

Caring for Bereaved Family Caregivers: Analyzing the Context of Care

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Deaths from cancer will continue to rise with an increasing and aging population. Family caregivers of patients with cancer will face loss, grief, and bereavement as a result. As mandated by cancer and palliative care clinical practice guidelines, support for family caregivers continues through the processes of grief and bereavement to facilitate a positive transition through loss. To provide evidence-based nursing with this population, an analysis of their context of care was undertaken. Key health policies, characteristics of the healthcare delivery system, and the results of research with bereaved palliative caregivers are described. A model of effectiveness, efficiency, and equity is used to examine the situation of bereaved caregivers and to suggest research questions to fill the gaps in what is known about their needs and experience. Bereaved caregivers are at high risk for many distressing symptoms, including depression and sleeplessness, related to a range of complex variables, such as age, gender, social support, resources, and their experiences during caregiving. Current systems of support have not been adequate to meet the needs of this population and very little is known about the caregivers' quality of life, well-being, and health outcomes or how best to provide compassionate and effective nursing care.

Cancer will be the leading cause of death sometime in the 21st century (Proctor, 1995). More than 1,500 Americans die of cancer each day, currently accounting for 1 of every 4 deaths in the United States (American Cancer Society, 2008). The number of cancer deaths will continue to rise each year because of an increasing and aging population (Canadian Cancer Society, National Cancer Institute of Canada, Statistics Canada, Provincial/Territorial Cancer Registries, Public Health Agency of Canada, 2008). As a result, many family caregivers will face bereavement because of cancer deaths. Family caregivers, defined as family members who have assumed a caregiving role that often involves making critical medical decisions, assisting with activities of daily living, and providing treatments in the home (Hauser & Kramer, 2004), play key roles in providing care for patients with cancer. Over time, they have taken on added responsibilities for providing increasingly complex care in the home (Canadian Hospice Palliative Care Association, 2004). Experiences during caregiving have consequences affecting physical and mental health in bereavement (Brazil, Bedard, & Willison, 2003; Grande, Farquhar, & Barclay, 2004).

The National Comprehensive Cancer Network ([NCCN], 2008) guidelines for palliative care include death as an expected outcome and care for families after the death of a relative as essential parts of a continuum of cancer care. Palliative care addresses issues of quality of life of patients and their families by providing symptom relief and spiritual and psychosocial support extending from diagnosis to the end of life and bereavement (World Health Organization [WHO], 2002). However, very little is known about the experience of bereavement for family caregivers, or how best

At a Glance

- ◆ After the death of patients from cancer, family caregivers require active and ongoing support through the processes of grief and bereavement.
- ◆ Nurses have a key role in supporting bereaved caregivers, who may be at risk for depression, distressing symptoms, and even death.
- ◆ An analysis of the context of care included relevant health policy, the results of research, and an examination of current bereavement services, with the goal of effective, efficient, equitable, evidence-based care for bereaved family caregivers.

to provide effective, evidence-based nursing care and support after the death of a family member from cancer.

Bereaved caregivers have been mostly neglected in the delivery of palliative care services and in research to examine their needs. Most hospices and palliative care programs regard bereavement support as integral to their services, yet it remains

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