





# Support for palliative family carers: a review

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# Background

- Experiences and context
- Needs
- Barriers to support
- Rewards and coping

(i.e. Funk et al., 2010; Stajduhar et al., 2010)







The aim is to systematically identify and review the literature on *support* for palliative family carers who provide care to a relative living with a serious terminal or advanced chronic illness at home.







### Method

Integrative literature review (Whittemore & Knafl, 2005)
Göran Bostam, librarian, Ersta Sköndal University College
Ten electronic data bases (Academic Search, Nursing & Allied etc)
1193 citations (156 duplicates) 1037 citations

### Review in progress

Ex. Academic Search

1) 65 hits 2) 33 3) 13 articles 4) ?# included studies?

Next step - "Grey literature" – national web sites and hand search







## What should I do if....?

- Practical support regarding
  - Knowledge about symptoms (ie. pain, nausea, delirium) and provision of care
  - Assistance with symptom control
  - Assistance with hygiene and dressing
  - How to receive extra help when needed







# How will I cope if...?

- Emotional support regarding
  - Sensing the possibility to having a choise to decide place of care/death
  - Preparedness to become a carer
  - Bereavement experiences
  - Meaning-making
  - Economic support







# Who do I turn to if....?

- Organisational support regarding
  - Adequate communication and information
  - Individual support and support groups
  - Home hospice services, family physician, district nurses, specialist palliative teams
  - Telephone services (24-7)
  - Respite care (24-7)
  - Psychological and/or existential support
  - The importance of the local community/NGO's







### Discussion

- A reactive "repair" approach pre-dominates the literature. A proactive support approach is needed.
- Person centred support is needed (but missing)
- How define support in palliative care? (from the perspective of relatives or professionals?)
- Hospice support form or organisation?
- The context is it possible to generalize the carer's individual needs? (socio-economic positions)





