

## COMMUNITY AS CARE: WHOLE PERSON BEREAVEMENT PRACTICE IN A RURAL HOSPICE SETTING

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**KEYWORDS:** Whole person care; Rural hospice; Bereavement; Compassionate communities

Practicing bereavement care in a rural hospice setting means practicing care in full view of community. It is shaped not only by clinical practice, but by the relationships, histories, and shared spaces that define community life. The individuals and families I support are not anonymous, nor are their losses contained within clinical encounters. They are neighbours, volunteers, caregivers, former colleagues, and friends of friends. Their shared grief does not begin or end at the hospice door. It continues in grocery stores, at community events, and within shared histories that stretch far beyond the moment of death.

I work as a bereavement services provider and thanatologist with Madawaska Valley Hospice Palliative Care in a rural and remote region. Over time, I have come to understand community not simply as the setting in which whole person care occurs, but as a central element of the care itself. In this context, grief is relational, cumulative, and visible. Community both sustains and complicates the work, offering deep connection while also requiring thoughtful boundaries, ethical awareness, and ongoing reflection.

Madawaska Valley Hospice Palliative Care exists to provide compassionate support that enhances quality of living and dying. In a small but mighty community, this mission is lived through relationships rather than isolated interventions. Care unfolds over time across caregiving, dying, and bereavement, and is shaped by place, familiarity, and shared responsibility.

This paper explores how practicing bereavement care within a rural hospice setting shapes an approach to whole person care in which community itself becomes an active participant in supporting caregivers, the dying, and the bereaved. This approach aligns with growing recognition within palliative care that compassionate communities play a vital role in supporting people through illness, dying, and bereavement.

## **Rural Community: Strength, Tension, and Care**

Rural communities are often described by what they lack, including proximity to services and specialized resources. Yet one of their greatest strengths is relational. Everyone knows everyone. When someone receives a life limiting diagnosis or experiences a death, the community is often ready to help. Meals appear, driveways are cleared, rides are offered, and quiet check-ins happen without being asked.

This readiness to care exists despite geographic challenges and limited formal supports. People take care of their own. In many ways, community fills gaps that systems cannot.

At the same time, this closeness carries complexity. Visibility is constant. Shopping, attending community events, or simply being out in public often means encountering people who are caregiving or grieving. Managing boundaries when everyone knows what you do can be challenging. There is little anonymity, and grief does not stay neatly contained within scheduled appointments.

Rather than resisting this reality, I have learned to work within it. I am clear with families that I will not approach them in public, but that they are welcome to approach me. This practice respects privacy while acknowledging shared space. Over time, it has fostered trust and clarity, allowing relationships to remain both ethical and human.

Working in a small community means holding ongoing awareness of those who are grieving. I often say that I have “eyes on people”, not in a clinical sense, but as part of relational care. I notice who has withdrawn, who may be struggling, and who might benefit from gentle outreach. Running into families in the community is something I am accustomed to. Rather than feeling intrusive, it often reinforces trust. People know who I am, what I do, and that I am part of the same community. This familiarity can feel grounding, particularly in times of loss.

Ethical practice in this setting relies less on physical distance and more on clarity, consent, and respect. Boundaries are maintained through open communication and mutual understanding, allowing care to remain both professional and deeply human.

## **Whole Person Care Across Time**

In rural hospice work, bereavement care rarely begins after death. Much of my role involves supporting individuals and families through anticipatory grief—the emotional, relational, and existential losses that begin long before a loved one dies.

Community based anticipatory grief sessions invite caregivers to name what is already changing, including roles, identity, routines, and hopes for the future. These sessions normalize emotions such as guilt, relief, exhaustion, fear, and love. Naming these experiences early helps caregivers feel less alone and less ashamed. It also acts as burnout prevention, particularly in rural settings where caregiving responsibilities are often carried out with limited respite and long travel distances.

Whole person care in this context means recognizing grief as emotional, social, physical, and existential. It means making space for meaning-making during the long goodbye rather than postponing reflection until after death. It also means understanding that caregivers remain embedded in their community throughout illness, not removed from it.

## **Meaning, Memory, and Shared Ritual**

Meaning-making is central to bereavement care, particularly in rural communities where grief is woven into daily life. Alongside groups and workshops, we offer tangible and experiential supports that allow grief to be carried beyond shared spaces and into homes and seasons.

Take-home memory kits, which include commemorative ornaments, invite individuals to engage with remembrance privately and on their own timeline. These kits acknowledge that grief does not end when a session concludes, and that meaning often unfolds quietly through ritual, reflection, and repeated return.

Seasonal gatherings, such as ‘Hope for the Holidays’, create gentle communal spaces for remembrance during times when grief may feel intensified. These gatherings emphasize connection, creativity, and presence, without pressure to share or perform. Hope is framed not as the absence of grief, but as something that can exist alongside love and memory.

More recently, we offered our first three day widows retreat, recognizing the profound identity shifts that follow the death of a partner. This immersive experience allowed participants to share stories, rest, reflect, and witness one another’s grief over time. In a rural context, where widows often remain in the same communities they shared with their partners, this sustained approach supported both healing and belonging.

Supporting meaning-making in rural communities also involves strengthening the ability of the broader community to respond to grief. Workshops such as 'How to Support a Grieving Friend' and 'How Can You Help When Someone You Care About Is Dying' offer practical guidance for friends, neighbours, coworkers, and extended family members who want to help but often feel unsure how. These sessions focus on listening without fixing, acknowledging loss without comparison, respecting privacy, and continuing support beyond the earliest stages of illness or bereavement.

## **Lessons from Rural Practice: Compassionate Communities and Caregiver Resilience**

One of the clearest lessons from rural hospice and bereavement work is the essential role of compassionate communities in supporting people to live and die well. Most Canadians report a preference to remain at home at the end of life [1]. This wish is deeply relational and relies heavily on family members, friends, and neighbours.

While professional services play an important role, the majority of day-to-day care occurs outside formal systems. Caregivers often support their loved ones with limited respite, long travel distances, and few specialized resources. Without intentional support, they are at significant risk of exhaustion, isolation, and burnout. Whole person care must therefore extend beyond the patient to include those providing care long before death and well into bereavement. Creating compassionate communities is not about assuming communities will simply know what to do. It requires teaching, modelling, and normalizing care.

Resilience in this context is not about coping alone or being strong, it is about awareness, connection, and permission to receive help. By helping caregivers and community members map their circles of support and remain present beyond the initial crisis, communities become better equipped to serve their own.

Rural hospice and bereavement practice offer important lessons about whole person care. When community is recognized not as a backdrop but as an active participant, grief support becomes relational, continuous, and grounded in place. In rural hospice practice, community is not simply *where* care happens, it is *how* care happens. ■

## **References**

1. Canadian Institute for Health Information. Death at Home or in Community. Ottawa: CIHI; 2025.

## **Biographical Note**

Jenna Stamplicoski is a thanatologist and Bereavement Services Coordinator with Madawaska Valley Hospice Palliative Care in rural Ontario, Canada. Her work focuses on whole person grief support, anticipatory grief education, and building compassionate communities that support caregivers, families, and the bereaved. She develops and facilitates community based grief groups, caregiver education sessions, and retreats designed to address the unique needs of rural and remote populations. Jenna is grateful to work alongside the dedicated staff and volunteers at Madawaska Valley Hospice Palliative Care. She lives in the Madawaska Valley with her husband and three children on a small sheep farm.