different emotions and reactions such as sadness, depression, emotional burden, fear, shock and physical exhaustion. These are some of the negative experiences
they described that they had whenever they worked with grieving elderly clients. As the social workers met with grieving elderly clients quite often, grieving was described as a challenging process which they were aware of. When they found themselves in those difficult situations, they described that they had to find a way to work despite the negative energy. Being able to stand those tough times enabled them to develop professionally. Although the negative experiences were more prevalent than the positive ones, having the ability to learn and adapt from an elderly client grieving state was part of the positive experience that helped the case officers develop professionally in all aspects. That relates to this study’s aim of exploring the experiences of geriatric officers working with grieving elderly clients.

**Grief and loss** were prevalent in that the interviewees admitted that grief and loss are individualised depending on one’s background. The authors of this study understood loss as the death of a beloved while grief as a process of mourning a beloved lost to death. During the data collection process, the term ‘self-grief’ was frequently mentioned by the participants. Self-grief seemed to mean that either the service provider is grieving personally because of the situation of the elderly client or the elderly service user grieving after been diagnosed with an illness. Self-grief brought different reactions of sadness, depression, fear and emotional break down on both the geriatric case officers and the elderly clients. The sad feelings that came with self-grief were described as having negative effects on them which sometimes interfered with their personal and family life.

Working in elderly care, one is certain to encounter grief and loss cases and the negative experiences as well as different emotions and reactions would always be there. Although some of the case officers used it as a learning platform to develop their competency in working with grief and loss, it was clear that geriatric case officers had both positive and negative experiences in their work. The natural process of grief and loss as well as accepting it was taken into account as a positive experience by the geriatric case officers. This meant that it was fulfilling for the geriatric case officers to understand that grieving is a natural process and accepting it is part of the natural order. It was also an accomplishment when the elderly clients accepted their fate and came to terms with reality, this was a welcomed idea by the participants. It enabled them to advance in their area of expertise which is elderly care. **Theme 2** hence revealed negative and positive
experiences of the geriatric social workers which relates to the aim and research questions of this study.

**7.2 Similarities to previous research**

Twelve previous studies were used in this study. Our major findings revealed different emotions and reactions which were both positive and negative. The geriatric case officers interviewed in the present study mentioned different emotions and reactions whenever they worked with grieving elderly clients. Insufficient education in the area of loss and grief was also revealed. Huang et al. (2019) findings related to our findings when participants in their study mentioned physical and emotional exhaustion when attending to elderly clients with cancer. In this study, the geriatric case officers affirmed physical and emotional exhaustion whenever they worked with grieving elderly clients. Lee and Waites (2008) findings revealed that participants requested inclusion and introduction of gerontology studies in the BSW curriculum to enable them deliver effectively in the field. Their results corresponded with our findings whereby the participants of our study mentioned the need for ageing studies to be extensively taught to enable social work students understand how to work effectively in elderly care.

Âström’s (1990) study revealed different attitudes and burnout among staffs in geriatric and psychogeriatric care. Her findings also disclosed both positive and negative experiences of staffs working with severely demented elderly clients. In our findings, the geriatric case officers also had both positive and negative experiences while working with grieving elderly clients. They also experienced different burnout and attitudes when working with grieving elderly service-users.

Some of Gustafsson and Szébehely’s (2009) findings matched our results when they discussed assessments carried out in their study. Those assessments revealed both negative and positive experiences at staffs’ workplaces which included; either positive contact with supervisors or physical/emotional exhaustion. This directly shared similarities with our findings in that the participants felt positivity with the availability of peer support, teamwork and supportive co-workers. On the negativity, physical and emotional exhaustion was experienced when working with grieving elderly clients.
In Marcella and Kelley’s (2014) research, the staff lacked information and knowledge when it came to working with grief and loss. The staff had no training and during orientation, no information about loss or grief was presented to them, this made them incompetent in that context. It is similar to this study’s findings whereby the geriatric case officers felt powerless each time they had to attend to grieving clients or the ones suffering from a loss. Grief and loss were a course in the social work degree education but unfortunately, it was not well taught, therefore, they felt incapacitated to work on that area. Holosko’s (2017) study shared similarities with our study when it came to the education aspect. In our findings, the geriatric case officers had insufficient education about loss and grief. Also, in Holosko’s (2017) study social work students appeared to have received unsatisfactory education when it came to the elderly care field. In Marcella and Kelley’s (2014) research result, the staff learnt how to work and manage grief in their line of duty by observing experienced workers. That also corresponded to this study’s findings whereby the geriatric case officers learned how to work with grief and loss in the course of their service. Supportive co-workers and peer support amongst staff in Marcella and Kelley’s (2014), Gustafsson and Szebehely (2009) earlier research helped the professionals cope with work demands. This is also similar to this present study findings in that the geriatric case officers had supportive work colleagues who helped each other to ease the workload at the workplace.

