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The Role of a Nurse in Breaking Bad News to Relatives

A Descriptive Review

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Abstract

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Breaking bad news in the healthcare field demands thoughtfulness, expertise, and empathy. Nurses play important roles as communicators and advocates for patients and their families, making them essential members of healthcare teams. The aim of this study is to discuss the essential role nurses have in breaking bad news to the families of patients. By extensively examining pertinent literature, this research seeks to investigate the different approaches utilized by nurses when informing patients' families about the bad news.

The research examines the communication and support nurses offer in various situations by analyzing 12 academic journal articles using a descriptive literature review method. Moreover, the research utilizes the PICO (Population-Interest-Context) framework for data retrieval and selection and the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) flow chart to record the screening procedure. The chosen articles also meet the criteria of the Journal Rating System in Finland (JUFO), confirming their academic value and compliance with recognized quality standards. The results are divided into two primary topics: "Communication and Support" and "Family-Centered Care."

Nurses have a diverse role, offering extensive verbal and non-verbal communication, emotional support, and continual assistance to patients' relatives. Important components of effectively delivering negative news include using effective communication methods like empathy and cultural awareness. The findings of this research carry significant ramifications for nursing skills, education, and protocols.

Keywords: breaking bad news, nurses' role, communication strategies, family-centered care, emotional support, healthcare communication, family member

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1 Introduction

Nurses indeed play a crucial role in providing quality healthcare service to all clients in general. Obligatory on their work performance is excellent giving of medical information, accurate administration of medicines and compassionate breaking of bad news as needed arises, among salient tasks identified is the most needed skill to deliver bad news to the relatives of the patients.

Effective communication facilitates delivery of bad news, hence the need to analyze the different approaches, strategies and techniques along with the support centered on family healthcare. Nurses are often the first point of contact in patient care, serving as the primary communicators due to their close interactions with both patients and their families (Miller, Porter, and Barbagallo 2023: 147; Camilo et al. 2022: 2). Studies show that 34% of patients complaints in healthcare are related to communication issues, highlighted the need for improved strategies (Reader, Gillespie, and Roberts 2014: 681-685). This challenging role requires careful consideration, skill, and time, thereby holding significant implications for the emotional well being of all parties involved. (Miller et al. 2022: 147; Camilo et al. 2022: 2). The emotional distress experienced by nurses and recipients of bad news underscores the importance of applying effective communication strategies, with 70% of patients reporting anxiety and distress after receiving poorly communicated bad news (Ptacke and Eberhardt 1996: 496-502).

Recognized fully is the support given to patients and their families by nurses to make them ready to receive, understand and manage bad news (Warnock 2014). Protocols embedded in acronym SPIKES; settings, patient perception, imitation, knowledge, empathy and strategy offer structured methods for delivering difficult information (Camargo et al. 2019: 327; Appiah et al. 2023: 2). Understanding the factors involved in communicating bad news effectively and developing clear protocols is essential (Ayalew, Mphuthi, and Matlhaba 2023: 6-7).

Protocols like SPIKES, which guide the communication process through steps such as setting, patient perception, invitation, knowledge, empathy, and strategy provide a structured framework for delivering bad news (Camargo et al. 2019: 327). These protocols have been shown to enhance patient and family satisfaction with communication by 25% (Baile et al. 2000: 304)

The output of this study hopes to encourage creativity among nurses to strategize how delivery of bad news can be best delivered with kind understanding.

2 Background and key terms

2.1 Definition of breaking bad news in the medical field

In the medical field, the term "breaking bad news" refers to the process by which healthcare professionals, primarily doctors, communicate important information about a patient's diagnosis, prognosis, or treatment to patients and their families. This communication task involves delivering factual information while also considering the emotional and psychological effects on the recipients. The research emphasizes the importance of adopting a systematic approach when conveying negative news to ensure both understanding and empathy (Warnock 2014).

Baile et al. (2000: 305-311) introduced the SPIKES protocol, which comprises six essential components: introduction, perception, invitation, knowledge, emotions, and strategy. This protocol aims to create a supportive environment that encourages patients and families to engage in discussion, ask questions, and enhance their understanding and coping mechanisms.

