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An overview of the role of family support in palliative care: a quasi-systematic review

Abstract

Background: Serious suffering due to severe illness presents a challenge in maintaining the highest quality of life for the patient until the end of life. It also involves caring for the family and loved ones who accompany the seriously ill individual. Hence, there is a need to provide support not only to the patient but also to the family members and caregivers, who require assistance both in direct care and in psychosocial problems. Family support is mentioned in international guidelines and definitions related to palliative care however, the recommendations do not define a specific course of action. This review aims to identify methods of family support in palliative care.

Methods: Quasi-systematic review; search strategy: PubMed and Scopus were searched utilizing selected MeSH terms.

Results: A total of 18 sources were included in the review. The literature identifies supportive interventions for families and caregivers of seriously ill patients. There is a proof that professional psychological approach e.g. cognitive therapy may be more successful than the other types of support provided by medical professionals who are not psychologists. Another observation is that support groups seem to be a valuable contribution to the mental health of caregivers. On the other hand, families observed an unsatisfying level of communication between them and healthcare professionals, as well as the limited time for these interactions.

Conclusions: The literature identifies that there are different educational, psychosocial, and organizational approaches to family support. The impact of each supportive method on caregivers' well-being was diverse, interventions were not equally effective. Nevertheless, all approaches reduced depressive symptoms and mitigated negative health effects on families, thereby there is an important value in developing this area of palliative care.

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Keywords: family support, palliative care, patients

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Introduction

The support for families of seriously ill individuals is a type of approach in palliative care and is recognized in international and local standards and recommendations. The World Health Organization (WHO) definition from 2002 emphasizes actions aimed at improving the quality of life for patients facing life-threatening illnesses and their families [1]. In the updated WHO definition from 2020, palliative care also encompasses support for patients' families [2].

The European Association for Palliative Care (EAPC) acknowledges the importance of a family-centered approach within palliative care. However, it does not specify the exact nature of the guidelines [3]. Nevertheless, it emphasizes "patient and family" in every aspect, highlighting how important caregivers are at every step of palliative care. According to EAPC, the concept of respite care is equally necessary. Respite care provides planned or unplanned breaks for family members or primary caregivers who care for palliative care patients at home, alleviating the continuous burden of care. Education for family members about patient care, unrestricted visiting hours for dying patients in care facilities, and support during the mourning period are also emphasized [4].

The International Association for Hospice and Palliative Care (IAHPC) defines palliative care in 2020 as an approach that improves the quality of life for patients, their families, and caregivers. It recognizes and respects cultural values and the beliefs of patients and their families. It assists them in establishing care objectives [5]. Organizational standards for specialist palliative care for adult patients in Poland at the outset define family as people who are not members of the palliative care team but are involved in patient care because of family ties or pre-existing relationships, including family caregivers. The standards recognize various scopes of services provided by professionals, including help in determining goals of care, addressing caregivers' needs during bereavement, and the whole psychosocial support [6]. Care is provided at various stages of the illness, and after the patient's death, including psychosocial support, spiritual care, and assisting families in the grieving process, and may be delivered within various settings and services. It includes specialized home care services, consultations with therapists, and support groups for caregivers [7]. Collaboration with a team of specialists, including doctors, nurses, psychologists, and social workers, allows for comprehensive support for families [8]. The family receives support during regular palliative care team members' visits to patients' homes

and in support group programs where they meet and talk together about problems related to serious illness and care or for families in bereavement [9].

It is recommended to involve patients' families and informal caregivers in advance care planning (ACP), and especially to discuss patient's goals and preferences with family as a part of planning treatment and care for the future [10]. This is beneficial for the advanced care planning process but also requires healthcare professionals' support for the patient's family members. Palliative care staff provides support for family members in ACP conversations with patients and in coping with their respective issues [11]. Family and caregivers may be also a source of information about patients' functional status which is particularly valuable when patients themselves are unable to answer due to *e.g.* dementia or acute illness [12].