To sum up Marcella and Kelley’s (2014) study result, Holosko’s (2017) earlier research findings and this study’s results, it is clear that Marcella and Kelley’s (2014) findings sought to explore the experiences of direct care workers while Holosko’s (2017) study results highlighted unsatisfactory education gerontological social work students received. Marcella and Kelley (2014) research pursued to explore the experiences of direct care staff with their grief and bereavement while this study sought to explore the experiences of geriatric case officers working with grieving elderly clients. Our study also sought to investigate to what degree the social work education prepared the social workers to work with grief and loss which also corresponded with Holosko’s (2017) findings.

7.3 Differences with previous research
As mentioned earlier, this study’s results include; social workers perception of their social work education, geriatric social workers experiences with the elderly as well as the negative and positive experiences while working with grieving elderly clients. The
findings from Milne et al. (2014) research were; Monetary investment in elder care and introduction of gerontological social work in the universities. The results of Milne et al. (2014) research were obviously different from this study’s results. There was interest in the care provided to the elderly and advocacy for more monetary investment in the elderly care sector. It was clear that their results differed from this study’s results as this study’s findings did not reveal any advocacy for monetary investment as well as the inclusion of gerontological social work in the universities.

Some of Marcella and Kelley’s (2014) results differed from this study’s findings. Their varying results were death is hidden in the long-term care and lack control over death. In this study’s result, loss and grief were openly talked about between the elderly clients, their family members and the geriatric case officers. This means that it was transparent and the social workers saw a need to talk about it to help them develop professionally in that area. Marcella and Kelley (2014) result which revealed how the staff lacked control of death, the staff were unable to discuss death or even have information of an elderly client that has passed away. They would hear about a client’s death from outside sources, but within their institution much was not said about death. In our study’s result, the geriatric case officers got to know of their elderly client situation and were able to talk about it openly which they perceived as a good idea. It helped both the service provider and service user to accept reality and move on.

Foster and Beddoe’s (2012) study focused on the concentration of social workers work placement. This study attention debated on where social workers should have their focus within the health sector particularly primary care for older population for effective provision of services. This is different from our study’s findings in that we sought the experiences of social workers working with the elderly, particularly grieving elderly. Keefe et al. (2009) study also differed from our study whereby their study discussed on whether to integrate social workers into primary care from nurses and physicians’ perspectives. It also looked at the benefits and challenges of integrating social workers into primary care.

Ray et al. (2014) study as well as Szebehely et al. (2017) research were dissimilar from our study. In Ray et al. (2014) study the focus was on how to deliver services effectively to the elderly service users. Attention was on the type and quality of services the elderly
clients should receive. The study also disclosed how gerontology social workers should form bonds with the elderly clients to be able to discover their social and individual needs. Here we see a concentration on the well-being of the service users. Szebehely et al. (2017) research revealed how the emotional needs of direct workers in the elderly care are often ignored. Those needs were viewed from social policy and organisational changes perspective. Our study focused on geriatric social workers experiences in the field, this means that our study focus which was the service provider contradicted with Ray et al. (2014) and Szebehely et al. (2017) research focus which was on the service users.

7.4 Results interpretation in relation to theories

The work/family border theory and the spillover theory were the two theoretical frameworks employed in this study. Both theories are part of several theories of the work-life balance theory. The work/family border theory explains how professionals can balance their work life and family life by laying borders between the two domains to achieve balance. The spillover theory, on the other hand, affirms that the home sphere and the work sphere may affect each other resulting in spillover into each other. It also further states that the experiences that come out from spillover in the work and home domain can either be positive or negative. Therefore, work-related stress can manifest at home while family life experiences can interfere with the work domain.

The geriatric case officers described more negative experiences than positive ones when working with grieving elderly clients. The participants used to carry sad memories from work to their various homes. From the spillover theoretical perspective, feelings of sadness and depression experienced by the social workers may manifest in their home domain hence resulting in negative spillover. This theory helped us understand the relationship between work and family domains with regards to emotions, feelings and attitudes that are developed at work can actually intrude in their personal life. Some of the geriatric case officers had rewarding moments when they worked with the grieving elderly which they perceived as a positive experience. They learned from those experiences to develop themselves professionally and personally. From the spillover theoretical point of view, these social workers felt satisfied in their work and they might have brought their accomplishment into their home domain. This highlights the manifestation of the positive spillover.
The sad feelings, depression and emotional breakdown social workers experienced when working with grieving elderly clients were sometimes a burden to them. Some admitted carrying those negative experiences from work to their various homes. From the work/family border theoretical view, these social workers failed to put a border between their work life and family life. Though it can be challenging, a border between these two domains keeps a balance and maybe their well-being doesn’t have to be affected. By observing borders between the work and home domain also minimizes role conflicts. The same goes to the positive experiences they have had; work-related matters should be left at work and family life should be left at home. When it is done that way, a balance between the two domains would be achieved. Hence, the work/family border theory helped the authors of this study understand that by keeping borders between the work sphere and home sphere, balance will be attained and role conflicts will be reduced.

