Introduction
Families and friends have unmet needs during the delivery of end of life care, in the acute hospital setting. In the UK there is a focus on the improvement of end of life care, in both policy and educational strategies.

Aim
The aim of this integrative review was to ascertain the information and resources bereaved families and friends need during end of life care in the acute hospital setting.

Methods
An integrative review was conducted between November 2017 and February 2018. Six electronic databases from 2014 to 2018 were searched and the quality of included studies appraised. The search terms were: terminally ill; patients; caregiver burden; patient-family relations; bereavement and palliative care. The Hawker quality appraisal tool was used to evaluate the evidence. Data syntheses was conducted combining conceptual analysis and ideas mapping.

Results
From the initial search of 432 articles, 26 full texts were reviewed, with nine studies meeting the inclusion criteria for the review. Data was generated from 42 patients, 1968 family/carers and 139 healthcare staff. Four themes emerged:

Clear and Timely Communication
- Speak directly about the issue of death
- Information at an appropriate time, especially about impending death
- Respect wishes around issues such as Advanced Directives

Workforce provision and skills
- Trained staff available at all times
- Skilled workforce
- Caring and Compassionate behaviour

Environmental factors
- Specific areas and rooms for patients and caregivers
- Single room availability
- Appropriate place of death - can be in the acute hospital setting

Financial and Social Impact
- Support to prevent financial problems related to end of life care
- Healthcare professional education

Conclusions and Recommendations for Practice
The themes generated from this review are consistent to the reported findings from the last three decades. Simple measures may help support caregivers in the acute hospital setting. Specific education and training, which enables staff to confidently communicate with the dying patient and their relatives in the acute setting, is required. More research is required on potential interventions.

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