

THE FAMILY MEETING AS AN  
INSTRUMENT FOR THE SPIRITUAL  
CARE OF PALLIATIVE PATIENTS AND  
THEIR FAMILIES

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## Abstract

Spiritual care is considered to be an important aspect of palliative care however; there has been much debate about the definition of spirituality. In this study a broad definition of spirituality has been utilized. Spiritual needs of palliative patients have been identified. Although evidence relating to bereavement outcomes supports the concept of working with family groups in the provision of holistic palliative care, only one family focused model of spiritual care was identified in the literature and no assessment of the efficacy of this model was found. The needs of staff in the provision of spiritual care have also been found to be important.

The objectives of this study were to implement a family meeting model of care to assess its efficacy as an instrument for the provision of spiritual care from the perspective of palliative patients, family members and palliative care staff and to consider implications, if any for the inclusion of this model of care in the regular palliative care service. This qualitative study was informed by interpretivism and hermeneutic phenomenology.

Ricoeur's Theory of Interpretation was utilized in the interpretation of data. Participants were recruited through two metropolitan palliative care services. Twelve family meetings were facilitated by the researcher. Subsequently forty-seven patients and family members individually participated in in-depth interviews in which they described their experience of the family meeting and any outcomes they had observed. Fourteen staff members participated each in a semi-structured interview in which they described observed outcomes of the family meeting, their process of recruiting patient participants for the study and insights about the suitability of this intervention for regular palliative care services. Interviews were recorded,

transcribed and analysed utilizing Ricoeur's Theory of Interpretation and with the assistance of qualitative data management software.

The most commonly identified outcomes for patient and family member participants were: experience of increased openness of communication, positive and constructive feelings and emotions, gaining new understandings and strengthening or renewal of significant relationships. Their experience of the meeting facilitation was generally positive. These outcomes suggest that spiritual care was provided that had not been made available to these people in the current system. Staff reported positive outcomes for patient and family member participants and considered that this type of intervention would meet a need within the palliative care service. Barriers to implementation such as funding priorities, staff numbers and time were identified.

This original study has added to our understanding of the value of working with family units in the provision of spiritual care in palliative care services. Further research such as the application of this intervention to larger and less homogenous populations, the evaluation of long term benefits to family members and ways of identifying families most in need of this intervention are needed. The inclusion of this intervention in regular palliative care service would have implications for staff training and support.



## Student Certification

This work contains no material which has been accepted for the award of any other degree or diploma in any university or tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by any other person, except where due reference has been made in the text.

I give my consent to this copy of my thesis when deposited in the University Library, being made available for loan and for photocopying, subject to the provisions of the Copyright Act 1968.

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Candidates Signature

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Date

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