Understanding the significance of delivering bad news is crucial for healthcare workers, particularly nurses, who often provide continuous care. In palliative care settings, effective communication becomes especially vital, as it addresses not only medical needs but also emotional and psychosocial requirements (Karim, 2021). This holistic approach, which includes educating patients, providing emotional support, and fostering trust, greatly influences the well-being of patients and their families during difficult times (Bertoncello Fontes et al., 2017; Wahyuni et al., 2023; Miller et al., 2022).

2.2 Nurse's role in breaking bad news

The role of nurses in delivering bad news to patients' families is a vital aspect of healthcare that has garnered considerable attention in recent years. Effectively communicating distressing information is crucial for building trust, understanding, and support among patients and their families. However, nurses often encounter significant challenges when sharing negative news, largely due to a lack of communication skills and inadequate preparation for the varied emotional responses from patients and their loved ones (Wahyuni et al. 2023: 244–245; Ichikura et al. 2015). Research by Miller et al. (2023: 244) highlights that some doctors tend to avoid difficult conversations,

leading to delayed referrals to palliative care teams. Such delays can prevent patients and families from having sufficient time to prepare for end-of-life issues, placing the onus on nurses to help patients and their families understand the information conveyed by physicians. This underscores the importance of nurses possessing the necessary skills and preparation to communicate upsetting news effectively.

When a loved one receives a diagnosis of a potentially serious or life-threatening illness, family members experience pain, suffering, and distress. They require assistance in managing their emotions and guidance in navigating difficult decisions (Medeiros et al. 2021: 2-6). Studies indicate that most family members prefer face-to-face communication; 95% support in-person discussions, and 64% appreciate having a nurse present during these conversations (Seddon et al. 2021: 1314). Nurses serve a crucial role in bridging the gap between the diverse healthcare team and patients or families, offering holistic care that considers physical, social, psychological, and spiritual aspects.

Frameworks such as SPIKES and ABCDE provide structured approaches for delivering difficult news, emphasizing the importance of preparation and empathy while allowing space for patients and their families to respond (Camargo et al. 2019: 327; Buckman, 2005: 139–141). Developed by Baile et al. (2000), the SPIKES protocol includes setting, perception, knowledge, emotions, and strategy, outlining essential stages in effective communication. The SPIKES protocol assists healthcare professionals in sensitively and clearly delivering bad news to patients and their families.

Implementing these protocols in healthcare settings can enhance the quality of delivering bad news by providing a structured and compassionate approach to this challenging aspect of patient care. Additional education on therapeutic communication and comprehensive palliative care can equip nurses with the tools needed to navigate this critical element of patient care effectively

3 Purpose, aim, and study questions

Purpose

The purpose of this study is to describe the crucial role that nurses play in the task of breaking bad news to the relatives of patients.

Aim

This study aims to explore the various approaches employed by nurses in delivering bad news to the relatives of the patient.

Study Questions:

1. What is the nurse's role in breaking bad news to relatives?
2. What approaches do nurses commonly employ when breaking bad news to relatives?

4 Methodology

This study uses a descriptive literature review as a method and a qualitative study as the methodological approach. The study's conclusions are drawn through the utilization of inductive content analysis. According to Kyngäs, Mikkonen, and Kääriäinen (2020), in qualitative research, the theoretical framework or literature review serves as a crucial foundation, supplying the essential information that enables a researcher to effectively strategize the data collection process.

4.1 Data collection method

A descriptive literature review is an effective method for identifying best practices and highlighting areas that require further research. It entails a systematic and analytical critical analysis or summary of previous studies on a specific topic. The primary aim of this type of review is to locate, evaluate, and synthesize existing research, thereby providing insights into current knowledge and research methodologies within the field. By examining the literature, researchers can gain a deeper understanding of the subject matter and the approaches employed by other scholars (Paré and Kitsiou 2017).

For this study, data collection involved a systematic search across three databases available through Metropolia Libguides: PubMed Central, Medline, and CINAHL. The search was conducted under specific parameters, restricting results to articles published between 2017 and 2023.

