

Establishing social work bereavement practice in an acute oncology specialist hospital

K.Turner¹, D. Beovich¹, F.Wiseman¹, L.Joubert², A.Hocking¹

¹ Peter MacCallum Cancer Centre, Locked Bag 1 A'Beckett St, Melbourne, VIC, 8006, Kathryn.turner@petermac.org

² The University of Melbourne, Parkville, VIC, 3010

Background

While bereavement is listed as a key service component in supportive care for cancer services/acute hospitals, this aspect of care has generally not translated well into integrated bereavement support practice for family/caregivers following the death of all inpatients. This project sought to work toward addressing the bereavement service needs of our bereaved family/caregiver population at Peter MacCallum Cancer Centre.

Methods

A comprehensive review of literature on bereavement care in palliative care and acute hospitals offering comprehensive cancer services along with existing bereavement risk assessment tools was undertaken. A review of existing guidelines that inform acute public hospitals around service delivery was also conducted. Key staff stakeholders were interviewed to gain an understanding of their skills in bereavement care, their work capacity, training and professional development needs and to consider issues that represent barriers to providing bereavement support so that there is a clear protocol and pathway in making these links.

Results

For the purpose of supporting bereaved family/caregivers at Peter Mac it was concluded that bereavement risk assessment tools were useful in guiding the assessment and interventions of social workers. However, it was determined that a broader psychosocial assessment incorporating elements of these tools was more useful. It was determined that a clinical protocol that seeks to provide bereavement support and clear referral pathways was more beneficial. This protocol also aims to provide more certainty around the process of supporting bereaved family/caregivers.

There are challenges to bereavement care being effectively offered in the acute setting. These include the brief nature of the intervention, the primary focus of care on the dying patient and the challenges of inter-disciplinary approaches to care. There are also challenges to identifying and linking with appropriate community resources. The need for further research in this area is apparent.