This review aims to identify how family members and informal caregivers of seriously ill adult patients are supported in hospice and palliative care.

Methods

A quasi-systematic review was conducted and selected articles relating to support for families and caregivers of seriously ill adult patients were analyzed. Quasi-systematic reviews follow a process resembling systematic reviews but do not adhere to all the same guidelines. They require less strictness in their execution but are still an essential resource for integrating evidence methodically and thoroughly. Predetermined criteria for selection were applied and a systematic overview was conducted, nevertheless, PRISMA 2020 guidelines, which comprise a 27-item checklist, were not fully applied to the literature collected from electronic databases: Scopus and PubMed.

Search strategy and study selection

A search strategy was performed using the following Medical Subject Headings (MeSH) headings/keywords: family/caregivers, support, palliative care/medicine. The operator 'AND' was placed to combine these terms (Figure 1).

The predefined criteria of selection for the searches limited them to the following: (i) review articles (including literature reviews and opinion pieces) and research articles (ii) with results about existing methods of professional or unprofessional support for closed ones of seriously ill patients in hospice and palliative care (iii) written in the English language. All full-text articles meeting the criteria were extracted and evaluated for their content. Due to the recent

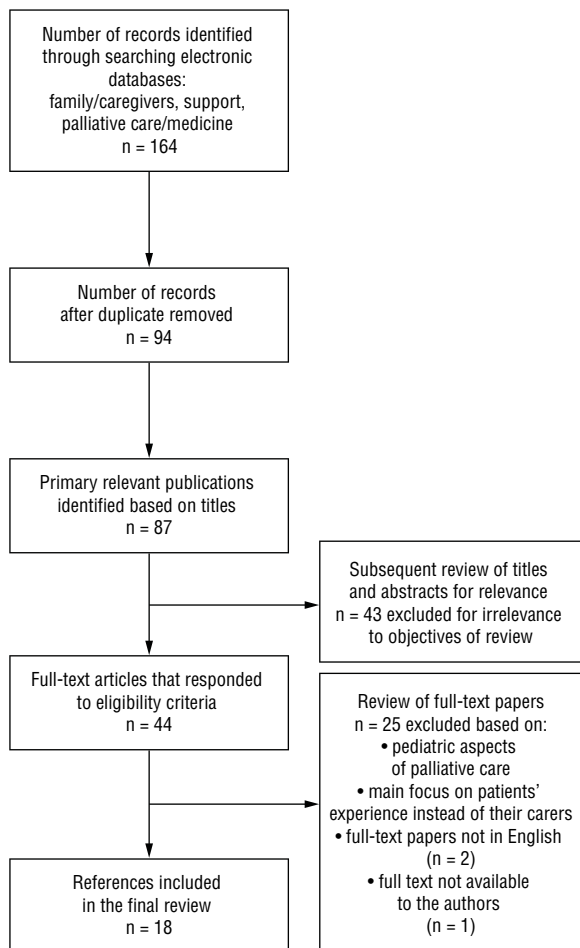


Figure 1. Search strategy

evolution of palliative care in many countries, a date limit was fixed, therefore, only the articles published from the year 2000 or later, that is, 2000–2024, were considered.

Results

From the quasi-systematic reviews of literature, eighteen studies were included in the thorough analysis (Table 1 [13–30]). They were collected from a range of countries like Australia, the USA, Canada, Italy, Sweden, Finland, and the Netherlands and consisted of original articles (7), review articles (4), qualitative descriptive studies (4), meta-analysis (1), a longitudinal cohort study (1), guidelines (1).

