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# Bereavement support: evaluation of a palliative care memorial service

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**Key words:** bereavement; hospices; memorial service (non-MeSH)

A memorial service providing bereavement support in a palliative care unit is evaluated. Results indicate that respondents found it to be a positive experience, particularly in relation to its formality and content. One-fifth of respondents experienced distress during the service, but this was evaluated as appropriate, being related to personal thoughts, feelings of loss and sadness, and remembrance.

**Mots-clés:** deuil; hospices; service commémoratif

Cet article évalue un service commémoratif apportant un soutien pour ceux qui sont affligés d'un deuil dans une unité de soins palliatifs. Les résultats indiquent que ceux qui ont répondu ont trouvé l'expérience positive, en particulier en ce qui concerne sa forme structurée et son contenu. Un cinquième d'entre eux ont éprouvé de la détresse pendant le service mais ceci a été estimé approprié car en relation avec des pensées personnelles, de la tristesse, du souvenir et des sentiments liés à la perte d'un proche.

## Introduction

The Illawarra Area Health Service, as part of its palliative care service, provides a 12-bed inpatient unit in Bulli District Hospital. The unit provides respite care, symptom control and terminal care for people in palliative stages of an illness. In upholding the philosophy of total care for a person and the extended family it is staffed by a multidisciplinary team to incorporate the physical, social, emotional and spiritual needs of patients and families.

As part of the 'total' care concept, the team organizes a memorial service every six months for families of patients who have died in the previous six months (though invitations to those bereaved in the last six weeks are delayed until the next service). The memorial service is one component of bereavement follow-up from the palliative care unit. In addition, a phone call is made one to two days after death to a family member by the unit registrar. Many family members express a desire to visit the unit again to see staff, generally within the next couple of months. This is always encouraged, and provides an opportunity for families who have spent hours a day, sometimes for months, with the staff to remember some of those times together.

Formal bereavement follow-up is offered four to six weeks after death in a bereavement card sent from the unit. This is a handwritten card, sent by a volunteer on behalf of the staff. It provides information about the availability of bereavement counselling/support from the unit social worker and details of how to make contact. If the family

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has been well known to the social worker, the social worker writes the card, and provides a follow-up phone call where appropriate several weeks later. In cases where a death has occurred relatively soon after admission, a community health nurse may know the family well. In such cases, the community health nurse follows up the family initially and makes a referral to the social worker if required by the family. Bereavement follow-up by the unit social workers is available at the client's home or in an office.

The memorial service is planned by a committee composed of the unit's chaplain, two social workers, a volunteer co-ordinator, secretary, and a nurse. The service has run for four years in basically the same format. The format consists of a welcome to those who attend, the singing of several hymns and songs, a prayer or invitation to quietly reflect, a talk by a chaplain, the reading of poetry/prose by a staff member, and one or two items by a soloist or choir/ensemble. It is followed by an informal supper with the opportunity for staff and families to be together.

While comments made to staff following previous services had suggested their value, the palliative care team was concerned as to how the service was generally received and whether it or parts of it were possibly distressing to relatives and friends of the deceased. A questionnaire was developed to provide a more objective assessment and to determine whether certain aspects could be improved.

## Method

The questionnaire (see Appendix) was prepared prior to the memorial service held in September 1991 to gain feedback from those who attended. Clearly written at the top of the questionnaire were an assurance of anonymity, voluntary participation, and the aim of evaluation. Of the 71 people who attended the service, 50 responded (71%).

## Results

These are tabulated for questions 1–11 in Table 1. In addition to this, 48% made general comments, 75% of which were positive. The other 25% suggested some form of alteration to the service. These responses are summarized in Table 2.

## Discussion

In considering the total care of people and families affected by terminal illnesses, the memorial service outlined here was developed with the intention of providing support for those recently bereaved. In fact memorial services are a common component of hospice care as evidenced by a bereavement services survey sent to provider members of the National Hospice Organization (USA). This showed that over 64.5% of hospices offer such memorial services to bereaved family members.[1]

The results of this survey indicate that most respondents had a very positive attitude about the value of the memorial service. Particularly emphasized were positive feelings towards the existing formality and content of the service, including participation in singing, reading of poetry, and the chaplain's address. Comments, such as 'helpful for the healing process', feeling 'cared about' and a 'sense of sharing which eased the feeling of being alone in grief' suggest that the service is a significant intervention in bereavement support.

These comments are supported in an article by Jean Clayton, who discusses her experience as a caregiver for families of the dying in her role as pastoral associate of St Joseph's Health Centre of London. In the article, she recommends memorial services for two purposes. Firstly, as an opportunity for staff to be available to the family for closure and, secondly, as a means of providing therapeutic ministry.[2]

A number of responses required discussion and interpretation by the memorial service committee. Question 6, which asked about the amount of religious input, received far more diverse feedback than any other. The range was discussed possibly as a reflection of the religious diversity among people. However, the high 'don't know' response reflects the complexity and difficulty of this question. The question lacked clarity as to whether more or less religious input related to the same or other sorts of religious input. Hence the wording of the question was not specific enough to allow confident interpretation of the responses.