4.2 Data search and selection

Data search efforts were guided by the PICo (Population-Interest-Context) framework, which informed the development of the search strategy. The PICo framework, outlined in Table 1, is a useful tool for descriptive qualitative studies as it allows researchers to systematically define and select participants, ensuring their relevance to the study population. By addressing the population, exploring interests, and considering contextual factors, PICo offers a structured and comprehensive approach that enhances the rigor and depth of qualitative research (Lockwood, Munn, and Porritt 2015: 179-187)

Table 1. PICo Framework (Adapted from Lockwood, Munn, and Porritt 2015)

Population	Nurses
Interest	Nurses role in delivering bad news
Context	Exploring the approaches employed by nurses when delivering bad news specifically to the patient's relatives.

This study centers on nurses, who play a critical role in delivering difficult news. Table 2 presents the search terms utilized to guide the data selection process. Prior to conducting the literature search, specific inclusion and exclusion criteria were established to identify relevant articles. Schulz, Altman, Moher, and the CONSORT group (2010) highlighted the importance of criteria that clearly define the target population to enhance internal validity. Similarly, transparent reporting is essential for facilitating repeatability and enabling comparisons across studies, which includes providing detailed information about the inclusion and exclusion criteria. Well-defined and transparently reported criteria are vital for the methodological rigor of clinical research, ensuring that study findings are applicable, generalizable, and useful for evidence-based decision-making in healthcare (Moher et al. 2001).

Table 2 outlines the inclusion and exclusion criteria. A key criterion is that selected articles must be written in English. This requirement helps ensure the accuracy and integrity of the data, reducing the risk of errors arising from translation or interpretation. Furthermore, the articles must specifically address the topic of breaking bad news, ensuring that the literature aligns closely with the research objectives and offers valuable insights into the pertinent aspects of interest. Additionally, the inclusion criteria state that abstracts of the articles must be available from the chosen database, allowing for a comprehensive examination of the research findings. Finally, only articles

from academic journals will be considered, underscoring the importance of scholarly and empirical contributions to the field. These criteria aim to enhance the relevance, reliability, and overall quality of the selected literature (Garg 2016: 640- 642).

The exclusion criteria are meticulously chosen to ensure a focused selection of articles that align closely with the review's specific goals. Articles that concentrate solely on doctors or students are excluded, reinforcing the primary interest in understanding nurses' roles, challenges, and experiences in delivering bad news. This intentional exclusion allows for a more in-depth exploration of the nurse's perspective. Studies that are deemed irrelevant to the topic are also excluded to maintain the integrity and relevance of the reviewed literature. These exclusion criteria help narrow the focus, prioritizing articles that directly contribute to understanding how nurses navigate the complex process of informing patients and their families about bad news (Garg 2016: 640-642).

Table 2. Inclusion and exclusion criteria

Inclusion	Exclusion
Research articles from 2017 to 2023	Research articles published before 2017
Peer-reviewed and Primary Articles	Non-peer reviewed and review articles
English language	In other languages than English
Abstract Available	Abstract Unavailable
Relevant to the role of the nurse in breaking bad news	Focuses on doctors or students

The literature search was conducted using databases such as CINAHL, PubMed, and Medline. These specific databases were chosen due to their extensive collection of relevant scientific journals compared to other options, as well as their ability to yield a significant number of results with the selected keywords. The search utilized keywords including "nurse's role," "breaking bad news," and "relatives." Boolean operators "AND" and "NOT" were employed to refine the search results and exclude certain groups. Specifically, to filter out literature related to medical students, children, and doctors, the operators "NOT 'medical student'" and "NOT 'doctor'" were used (see Appendix 1).

Following this, the PRISMA flow diagram was utilized for several tasks:

1. To summarize the screening process

2. To document the total number of articles identified and guide the selection process.
3. To provide detailed information and a report on all referenced articles eligible for inclusion in the final literature review.
4. To present the studies that met the inclusion criteria after screening and full-text review.