In the literature, various types of interventions were compared. The dominant ones were family-centered interventions (6) and bereavement support (6). The remaining ones are: psycho-educational (1), cognitive-behavioral (1), dyadic/couple-centered (1),

support groups (2), psychosocial (1), direct financial support (1), direct psycho-socio-spiritual support (1), indirect patient information (1), indirect patient support provision/education (1), educational support (1), informative support (1), psychological support (2), community support (1), supportive encounter (1), professional focus of staff (1), supportive environment (1), complicated grief risk assessment (1), stress management (1), promoting positive emotions (1), educational initiative (1), peer support (1), psychological and spiritual support (1), setting up family caregiver support, (1), assessing need and establishing a plan of care, (1), preparing for death (1), not defined (1). Overall, an investigation of the literature revealed the intervention frameworks presented in Table 2 [13–30].

Discussion

The review aims to identify various methods and support programs available for families of individuals receiving palliative care. None of the studies compare all the methods mentioned in the present review. The most commonly used methods include psychological, social, and spiritual support delivered for individual patient’s family members or within the support groups, respite care, various specific therapies, education and information for families, related to end-of-life issues, involvement in care planning as well as bereavement support.

The results of the present review indicate that there are many support options available for caregivers; however, they are not sufficiently utilized. Caregivers report issues such as the limited effectiveness of interventions provided by individuals without a mental health background, the short duration of support, and the rapid withdrawal of medical personnel after the patient’s death. These concerns were compiled into one study to take a closer look at the problem. Each of these complaints is usually analyzed separately, even though they all pertain to the same issue — the lack of adequate support for families in palliative care. None of the studies compare all the methods mentioned in the present review.

Various benefits were observed as a result of each form of support provided. These interventions had a significant impact on improving the overall well-being of patients’ family members and informal caregivers. Thanks to the applied support methods, caregivers began to cope better with the daily challenges and stresses associated with caregiving, which directly contributed to enhancing their quality of life [13].

Table 1. Studies included in the thorough analysis

Title	Authors, year, journal	Aim (time frame)	Main conclusions	Identified methods of support
Support interventions for families of people with terminal cancer in palliative care [13]	Areia NP, Górgora JN, Major S, et al., 2020, <i>Palliative and Supportive Care</i>	To review family/caregiver-focused interventions of people with terminal cancer in palliative care (2008–2018)	Interventions are brief and performed by non-mental health professionals, and show modest efficacy	<ul style="list-style-type: none"> • Psycho-educational • Family-centered • Cognitive-behavioral • Dyadic/couple-centered • Not defined
Support for informal caregivers in Canada: a scoping review from a hospice and palliative/end-of-life care lens [14]	Wan A, Lung E, Ankita A, et al., 2022, <i>Journal of Palliative Care</i>	To investigate the availability and efficacy of interventions for informal caregivers (ICs) providing hospice and palliative/end-of-life care in Canada (2005–2022)	Healthcare practitioners should provide information on patient care and financial aid to ICs. Policies should aim to expand access to financial aid, in particular, the Compassionate Care Benefits (CCB)	<ul style="list-style-type: none"> • Financial support • Educational support • Psychological support
The perspectives of bereaved family members on their experiences of support in palliative care [15]	Lundberg T, Olsson M, Fürst CJ, 2013, <i>International Journal of Palliative Nursing</i>	To explore family members' supportive interactions in palliative care and the emotional experiences that they associate with these interactions	Supportive interactions with staff and within a home-like environment help to build resilience if tailored to the family carers' own needs	<ul style="list-style-type: none"> • Informational support • Supportive encounters • The professional focus of staff • Supportive environment • Bereavement support
The effectiveness of bereavement support for adult family caregivers in palliative care: a meta-analysis of randomized controlled trials [16]	Kustanti CY, Fang HF, Linda Kang X, et al., 2021, <i>Journal of Nursing Scholarship</i>	To summarize and synthesize the effectiveness of bereavement support for adult family caregivers in palliative care (1999–2019)	Bereavement support was effective in reducing anxiety, depression, and grief (psychological symptoms) and it was more effective when provided by professionals	<ul style="list-style-type: none"> • Group format of bereavement support • Bereavement support delivered by professionals • Bereavement support delivered by non-professionals
Top ten tips palliative care clinicians should know about psychosocial and family support [17]	Farabelli JP, Kimberly SM, Altilio T, et al., 2019, <i>Journal of Palliative Medicine</i>	To identify opportunities and rationale for the integration of palliative social work (PSW) in the provision of quality, person-centered, family-focused, and culturally congruent care for the seriously ill	Palliative care teams attend to the physical, psychosocial, and spiritual concerns of patients. Palliative social workers have the training, expertise, and proper tools to assist in delivering quality family-focused care	Family meetings to inform patients and their loved ones about quality of life concerns, changes in health, assessing an understanding of treatment options, prioritize preferences, and identify shared goals of care