**Table 1** Responses to questionnaire

| Question (see Appendix) | Response |
|---|---|
| 1) Venue: hospital hall across the road from palliative care unit | 98% convenient, 2% 'don't know' |
| 2) Formality: structure, with an order of service, informal supper afterwards | 76% right level, 12% wanted more, 10% 'don't know', 2% didn't answer |
| 3) Participation in singing: several hymns and songs in which all participated | 80% liked participating (nearly all favouring combination of hymns and songs), 10% disliked participating, 10% 'don't know' |
| 4) Soloist/choir/ensemble: one or two items by one of these | 66% would recommend, 10% would not, 22% 'don't know', 2% didn't answer |
| 5) Reading of poetry/prose | 86% helpful, 2% not helpful, 10% 'don't know', 2% didn't answer |
| 6) Amount of religious input: one or two hymns, offer to pray or reflect, short talk by chaplain | 34% would like more, 30% level appropriate for needs, 8% less, 24% unsure, 4% didn't answer |
| 7) Relevance and/or meaningfulness of talk: talk by chaplain (approximately 10–15 minutes) | 92% found talk relevant and/or meaningful, 6% 'don't know', 2% didn't answer |
| 8) Level of involvement by staff: one staff member reads a piece of poetry/prose, others attend and mingle afterwards at supper | 90% level adequate, 6% not enough, 2% 'don't know', 2% didn't answer |
| 9) Contribution of ideas about songs, poetry, or any part of service: not previously invited from the bereaved | 54% did not wish to contribute ideas, 18% would, 18% 'don't know', 10% didn't answer |
| 10) 'Has the service been a more positive or a less positive experience for you personally?' | 98% more positive, 2% didn't answer |
| 11) 'Are you experiencing feelings of distress by any part of the service?' | 66% no distress, 20% distress (related this to personal thoughts and feelings of loss/sadness/remembrance), 10% 'don't know', 4% didn't answer |

In question 9, where approximately half of respondents indicated no interest in contributing ideas about the service, it was felt that a significant number (18%) had expressed interest. Hence the committee decided that future invitations would include the offer to receive ideas from guests, with the proviso that time may not allow for the inclusion of all suggestions.

**Table 2** General comments about memorial service

Positive comments:
- Helpful for the healing process.
- Sense of sharing which eased feeling of being alone in grief.
- Opportunity to see staff again and express thanks.
- Hymns and verses were meaningful.
- Feeling of being cared-about.

Suggested alterations:
- Piano needs tuning; PA not reaching those at rear of hall.
- Would like more prayer for staff and support people.
- Would like more staff participation.
- Would like more staff at service.
- Would like service lengthened to one hour.
- Would like in the introduction by the speaker and the chaplain: who they are, from which church, experience in the church.
- Bible topic could have been more appropriate.

One fifth of respondents to question 11 indicated that they had experienced feelings of distress during the service. The committee considered the experience of distress to be appropriate grieving, based on the written comments received, and the fact that 98% of respondents had indicated that the service had been a 'more positive experience' for them overall. Furthermore, as no suggested alterations related to distress had been made in the general comments section, the committee concluded that feedback about distress was not a reason to change the service.

Question 4 was considered to be ambiguous, leading to a high 'don't know' response, and was left out of the evaluation.

In relation to the general comments made in the final question, the committee resolved to tune the piano, review the PA system and to raise staff awareness of the importance of their presence for the bereaved who attend.

## Conclusion

This evaluation substantiates the role of a memorial service as a positive aspect of palliative care delivery. In particular, the formality and content outlined were appropriate and only minor changes were required to improve on it. This also reflected favourably on the ability of a hospice or unit to predict and design an appropriate format for the memorial service as a support to bereaved relatives and friends.

**Acknowledgement**

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## References

1 Lattanzi-Licht M. Bereavement services: practice and problems. *Hospice J* 1989; **5**: 1–28.
2 Clayton J. Palliative care ministry to families. *Chac Rev* 1990; **18**: 11–13.

## Appendix: memorial service questionnaire

This questionnaire is anonymous, and there is no obligation to fill it in. It is an attempt to evaluate the memorial service. For some time we have held the service in its current format, and your answers to the following questions may indicate aspects to improve upon.

1) Was the hospital hall a convenient and/or suitable venue for you?
Yes [ ] No [ ] Don't know [ ]

2) Would you have liked the service to be more or less formal?
Yes [ ] No [ ] Don't know [ ]
*If yes*: More formal [ ] Less formal [ ]

3) What is your feeling about participating in singing?
Like [ ] Dislike [ ] Don't know [ ]
*If like*: Would you prefer all hymns [ ]
Would you prefer: all songs (no hymns) [ ]
Would you prefer a combination of hymns and songs? [ ]

4) On the basis of tonight's experience, would you recommend participation from a soloist/choir/ensemble?
Yes [ ] No [ ] Don't know [ ]

5) How did you feel about the reading of poetry/prose. Was it helpful to you in this setting?
Yes [ ] No [ ] Don't know [ ]

6) Would you have liked the service to have had more or less religious input?
More [ ] Less [ ] Unsure [ ]

7) In your assessment, was the talk relevant and/or meaningful for you?
Yes [ ] No [ ] Don't know [ ]

8) Was the level of involvement by staff adequate in your opinion?
Yes [ ] No [ ] Don't know [ ]
*If no*: Too much [ ] Not enough [ ]

9) If you had been given the opportunity, would you have wished to contribute ideas about songs, poetry, or any part of the service?
Yes [ ] No [ ] Don't know [ ]

10) Has this service been a more positive or a less positive experience for you personally?
More positive [ ] Less positive [ ]

11) Are you experiencing feelings of distress by any part of the service?
Yes [ ] No [ ] Don't know [ ]
*If yes*: Would you like to give further feedback?

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12) General comments:

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Thank you for taking the time to complete this questionnaire