7.5 Suggestions for further research

The search for related studies closely related to our topic of interest was challenging. This is because most works of literature and reports focused mainly on the well-being and care provided to elderly service users. Most literature was about the need for improvements in the elderly care, with this in mind we suggest further research on the experiences and well-being of geriatric social workers. The same focus researchers have on the kind of care given to the older population; the same attention should also be given to the social workers in the field of elderly care.

There are very few studies with little information about social workers experiences working with grief, loss and death within elderly care. Most research is on nurses, nursing aides and physician’s well-being experiences in elderly care. As the older population keeps increasing, there will be more cases of grief, loss and bereavement among the elderly. Continuous research should be conducted on the kind of education social workers have that would enable them work with grief and loss. We also suggest further research on our topic on a larger scale to enable the generalization of the findings. An alternative research method which would be quantitative methodology should also be conducted to allow a huge sample size and obtain statistically valid findings.
REFERENCES:


APPENDICES:

Appendix A

Letter of Consent

Degree project
Ayobami Jimoh & Adede Otieno

We are two students from the University of Gävle studying Social Work - Specialization in International Social Work. We are in our final year of a degree course in thesis doing a project about case officers (biståndshandläggare) experiences of working with grieving elderly. We would really appreciate your help by granting us a maximum of ninety minutes of your time to interview case officer(s) about their experiences of working with bereaved elderly clients.

We plan on carrying out interviews that will last for a maximum of ninety minutes (90), the interviews will be audio recorded, all participants will remain anonymous and an informed consent letter will be issued for the purpose of privacy and confidentiality. Participation is voluntary and you have the right to decline your participation either before or during the research interview. We have acquired deep knowledge of research methods that will help us carry out our study therefore, we wish to create contacts for interviews that will be conducted during the second week of April 8/4-15/4.
We believe that you have the knowledge and experience that would be valuable to our study hence your acceptance will be highly honoured and appreciated. If you have any queries feel free to contact us or our supervisor Ann Kroon PhD with the following email contacts below.

Kind Regards,

Adede Otieno: achiengotieno23@yahoo.com
Ayobami Jimoh: vsn16hjh@student.hig.se
Supervisor - Ann Kroon Ph.D: ann.kroon@hig.se

Hej,
Vi är två studenter från Högskolan i Gävle och studerar Kandidatrprogrammet i socialt arbete med inriktning internationellt socialt arbete. Vi läser sista terminen nu och ska göra vårt examensarbete. I vår studie vill vi intervjua biståndshalläggare som möter sörgande äldre personer. Vi skulle uppskatta din hjälp och om du skulle kunna ge maximum 90 minuter av din tid, för att svara på några frågor om din erfarenhet att arbeta med sörgande äldre personer.

Vi planera att intervjun ska ta maximum 90 minuter, intervjun kommer att spelas in, och alla deltagare kommer att förbli anonyma och ett medgivande formulär kommer att tilldelas deltagarna för att intyga att intervjun kommer vara konfidentiell. Deltagandet är helt frivilligt och du kan när som dra tillbaka ditt deltagande i studien. Som förarbete har vi tagit ansvar för forskningsmetoder som kommer hjälpa till att utföra studien. Vi har en önskan att utföra intervjuerna under andra veckan av april 8/4-19/4.

Vi tror att du har kunskapen och erfarenheten som är värdefull för vår studie, vi skulle bli otroligt tacksam och uppskatta om du vill delta i studien. Om du har några frågor kan du alltid kontakta oss eller vår handledare Ann Kroon PhD, genom kontakt informationen nedan.

Med vänliga hälsningar,
Appendix B

Interview Questions. Semi-structured interview questions

1. Can you give an overall view of working with the elderly?
   ❖ What are the requirements needed to work as a case officer with the elderly
   ❖ What qualities should one have while working with grieving elderly clients?

2. From your own perspective, do you feel that the social work education you received prepared you to work with grief and loss?
   ❖ What is loss and grief to you?
   ❖ From your experience working as a caseworker can you offer support and counselling services to bereaved service users?

3. Does grieving or bereaved elderly service users affect you in any way? Please explain?
   ❖ Does it affect you personally?
   ❖ How do you handle the situation?

4. How often do you encounter grieving elderly patients in your work?
   ❖ Can you describe your mental, physical and emotional state when working with grieving elderly patients?
   ❖ Are there any noticeable (positive or negative) changes within yourself when you work with bereaved elderly?

5. Is it necessary to report any interactions with grieving elderly service users to the administration?
   ❖ Are case officers required to report to the administration what transpired in their day’s work?
Does the administration provide counselling services to the staff on how to work in different situations; (in this case grief and loss)?

**Interview questions in Swedish**

Kan du berätta övergripande hur det att arbeta med äldre?

Från ditt eget perspektiv, tycker du att den socionomutbildning du studerat har förberett dig till att arbeta med sorg och förlust?

Hur ofta möter du sörjande äldre vårdtagare i ditt jobb?

Hur påverkar sorg och förlust av närstående som drabbat den äldre vårdtagaren påverkat dig på något sätt? Kan du förklara?

Är man skyldigt att rapportera eventuella interaktioner med sörjande äldre vårdtagare till administrationen?

*Follow up questions were also asked in Swedish*