Table 1. cont. Studies included in the thorough analysis

Title	Authors, year, journal	Aim (time frame)	Main conclusions	Identified methods of support
The bereavement experiences and support needs of bereaved family caregivers in the context of palliative care [18]	Mowl J, 2018, Bereavement Care	To consider the multiple layers and complexities of bereavement support needs based on three articles (2016–2017)	A withdrawal of professional support immediately after the loss of a patient is commonly observed by families. There is a need for various types of support from professionals and bereavement practitioners	<ul style="list-style-type: none"> • Support to understand and emotionally integrate the death event • Support with the management of the funeral and deceased's affairs • Support to understand the process of death and care decisions
Challenges in providing family-centered support to families in palliative care [19]	Del Gaudio F, Zaider Tl, Brier M, et al., 2012, Palliative Medicine	To examine the therapists' techniques used in assessing 'at risk' families in palliative care to better illuminate what helps and what remains challenging	Therapists can apply the majority of the interventions prescribed by the FFGT Model to help families. Trained social workers or psychologists are necessary in this process	FFGT model: three phases: assessment; focused intervention; and consolidation/termination
Clinical support for families in the palliative care phase of hematologic or oncologic illness [20]	Kristjanson LJ, White K., 2002, Hematology/Oncology Clinics of North America	To identify empirically based work relevant to the needs for care of families of patients with hematologic or oncologic illnesses (1980–2001)	The care for families must begin at the time of the patient's diagnosis and treatment (early phase) to cope better later with a terminal stage of a disease of a closed one. Gaps in knowledge about the provision of family-centered palliative care were revealed	Four categories in which families need care: <ul style="list-style-type: none"> • assuring the patient's comfort • obtaining information • help with practical care • emotional support
Participants' experience of a support group intervention for family members during ongoing palliative home care [21]	Milberg A, Rydstrand K, Helander L, et al., 2005, Journal of Palliative Care	To describe family members' experiences of participation in a support group intervention during ongoing palliative home care	Support groups for family members seem to be a valuable contribution during ongoing palliative home care, they are an arena for expressing their needs. Nevertheless, groups should last longer than these studied here, as it is seemingly much more beneficial	Support groups for family members
Meeting needs of family members of persons with life-threatening illness: a support group program during ongoing palliative care [22]	Henriksson A, Benzein E, Ternstedt BM, et al., 2011, Palliative and Supportive Care	To describe a potential intervention including a support group program for family members of patients with life-threatening illnesses based on a pilot project in a developmental phase (Sweden, January–June 2009)	The support group program could work as a useful intervention for family members, and it might inspire nursing staff to initiate, develop, and provide such interventions	Support groups for family members



