



Family Perception Toward Bereavement Services in Palliative Care Medicine, King Fahad Medical City, Riyadh City

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Received: November 10, 2025; **Published:** November 13, 2025

Abstract

Background: Bereavement support is a vital aspect of palliative care, aimed at providing emotional and psychological assistance to families coping with the loss of a loved one. The quality of these services significantly impacts the well-being of bereaved family members, making it essential to assess and understand their satisfaction levels.

Aim: The study aimed to identify the satisfaction of families who received bereavement support in the palliative care department.

Methods: A cross-sectional study at King Fahad Medical City (KFMC) in Riyadh among bereaved family members from 2022. Data was collected via a self-administered questionnaire covering the socio-demographics of patients and satisfaction with bereavement services. Statistical analysis was conducted using the Statistical Program for Social Sciences (SPSS) computer program (version 26.0, Armonk, NY, USA). P-values less than 0.05 were considered statistically significant.

Results: The study included 150 cancer patients receiving palliative care, with a mean (SD) age of 60.47 (15.7) years. Most were Saudi nationals (96.7%), and 53.3% were female. A significant portion (68%) was admitted from Medical Oncology departments, with a mean (SD) length of stay of 27.58 (30.2) days. Only 0.7% of patients had a PPS score of 70%, and 99.3% chose to Allow Natural Death. Phone calls from the Spiritual Department provided bereavement support for their families. Additionally, 95.3% of patients did not need further referrals, and family satisfaction was 92.7%, with higher dissatisfaction reported for female patients (11.3%) compared to males (2.9%).

Conclusion: The findings highlight the essential role of palliative care in managing advanced illnesses, emphasizing the need for specialized units and comprehensive support. The high level of family satisfaction underscores effective care practices, though addressing gender differences in bereavement support could enhance outcomes.

Keywords: Palliative Care Medicine, Bereavement, Emergency department, Family, King Fahad Medical City

Introduction

The Kingdom of Saudi Arabia (KSA) has a population of 37 million people and records an annual mortality rate of 3.5 deaths for every 1,000 individuals.¹ In 2020, cancer led to almost 10 million fatalities worldwide. The types of cancer most frequently diagnosed are breast, lung, colon, rectal, and prostate cancers. Individuals with these

conditions need comprehensive care at every stage, whether seeking curative treatments or focusing on palliative care for comfort.²

Over the past few years, palliative care in the country has significantly evolved, indicating a noteworthy change in healthcare focus. Key developments include the founding of the Saudi Society for Palliative Care in 2010 and the National Palliative Care Program by the Ministry of Health in 2016, both of which have been crucial in improving the

delivery of palliative care services in the nation.³ In Saudi Arabia, palliative care services have grown and diversified, now offered in a range of healthcare environments, including hospitals, primary care centers, and home-based care.^{4,5} Additionally, both private and nonprofit organizations make important contributions to this field. However, disparities in service availability, facility resources, and access to specialists exist across various country regions.⁶

A study exploring bereavement care perceptions among nurses and bereaved family members in a Hong Kong oncology unit. The results revealed three themes from bereaved family members: being informed, being supported, and being with the patient before and after death. The study concluded that current bereavement care could be improved. Family members wanted more involvement in patient care to impact their grief positively.¹ Another study was conducted using telephone interviews with 53 relatives of adults who experienced non-traumatic, non-sudden hospital deaths. The purpose was to evaluate family satisfaction with end-of-life care and bereavement support. Overall, satisfaction ratings were high; however, the involvement of social workers and chaplains in providing bereavement support was minimal.²

Recent advancements in medical treatments have resulted in a greater variety of complex needs for patients and their families.³ Palliative care emphasizes the importance of supporting the patient and their family caregivers (FCs), recognizing both as vital parts of the care process.⁴ It is essential to view family caregivers as active members of the care team who also require attention and support.⁵ Although being a family caregiver can be fulfilling and bring a sense of joy and purpose while caring for a loved one during difficult times, it often involves long hours and the emotional and physical challenges of watching someone close suffer.⁶

Evaluating family satisfaction with bereavement services is essential to ensure care meets their needs. This study aims to assess and enhance the quality of bereavement support provided by the Palliative Care Department at King Fahad Medical City (KFMC). By identifying factors influencing satisfaction, the study seeks to improve overall effectiveness and better support families during difficult times.

Methodology

Study design and population

A cross-sectional study was conducted at King Fahad Medical City (KFMC) in Riyadh, which provides bereavement support services. The study recruited individuals listed as next of kin for patients who died under our care between January 1, 2022, and December 31, 2022. Medical records of all inpatient deaths, including sudden, unexpected, and anticipated cases covered by the palliative care department, were reviewed. Participants were relatives who experienced bereavement within one week of the death.

Sample size

All records of bereaved family members who had a relative or friend die at KFMC under the care of the Palliative Care Department in 2022.