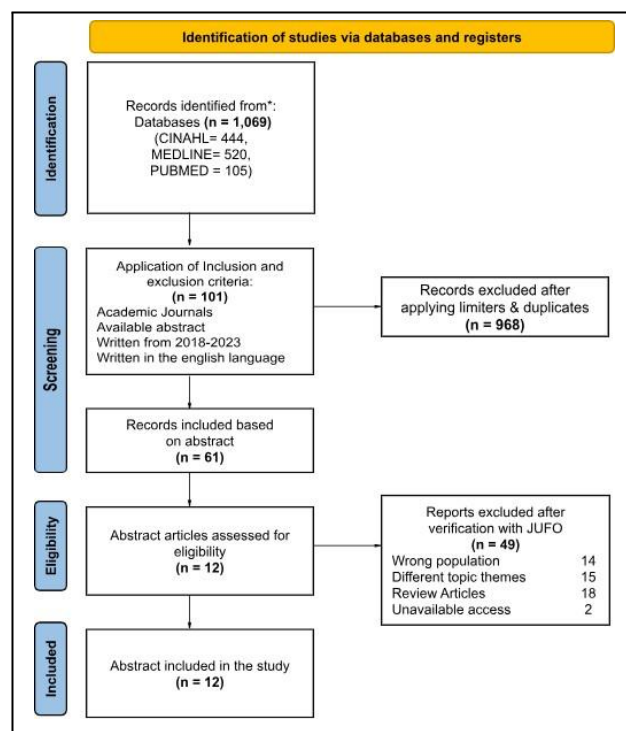


Illustration 1. PRISMA Flow diagram

After reviewing and assessing the full text of the journal articles to determine their relevance to the study, the researchers utilized Julkaisufoorumi (JUFO), a publication platform that evaluates the quality of research outcomes. A total of 12 journal articles that met Level 1 criteria were selected for this study after confirming the classification level of the publications (see Illustration 1).

4.3 Data analysis method

The systematic analysis of data collected from carefully selected and relevant study materials utilizes a content analysis strategy. This approach enables the inductive derivation of conclusions from the research conducted. According to Holloway and Galvin (2017), inductive content analysis (ICA) is a method that involves collecting and

analyzing data without relying on pre-established categories or theories. Rather than imposing patterns and themes onto the data, this method allows them to emerge naturally, leading to a deeper understanding of the research findings.

In this analytical framework, the author developed a five-step process for conducting inductive content analysis, as illustrated in Illustration 2. The steps are as follows: select the unit of analysis as meaning units, identify open codes, group open codes to form sub-concepts, integrate sub-concepts into generic categories, and, finally, consolidate generic categories into two main concepts (Kyngäs, 2020).

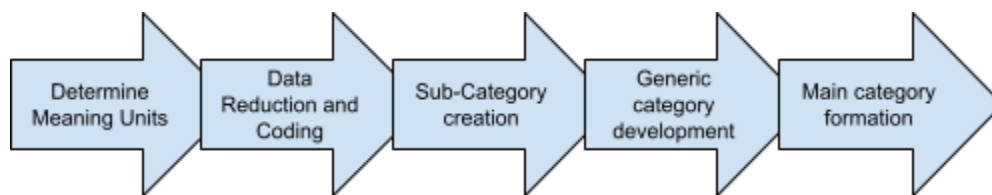


Illustration 2. Inductive content analysis procedure

According to Elo and Kyngäs (2008), one approach to inductive content analysis involves a systematic process that includes open coding, category creation, and abstraction. Initially, researchers immerse themselves in the data to gain a comprehensive understanding of the content. Meaningful units are identified and labeled through open coding, resulting in initial codes that capture key concepts. Subsequently, these codes are grouped based on similarities, which sets the stage for the emergence of themes. The analysis of new data involves a continuous comparison and refinement of categories and codes, employing a flexible and iterative methodology. This inductive content analysis, characterized by data-driven exploration and systematic coding, enables the generation of insights directly from the data. Its methodological flexibility is particularly beneficial for examining complex and nuanced phenomena, ensuring that conclusions are rooted in the perspectives and experiences of participants (Kyngäs, 2020: 14).

In this study's data analysis, the terms meaning unit, codes, sub-categories, generic categories, and main categories were utilized. Throughout the analytical process, the authors organized, classified, and contrasted the concepts and themes by examining variations in the coded data. The objective was to transform the raw data into an abstract that emphasized key ideas and categories while suggesting potential theoretical connections.