Table 1. cont. Studies included in the thorough analysis

Title	Authors, year, journal	Aim (time frame)	Main conclusions	Identified methods of support
Healthcare professionals' perceptions of psychosocial support for family members in palliative care inpatient units — a qualitative descriptive study [23]	Soikkeli-Jalonen A, Mishima K, Virtanen H, et al., 2023, Nursing Open	To describe the psychosocial support that healthcare professionals in specialist palliative care units provide to family members of palliative care patients (May–September 2019)	A qualitative descriptive study based on the data collected from healthcare professionals allowed to observe organizational restrictions that make it difficult to improve methods of family support and go beyond information sharing and casual conversations	<p>Psychosocial support for family members in three main categories:</p> <ul style="list-style-type: none"> • informational support for family members • comprehensive support for family members • methods to improve support for family members
Facilitators and barriers in using comics to support family caregivers of patients receiving palliative care at home: a qualitative study [24]	Haan MM, van Gorp JLP, Knippenberg M, et al., 2022, Palliative Medicine	To identify facilitators and barriers in using Naasten (Loved ones), a Dutch research-based graphic novel about family caregivers providing care at the end-of-life	Emotionally impactful comics may support bereaved family caregivers but should be introduced with care, for example, ensuring a right introduction and follow-up. Comics are preferably used in educational settings, contributing to professional awareness and support of family members	Educational support by the use of comics (graphic novels)
Giving support and getting help: informal caregivers' experiences with palliative care services [25]	Cain R, Maclean M, Sellick S, 2004, Palliative and Supportive Care	To examine the influences of palliative care services on caregivers of people who are dying of cancer, HIV-related illnesses, and illnesses of later life (Canada, 2004)	Experiences with formal palliative support services were described positively, nevertheless, there is a huge need for better financial assistance, information given, connections to group support, or a core of consistent service providers	<ul style="list-style-type: none"> • Informative support • Psychological support
Bereavement support for family caregivers: the gap between guidelines and practice in palliative care [26]	Aoun SM, Rumbold B, Howting D, et al., 2017, PLoS ONE	To identify patterns of bereavement support in palliative care services based on the experience of bereaved people (Australia, 2014–2015)	Palliative care services might do better by investing their efforts in assessing and supporting family caregivers during the pre-bereavement period and developing community capacity as well as bereavement care. In Australia, palliative care services have unfortunately only a tenuous relationship with guidelines and assessment tools	<ul style="list-style-type: none"> • Community support (families, neighbors, friends) • Bereavement support by a phone call or an invitation to a memorial service



Table 1. cont. Studies included in the thorough analysis

Title	Authors, year, journal	Aim (time frame)	Main conclusions	Identified methods of support
Complicated grief and need for professional support in family caregivers of cancer patients in palliative care: a longitudinal cohort study [27]	Guidin MB, Vedsted P, Zachariae R, et al., 2011, Supportive Care in Cancer (2006)	To assess the levels of complicated grief and depression in family caregivers after the death of a relative with cancer, to identify their need for support, to compare the palliative team staff's risk assessment of the relatives' grief reaction with measured levels of complicated grief and depression, and to assess the use of bereavement support	Early identification of those at risk of developing complicated grief might be helpful, but the risk assessment of professionals may lack precision. Bereavement services could be used in a more efficient manner	<ul style="list-style-type: none"> The professional assessment of a complicated grief risk Bereavement support
Community-led and/or focused initiatives to support family carers within a palliative care context: an integrative review [28]	Chung A, Collier A, Gott M, 2019, Palliative Medicine	To identify community-led and/or focused initiatives that have been developed to support family carers of people with palliative care needs	There is evidence of the efficacy of various educational supports (e.g. educational soap operas) and creating support groups for caregivers	<ul style="list-style-type: none"> Stress management Promoting positive emotions Educational initiative Peer support
Complementary therapy and support services for formal and informal caregivers in Italian palliative care hospices: an exploratory and descriptive study [29]	Belletti M, Mallia L, Lucidi F, et al., 2010, Support Care Cancer	To assess the availability and use of complementary medicine (CM) therapies in Italian palliative care hospices, and the support services available to caregivers and hospice staff	Hospices offer spiritual and psychological support for family caregivers, but only some of them provide support at home	Psychological and spiritual support
Guidelines for the psychosocial and bereavement support of family caregivers of palliative care patients [30]	Hudson P, Remedios C, Zordan R, et al, 2012, Journal of Palliative Medicine	To develop clinical practice guidelines for the psychosocial and bereavement support of family caregivers of palliative care patients	The guidelines were developed for multidisciplinary health care professionals and clinical services commonly involved in caring for adult patients receiving palliative care in a variety of care sites throughout Australia	<ul style="list-style-type: none"> Setting up family caregiver support Assessing needs and establishing a plan of care Preparing for death Bereavement support