Data collection method and tool

The data already been collected as part of clinical service of spiritual and bereavement department in excel sheet, comprising two main parts. The first part included socio-demographic data such as age, gender, nationality, and the Palliative Performance Scale (PPS). The second part consisted of a general measure question assessing family satisfaction with bereavement services, with responses classified as either yes or no.

Statistical analysis

The data was extracted and revised in an Excel sheet. Statistical analysis was conducted using the Statistical Program for Social Sciences (SPSS) computer program (version 26.0, Armonk, NY, USA). Categorical variables were described in numbers and percentages. Continuous, non-normally distributed variables were reported as the mean (SD), median, interquartile range (IQR), minimum, and maximum. The Chi-square and Fisher's Exact tests were used to compare categorical variables. P-values less than 0.05 were considered statistically significant.

Ethical considerations

The study proposal will be approved by the Clinical Research Ethics Committee of the hospital cluster with number !RB00010471Written consent was obtained from KFMC. The data was treated confidentially and used only for research purposes.

Results

Our study enrolled 150 patients who were receiving palliative care and subsequently passed away. The patients' mean (SD) age was 60.47 (15.7) years. Most of the patients were Saudi nationals (96.7%), and 53.3% were female. Nearly half of the patients (44.7%) were transferred to the Palliative Care Unit (PCU). Most admissions originated from Medical Oncology departments (68%), while 24.7% were admitted from the emergency room. (Table 1).

Age (Year)	Mean (SD)	60.47 (15.7)	
	Min-Max	19-98	
Parameters	Category	Number	Percentage
Gender	Male	70	46.7
	Female	80	53.3
Nationality	Saudi	145	96.7
	Non-Saudi	5	3.3
Admission Type	Transfer-In to PCU	67	44.7
	Carried-Over	64	42.7
	PCU Admission	19	12.7
	Medical Oncology	102	68.0
	Emergency Room	37	24.7
Admitted from	Gastroenterology	1	0.7
	Maternity	1	0.7
	Neurology	1	0.7
	Surgical	1	0.7
	Unspecified	7	4.7

PCU: Palliative Care Unit, SD: Standard Deviation

Table 1: Demographic characteristics of the patients and their admission information (N=150).

The mean (SD) length of stay was 27.58 (30.2) days. Cancer emerged as the leading cause of death, comprising 31.3% of cases. Within this category, gastrointestinal cancers were the most prevalent, followed by breast cancer (14.7%) and genitourinary cancer (13.3%). Notably, only 0.7% of cases have a Palliative Performance Scale (PPS) of 70%. Furthermore, a majority of patients (99.3%) chose the option of Allow Natural Death (Table 2).

Length of stay (Day)	Mean (SD)	27.58 (30.2)	
	Median (IQR)	19 (22.25)	
	Min-Max	0-237	
Parameters	Category	Number	Percentage
PPS%	10.0%	32	21.3
	20.0%	47	31.3
	30.0%	41	27.3
	40.0%	19	12.7
	50.0%	7	4.7
	60.0%	3	2.0
	70.0%	1	0.7
Code status	Allow Natural Death	149	99.3
	FULL CODE	1	0.7
	Gastrointestinal	47	31.3
	Breast	22	14.7
Diagnosis of cancer	Genitourinary	20	13.3
	Liver	16	10.7
	Lung	11	7.3
	Head and neck	9	6.0
	Brain and CNS	7	4.7
	Sarcomas	4	2.7
	Blood and Lymphatic	3	2.0
	Others	11	7.3

IQR: Interquartile range, SD: Standard Deviation, PPS: Palliative Performance Scale.

Table 2: Medical information of the patients (N=150)

All bereavement givers were from the Spiritual Department. The type of communication was through phone calls. The majority of patients (95.3%) did not require additional referrals, while a small percentage needed referrals to social workers (4.0%) and psychiatry (0.7%).

Family satisfaction is notably high, with 92.7% of families expressing satisfaction with the care provided (Table 3).

Bereavement giver	Spiritual Department	150	100
Type of communication	Phone call	150	100
	No need	143	95.3
Need referral to	Social worker	6	4.0
	Psychiatry	1	0.7
Family satisfaction	Yes	139	92.7
	No	11	7.3

Table 3: Family Satisfaction and Communication Information

Only 7.3% of families were dissatisfied with the bereavement services (Figure 1).