Before commencing the analysis, the authors thoroughly reviewed all the information. The selection of data for analysis by the researchers represents the initial stage of the analytical process, as illustrated in Table 3. This stage involves searching for and examining terms, phrases, and definitions in unprocessed data, including abstracts, findings, conclusions, and results.

Table 3. The unit analysis and coding

Meaning Unit	Coding Unit
“Nurses have a moral and ethical responsibility to be part of an interdisciplinary team to prepare families to disclose the child’s HIV condition to him/her by promoting openness, organization and clear conversation.” (Moura Bubadué et al. 2019)	The moral and ethical obligation of nurses.
“Advocacy care consists of providing family counselling, updating information about HIV and recognizing the capacities of families and children.” (Moura Bubadué et al. 2019)	Advocacy care for effective communication approach.
The role of the nurse goes far beyond just being present during the moment of communicating bad news. Their role is to be supportive and be by the family’s side, recognizing their needs and thinking of strategies to minimize suffering and anxiety after communication. (Camilo et al. 2022)	Support the family, identify needs, and develop strategies to ease post-communication distress.

After selecting a unit of analysis, the next step involves determining the open codes or performing data reduction. Researchers carefully review sentences from the raw data to assess their relevance to the study questions. They utilize existing codes to compare variations and similarities in the content, identifying opportunities for consolidation. A connection is established between the raw data and the open codes, after which the researchers combine the subcategories into generic categories.

In the final phase of data analysis, the main categories are derived from the generic categories, as illustrated in Table 4. To address the research questions, the data abstracted from the sub-concepts are organized based on content similarities. The data tabulation systematically arranges the included articles into distinct categories, aligning them with the specific research questions they address.

Table 4. Selected articles analysis

Main Category	Communication and support			Family-Centered Care		
Generic Categories	Comprehensive Verbal Communication	Nonverbal Communication	Communication Strategies	Psychological Care	Emotional Connection	Post care support
Subcategories	Clear and Truthful Communication Sensitivity and Respect for Autonomy	Utilizing Body Language Maintaining Eye Contact	Empathy and Reassurance Unified Communication and Encouragement	Follow-up Care and Advocacy Emotional Support and Understanding	Establishing a Connection with Family Members Involving Family in Decision-Making and Spiritual Support	Offering Informational Resources for Coping and Decision-Making Collaborating with Support Services (Social Work, Counseling, etc.)
Selected Articles:	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12	4, 5, 9, 11	1, 2, 3, 4, 5, 7, 8, 9, 10, 11, 12	2, 3, 4, 5, 8, 9, 10, 11	1, 2, 3, 4, 5, 7, 8, 9, 10, 11	1, 2, 3

5 Results

Presented in Appendix 2 are the 12 academic journal articles selected from a total of 101 found in CINAHL, PUBMED, and MEDLINE. The publications included in this study originate from various countries, with six (6) from Brazil, and one (1) each from Ghana, China, the United States, Australia, Jordan, and the United Kingdom. The review encompassed two (2) mixed-methods studies and ten (10) qualitative approaches. These journal articles were meticulously evaluated against established inclusion and exclusion criteria. Additionally, the 12 selected articles meet the Journal Rating System in Finland (JUFO) criteria, reinforcing their scholarly significance and adherence to recognized quality standards.

The academic journal articles utilized in this study served as essential sources of information, providing valuable insights into the diverse responsibilities of nurses and the common techniques employed when communicating distressing news to patients' families. The methodology involved inductive analysis to classify and categorize subheadings, leading to the identification of two main categories: "Role of nurses in breaking bad news" and "Nurses' common approaches to breaking bad news." This approach facilitated a comprehensive exploration of the roles and methods associated with these critical aspects in the context of delivering challenging news in healthcare settings.

5.1 Communication and support

5.1.1 Comprehensive Verbal Communication

Effectively communicating bad news is essential in the professional relationship between healthcare providers and recipients. Nurses, as integral members of the healthcare team, provide not only physical care but also educate patients and families, offering information, comfort, and support to address their needs. This underscores the importance of open and empathetic communication. Additionally, nurses play a critical role in clarifying and reinforcing information, particularly when language barriers or accents hinder patients' understanding (Medeiros et al. 2021: 5; Seddon et al. 2021; Evangelista Cintra et al. 2022; Appiah et al. 2023; Koch et al. 2017; Liu et al. 2019; Santos et al. 2020: 692–694).