*Period between which studies were selected for systematic/meta-analysis reviews

Table 2. A review of the literature — intervention frameworks presented

Authors (Year), Country	Type of study	Supportive interventions	Key elements	Efficacy
Areia et al. (2020), Portugal [13]	Review	Psycho-educational	<ul style="list-style-type: none"> • Informative-focused (e.g. self-care, future plans) • Increasing psychological resource 	<ul style="list-style-type: none"> • Effective in generating positive experiences for caregivers (rewards) • Efficient in increasing the feeling of being prepared and competent for family caregivers; inefficient in limiting distress, and negative emotions and in meeting needs
			Targeted at families at risk; three phases: <ul style="list-style-type: none"> • assessment • intervention • termination 	Modestly efficient in limiting distress and depression
			Problem-solving and coping intervention derived from the Family COPE model with four domains: (a) creativity, (b) optimism, (c) planning, and (d) expert	Efficient in having a better quality of life by caregivers and in reducing stress both related to patient's symptoms and caregivers' tasks
			<ul style="list-style-type: none"> • Mainly focused on couple relationship • Information and emotional support 	<ul style="list-style-type: none"> • Efficient in improving the functioning of marriages and patients' experience of care • Efficient in improving coping, self-efficacy, and social quality of life as well as in caregivers' emotional life
			<ul style="list-style-type: none"> • One-to-one for family caregivers: advice, information, and emotional support • Assessment with the Needs Assessment Tool at a baseline of 3 in the outpatient setting • Problem-solving; Communication; Decision-making; Advance care planning 	<ul style="list-style-type: none"> • Low efficacy due to a brief period of support • Inefficient and with limited impact on people with pre-existing depression and anxiety • Efficient in reducing depression and stress
Wan et al. (2022), Canada [14]	Review	Direct financial support	Compassionate care benefit; employment insurance	Inefficient due to a long period for applications to be reviewed and approved; not all financial needs were covered
		Direct psycho-socio-spiritual support	Emotional support; psychoeducation program; religion	Efficient in decreasing grief and distress along with increasing quality of life, marital functioning, and overall well-being
		Indirect patient information	<ul style="list-style-type: none"> • Caregiver preparedness • Decision-making • Healthcare information 	Efficient in navigating complex health systems and helping in organizing family affairs
		Indirect patient support provision/education	<ul style="list-style-type: none"> • Respite care • Home-based palliative care • Team-based care 	Educational interventions discussing symptom management for patients were very efficient



