



A qualitative investigation of effectiveness and limitations of a telephone bereavement support service in rural and remote NSW



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While bereavement support is an integral component of a comprehensive palliative care service, providing equitable and appropriate bereavement support in rural and remote areas is a major challenge. A further lack of consensus in the literature regarding what is the best practice bereavement support model challenges the effectiveness of various models of service delivery.

This qualitative study reviewed a model of telephone bereavement support (TBS) provided by a trained palliative care volunteer in north western NSW. It sought to examine whether a bereaved person, assessed as likely to experience an uncomplicated bereavement following a significant death, found the TBS helpful and what its limitations were. While findings support the use of this TBS model, the data was useful in informing modifications to the existing model of bereavement support.

This study supports the model of TBS in response to:

- Normalising of grief responses through a process of validation that grief is an individual and unique experience,
- Communicating with an 'ordinary lay person' who has an understanding of the impact of bereavement,
- Providing a conduit of support and continuing care from the palliative care service during a time of adjustment after the death of the patient,
- Providing reliable, convenient and confidential support that is independent of other support networks,
- Facilitating and permitting expressions of grief whilst acknowledging telephone support may also be a barrier to personal disclosure and limit the comfort gained by a physical presence.

The data from this study further informs practice changes in relation to:

- Confirming not all bereaved require support from palliative care services,
- Providing all registered bereaved with information packages independent of support needs,
- Formalising bereavement risk discussion into the multidisciplinary patient care planning meetings,
- Offering face to face as well as telephone support where feasible,
- Trialling of a recognised bereavement risk assessment tool,
- Providing bereavement training and clinical supervision for all palliative care team members.

For the full report on this project visit our website, follow the link to the Rural Research Capacity Building Program and click on 'view completed projects'

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