



MONASH University
Medicine, Nursing and Health Sciences



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The Family Meeting as an Instrument of Psychosocial and Spiritual Care

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Background to the Study

- Spiritual and psychosocial care is widely accepted in palliative care
 - as important
 - as a multidisciplinary task.
 - as a key area for research
- Spirituality defined “as the web of relationships that gives coherence to our lives”¹. Includes relationships with places, things, ourselves, significant others, and with a power beyond ourselves. May or may not include religion.



What is Important in the Implementation of Spiritual Care & Psychosocial Care?

- Self-awareness of staff^{2,3}.
- The ability to really listen and to create opportunities for story telling⁴.
- Opportunity and ability for referral to staff with specialised knowledge^{5,6}.



Why Work with the Whole Family?

- Families are systems – a part impacts on the whole⁷.
- Reduced risk of complicated grief⁸.
- Increased ability to adapt to change⁹.
- Families differ – one process does not fit all¹⁰



Murphy's Model: Five Parts

- The story of the illness (as told by the dying member)
- Worries and Fears
- Roots – bringing out memories from the shadows
- The family speaks
- The Closing

(Murphy 1999)

The Key Roles

- Story Teller:
 - The one whose turn it is to speak
 - Only they may speak at that time.
- Witness:
 - Listens and absorbs
 - May not judge or interrupt.
- Guide/Facilitator:
 - Gives permission for the story-teller to speak
 - supports, encourages and prompts.



Recruiting for Study

- Drawn from families registered with 2 metropolitan palliative care services
- 3 categories of stakeholders:
 - patients
 - family members as chosen by patients
 - staff involved in patient care.
- Criterion sampling
- Recruited 12 families (47 participants) and 14 staff



Study Process

- Hermeneutic Phenomenology utilising Ricoeur's Theory of Interpretation^{11,12}
- Implementing the family meeting
- Individual in-depth interviews with patients and family members who participated
- Individual semi-structured interviews with consenting staff involved in patient care
- Transcribing of interviews
- Data analysis



Speaker's Personal Experience & Outcomes

<u>Sub-theme</u>	<u>Category</u>
Experience of the meeting	Experience of speaking
	How they felt
	New understanding
Personal outcomes	Freedom to speak
	Personal changes
	Making a contribution



Quotes 1

“I’ve never been where people were talking openly like that. I found it was a comfort actually”.

“There was something quite freeing about that – a sense of this really was my last chance to hear what my parents can say, what they won’t say”.

“At least I know where I stand now with the family. I was struggling with that for quite a while. So it is a bit more clarified for me and I think that’s great”.

“You think that well there are things she needs to know or things that I should say before it is too late but it’s never the right time. I’m glad I did it”.



Speaker's Observations of Others' Experience & Outcomes

<u>Sub-theme</u>	<u>Category</u>
The family unit	Impact on speaking together
	Impact on relationships
	Impact on feelings
	Expected impact on grief
Other individuals	Observation of patients
	Observation of family members



Quotes 2

“I think that’s what led to this really – people haven’t spoken about it and it has been so secretive. He thinks that it is his duty to talk about it and to prepare the family”.

“I think it was just nice for her to hear about how valued she is and the ways that she was loved”.

“I think it was good because some things got said that perhaps wouldn't have otherwise and there's probably more that could be said but this has opened the door now for conversations later on. So, yes, I think it was definitely a good thing for us, and a good thing for me”.



Some Further Questions?

- What are the implications for multi-cultural communities?
- Is the process self selecting for families that can probably cope with it?
- What is the best way/time to offer it to patients and families to achieve most effective utilisation?
- Would more than one such meeting over a period of time be beneficial to some families?
- How can suitably trained staff be funded in a cash strapped system and so honour the philosophy of palliative care of providing holistic care to patients and families?



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