Table 2. cont. A review of the literature — intervention frameworks presented

Authors (Year), Country	Type of study	Supportive interventions	Key elements	Efficacy
Lundberg et al. (2013), Sweden [15]	Qualitative study	<ul style="list-style-type: none"> Supportive encounter The professional focus of staff Supportive environment Bereavement support 	Interviews with family members on their interactions with palliative care professionals in the support program aimed at improving mental health and quality of life. Interventions: family meetings, oral and written information, support before and after the death of a close one	Efficient in decreasing grief, enhancing well-being and resilience after the death of a patient; beneficial emotional consequences of the support
Kustanti et al. (2021) Indonesia, Taiwan, USA [16]	Meta-analysis	Bereavement support	Targeted at adult family caregivers; compared when delivered by professionals and non-professionals	<p>Efficient in reducing grief, depression, and anxiety:</p> <ul style="list-style-type: none"> a group format was more effective for grief. a combined group and individual format for depression. an individual format for anxiety. Bereavement support was more effective if delivered by professionals
Farabelli et al. (2019) [17]	Research article	Family-centered (family meetings)	Delivered by PWs	Due to their training and expertise, palliative social workers are effective in family-focused care. Family meetings improve patient outcomes, reduce concerns, increase confidence, and the number of needs being met
Mowl [2018] [18]	Article	Bereavement support	<ul style="list-style-type: none"> Support to understand and emotionally integrate the death and care decisions Support with the management of the funeral and legal issues 	<p>Inefficient due to deficits in two areas:</p> <ul style="list-style-type: none"> lack of effective care during traumatic deathbed experiences lack of professional support immediately after the death of a patient, according to caregivers
Del Gaudio et al. (2012), USA [19]	Research article	Family-centered	FFGT model with three phases: <ul style="list-style-type: none"> assessment intervention termination 	<ul style="list-style-type: none"> Efficient only modestly due to challenges in difficult families Trained social workers or psychologists should be employed to deliver family therapy
Kristjansson et al. (2002) [20]	Review	Family-centered	<ul style="list-style-type: none"> Informative-focused Facilitating the family's abilities to provide comfort and pain relief Emotional support Support in decision-making Preparing for the patient's deterioration 	Efficient as these supportive interventions are easy to implement by clinicians and meet the needs of caregivers
Milberg et al. (2005), Sweden [21]	Research article	Support groups	6 or 7 meetings of each support group with professional leaders (social worker and physiotherapist)	Efficient; however, there is a need for a support group for a longer period than studied and for a better intervention to COPE with bereavement



Table 2. cont. A review of the literature — intervention frameworks presented

Authors (Year), Country	Type of study	Supportive interventions	Key elements	Efficacy
Henriksson et al. (2011), Sweden [22]	Research article	Support groups	6 meetings, each with a professional guest from the caring team and with two nurses as group leaders	Efficient as different needs of family members were met (information, emotional support, practical care, assurance of good patient care)
Soikkeli-Jalonen et al. (2023), Finland [23]	Qualitative descriptive study	Psycho-social	Mainly information sharing and conversations: <ul style="list-style-type: none"> • informational support • comprehensive support Delivered by healthcare professionals	Inefficient due to restrictions in organizational resources (emotional and informational support was not sufficient and the needs of caregivers were not met)
Haan et al. (2022), the Netherlands [24]	Qualitative study	Educational support	The use of comics (the graphic novel <i>Naaften</i>) as an aid in supportive conversations with caregivers of patients terminally ill	Ambiguous efficacy: the use of novels raises emotions and awareness; however, it might be harmful to caregivers due to its directness, emotional impact, and superficiality
Cain et al. (2004), Canada [25]	Article	<ul style="list-style-type: none"> • Informative support • Psychological support 	6 focus groups for caregivers of terminally ill people: interviews providing insights into the support they received from palliative services	Inefficient in the setting of the formal caregiving system: little emotional support, deficits in information-sharing, the lack of preparedness and financial support
Aoun et al. (2017), Australia [26]	Research article	<ul style="list-style-type: none"> • Community support • Bereavement support 	Anonymous surveys collected from clients of funeral providers focused on the bereavement support received from palliative care services	Inefficient, since bereavement support does not fully meet guidelines and employ accessible tools. The emphasis should be more put on the pre-bereavement period to achieve long-term benefits
Guldin et al. (2011), Denmark [27]	A longitudinal cohort study	<ul style="list-style-type: none"> • Complicated grief risk assessment • Bereavement support 	<ul style="list-style-type: none"> • Professional risk assessment dichotomized into non-complicated or complicated reactions of caregivers • Bereavement services post-loss 	Inefficient in preventing CG and depression by the imprecise risk assessment tools; problems in allocating bereavement support
Chung et al. (2019) [28]	Review	<ul style="list-style-type: none"> • Stress management • Promoting positive emotions • Educational initiative • Peer support 	6 community-focused initiatives professionally led with different tools e.g. DVD, soap operas, group sessions, virtual communities	Efficient in improving psychosocial well-being
Belletti et al. (2010), Italy [29]	Descriptive study	Psychological and spiritual support	Psychological support both during hospice care and after the death: given individually and by professionals. Less often in a group format	Inefficient when a patient is being cared for at home, not at the hospice facility; beneficial as an intervention in general
Hudson et al. (2012), Australia [30]	Guidelines	<ul style="list-style-type: none"> • Setting up family caregiver support • Assessing needs and establishing a plan of care • Preparing for death • Bereavement support 	Guidelines developed for multidisciplinary health professionals and they were	<ul style="list-style-type: none"> • Efficient in diminishing the risk of complicated grief and prolonged grief disorder • Inefficient as there is no official requirement to adopt these guidelines and their prevalence is still unknown