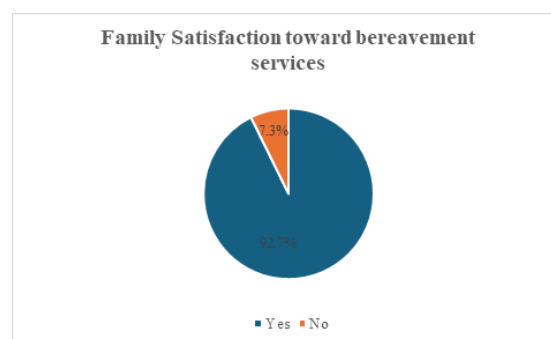


Figure 1: Family Satisfaction toward bereavement services

Factors		Family satisfaction N (%)		p-value
		Yes	No	
Age (Year)	≤ 60	76 (96.2)	3 (3.8)	0.08
	>60	63 (88.7)	8 (11.3)	
Gender	Male	68 (97.1)	2 (2.9)	0.049
	Female	71 (88.8)	9 (11.3)	
Nationality	Saudi	134 (92.4)	11 (7.6)	1
	Non-Saudi	5 (100)	0 (0)	
Admission Type	Transfer-In to PCU	63 (94.0)	4 (6.0)	0.275*
	Carried-Over	60 (93.8)	4 (6.3)	
	PCU Admission	16 (84.2)	3 (15.8)	
Length of stay (Day)	≤ 14	59 (93.7)	4 (6.3)	0.762*
	>14	80 (92.0)	7 (8.0)	
PPS%	Low	109 (90.8)	11 (9.2)	0.122*
	Moderate to high	30 (100)	0 (0)	
Code status	Allow Natural Death	138 (92.6)	11 (7.4)	1
	FULL CODE	1 (100)	0 (0)	
	Gastrointestinal	45 (95.7)	2 (4.3)	
	Breast	20 (90.9)	2 (9.1)	
	Genitourinary	18 (90.0)	2 (10.0)	
	Liver	15 (93.8)	1 (6.3)	
	Lung	11 (100)	0 (0)	
Diagnosis of cancer	Head and neck	9 (100)	0 (0)	0.465*
	Brain and CNS	6 (85.7)	1 (14.3)	
	Sarcomas	3 (75.0)	1 (25.0)	
	Blood and Lymphatic	3 (100)	0 (0)	
	Others	9 (81.8)	2 (18.2)	
	No need	132 (92.3)	11 (7.7)	
	Psychiatry	1 (100)	0 (0)	
Need referral to	Social worker	6 (100)	0 (0)	1*

Table 4: Association between the patients' characteristics and family satisfaction toward bereavement services.

Discussion

While pain and symptom management are often the most recognized function of Palliative Care Services (PCS), many patients and family caregivers (FCs) highly value the coordination role that facilitates communication between different care environments and medical services. FCs seek practical assistance with administrative tasks, including equipment requests and reimbursement processes. Additionally, they highlight the importance of having a designated contact person who can bridge the gap between community resources and hospital care.¹ This research focused on evaluating the satisfaction levels of families who have accessed bereavement support within the palliative care department at KFMC in Riyadh.

A high family satisfaction was found towards bereavement services in 2022. Similarly, a study carried out at the King Faisal Specialist Hospital and Research Center (KFSH&RC) in Riyadh, Saudi Arabia, indicated a favorable experience with both inpatient and outpatient Patient Care Services, whereas the majority of patients had cancer. Other studies in Australia, Germany, and India reported a higher satisfaction with PCS among caregivers. Our study also found more significant satisfaction regarding male patients than females. Similarly, a study in KFSH&RC found the same.¹⁷

Pidgeon et al. investigated the experiences of patients regarding their pain levels and other symptoms while under the care of palliative care services (PCS). Their research indicated that patients often exhibit greater instability and increased symptoms when admitted to the hospital. For those patients under PCS supervision, hospital admissions frequently result in extended stays due to poorly managed symptoms and uncertainty about the progression of the disease. This can have a considerable impact on the physical and psychological well-being of family caregivers (FCs). Additionally, other studies have shown that family anxiety and depressive feelings tend to be lower in outpatient settings.²¹

Furthermore, a comprehensive review of bereavement programs offered by hospitals revealed that these initiatives provided families with a sense of care, diminished feelings of isolation, and enhanced their ability to cope with loss. Therefore, cultural sensitivity and customization of bereavement services to meet diverse needs are essential. Analyzing the components of support can identify what enhances client satisfaction, allowing for targeted improvements. Continuous feedback from families can facilitate service adjustments, while regular staff training on communication and emotional support is necessary for delivering high-quality bereavement care.

Limitation

This study offers valuable insights to the research community; however, it has limitations, including a relatively small sample size and being conducted at a single center, which affect the generalizability of the findings. Additionally, the self-administered questionnaires introduce various biases that may influence the results, and this study may not have considered all potential factors that could impact a family's satisfaction with bereavement services. Future research could involve a larger sample size encompassing a broader range of hospitals and investigate more comprehensive possible variables.

Conclusion

The study emphasizes the essential role of palliative care in supporting patients with advanced illnesses, particularly cancer. It highlights the

significance of specialized care units, such as the PCU, in delivering comprehensive support, especially for patients with severe illnesses, as low PPS scores indicate. The high level of family satisfaction reflects the effectiveness of current care practices. However, addressing gender differences in bereavement support could further enhance outcomes. These insights can guide future palliative care practices and policies to improve the experiences of patients and their families during end-of-life care.

Conflict of interest

All authors declared that there is no conflict of interest for this study.

Funds

No financial support for this study.

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