Introduction
A half-million older adults die in U.S. nursing homes (NHs) each year. However, only a few studies have been conducted on the experiences of the nursing home (NH) staff who provide this care. Effective care during the end of life is important for the individual and their families. Yet, burnout among nursing home staff effects the ability to care for those in end-of-life care effectively.

Hypotheses
• We hypothesize that there is a relationship between grief support and burnout. Specifically, we think that:
  • Low grief support results in higher levels of burnout among staff
  • There is a difference between grief support and burnout among different categories of nursing staff

Methodology
In the fall of 2022, data was collected from 555 NH staff to examine how their experiences with grief support affected their burnout level.

Grief support was measured by the Grief Support Health Care Scale.

Burnout was measured by the Maslach Burnout Inventory (MBI), which includes 3 subscales: exhaustion, depersonalization, and personal achievement.

A Kaiser Family Foundation study categorized LTC workers into five groupings, ranging from most to least patient contact (True et al., 2020). To allow for the comparison of different workers based on frequency of contact with patients, we utilized this categorization as a basis for the sampling of our study.

Results
• 95% of sampled workers were exposed to at least one death at work
• 31% of workers reported not receiving any formal grief training
• High grief support is significant in predicting personal achievement and reducing feelings of depersonalization
• The highest percentage of workers with exhaustion and depersonalization ratings were health care providers (including RNs, nurse practitioners, and physicians) followed by CNAs
• The highest ratings of personal achievement were by pastoral care/social services/activities workers and the lowest ratings of personal accomplishment were by housekeeping/laundry/dietary workers

Discussion
The availability and quality of grief support (i.e., training) can impact the relationship between grief support and burnout.

Inadequate support or limited resources may exacerbate feelings of burnout, while comprehensive support programs can promote feelings of personal achievement.

Nursing home workers experience grief differently depending on their personal experiences, coping mechanisms, and the nature of their work.

Conclusion
These findings underscore the importance of addressing burnout and promoting staff well-being in nursing homes, through interventions such as workload reduction, increased job control, and access to support resources.