CG — complicated grief; COPE — company-owned, personally enabled; FFGT — family focused grief therapy; PWS — palliative social workers

Self-esteem

By strengthening their sense of self-efficacy and increasing their ability to handle difficulties, these interventions helped families and caregivers gain greater confidence in their roles. Additionally, the improvement in quality of life was evident in better relationships with their dependents and their social environment. This allowed caregivers to engage more effectively in family and social life, which in turn positively affected their overall well-being and life satisfaction [14, 15].

Initiation

There is a pressing need for diverse support for families during serious illness and after the patient's death, with early intervention and continued care being crucial. Family care should begin at the time of diagnosis and treatment of the patient to better cope in the advanced stage.

Mental health specialist

A significant issue is the limited time non-specialists in mental health dedicate to supporting caregivers of palliative patients. It is concerning that some studies found that interventions provided by non-specialists in the field of mental health often demonstrated limited effectiveness, while support provided by specialists can reduce psychological symptoms such as sadness, depression, and anxiety [13, 16]. Therapists have the opportunity to apply the most recommended interventions from the family-focused therapy model to support families [17]. However, this process requires properly trained social workers or psychologists. It is therefore important to maintain regular contact with qualified mental health professionals by those close to the dying patient. Consideration could be given to regular meetings of caregivers with specialists.

Bereavement

Commonly observed among patient families is immediate withdrawal by medical staff after the patient's death, resulting in a lack of support during the grieving period [18, 19]. Medical staff should be trained in communication and emotional support for patient families facing serious illness and after their death. These trainings can help medical personnel better understand the needs of families during this difficult time and provide them with appropriate support.

Support group

Support groups for family members appear to be a valuable aspect of palliative care, providing a space to express needs. Group support programs

can be a valuable and acceptable intervention for family members, additionally inspiring nursing staff to develop and lead similar activities [21–29].

The study has obvious limitations associated with its methodology. The literature review was limited to other reviews focused on support for families and close relatives, which was a significant constraint. Additionally, the review included only 18 studies; however, similar issues arose in each of them. So it's worth delving into this topic and developing specific steps that can be taken to support families. The only guidelines to refer to are Australian [30]. They can be very helpful, however, there is a gap in the European market that could be filled. Hospices can also establish specialized teams for family care, responsible for providing emotional and practical support to patient families after their death. These teams can consist of experienced specialists who can provide high-level support.

Conclusions

This study aims to underscore that the development and improvement of family support in palliative care remain a research priority in the field. It highlights the urgent need to include families in the patient's care plan by providing them with high-quality psychosocial support. There is an undeniable need to support families in difficult situations, such as serious illness and grief. The effectiveness of currently available methods leaves much to be desired, hence there is an urgent need to develop and improve this field. It is imperative to pay greater attention to supporting families, which can have a fundamental impact on the quality of palliative care.

Article information and declarations

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Author contributions

All authors contributed equally.

Conflict of interest

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None.

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