The study's findings indicate that effectively conveying bad news to a patient's relatives is vital for the well-being and reassurance of both patients and their families, as well as for maintaining the reliability and trustworthiness of the healthcare system. Nurses serve as primary communicators and support pillars in this process. By communicating clearly and honestly while respecting autonomy, nurses can enhance informed decision-making, alleviate emotional distress for patients and families, and improve the overall quality of care. Consequently, healthcare organizations must prioritize the development of communication skills among nurses and other healthcare professionals to ensure the compassionate delivery of bad news (Miller et al. 2023: 149; Moura Bubadu e et al. 2019: 8; Camilo et al. 2022: 4; Lounsbury et al. 2023). In the study by Rayan et al. (2023: 4-7), it was found that Jordanian critical care nurses actively engage in conveying bad news, taking on responsibilities that include individual communication, translating medical jargon, and providing emotional support. A significant majority agree that patients have the right to be fully informed about their medical conditions, aligning with findings from prior research.

5.1.2 Nonverbal Communication

When delivering bad news, healthcare professionals, especially nurses, face unique challenges that require them to adapt their communication strategies, incorporating both verbal and nonverbal elements. Some nurses prefer brevity and precision, employing a technical approach to avoid giving false hope, while others prioritize empathy, quickly establishing rapport and fostering positive beliefs despite challenging circumstances (Evangelista Cintra et al. 2022: 5). A study by Koch et al. (2017)

highlighted participants' emphasis on the importance of a physician's presence during such communications, advocating for clear explanations of the clinical situation using easily understandable language to ensure clarity.

Nonverbal communication, particularly body language and maintaining eye contact, 11 proves to be invaluable in facilitating effective communication during the delivery of bad news. The sentiment of "Make good communication, not only verbally but also with touch" underscores the holistic nature of communication in this context (Santos et al. 2020: 692). Similarly, in another study by Miller et al. (2023), the necessity of conveying bad news in clear, understandable language was emphasized, requiring nurses to be adept at reading body language as a crucial indicator of patients' and families' comprehension levels.

5.1.3 Communication strategies

Communication strategies are crucial in healthcare settings, particularly when it comes to delivering difficult news to patients and their families. Numerous studies have explored the perspectives, challenges, and methods utilized by nurses in these situations. According to Rayan et al. (2022: 5-7), nurses in their research emphasize the importance of empathy, honesty, and clear communication to ensure that the families they care for feel supported and well-informed. Nurses play a vital role in this process and must be trained in effective communication techniques to assist patients and their families effectively. Similarly, Miller et al. (2023: 153–154) found that nurses highlighted the necessity of creating a supportive environment and using appropriate language in palliative care settings, as these factors significantly affect communication and the overall experience of the families involved.

However, Camilo et al. (2022) noted that both nurses and doctors often resorted to avoidance strategies, such as using vague language or steering clear of direct discussions about death, which can lead to delayed referrals to palliative care teams. In this context, family meetings were identified as valuable opportunities for clarifying information and addressing any questions (Miller et al., 2023: 154).

A qualitative study by Liu et al. (2019: 2418) revealed that cultural factors significantly influence how nurses approach disclosing cancer diagnoses. The findings highlight the variability in communication preferences due to cultural differences and stress the importance of recognizing and respecting these differences when conveying difficult information. Effective communication strategies should take cultural sensitivities into

account and be tailored to meet each patient's unique needs. Lounsbury et al. (2023) discussed how physicians and nurses in both adult and pediatric settings primarily adhered to recommended communication practices, including the adapted SPIKES protocol. Their research underscores the necessity of adopting a holistic view of communication that encompasses the cultural, spiritual, and emotional aspects of the patient's and family's experience. This approach requires a deep understanding of cultural backgrounds and the ability to provide support in a culturally sensitive manner.

Overall, the research underscores the importance of effective communication strategies in healthcare, particularly when delivering negative news. Empathy, cultural sensitivity, and a supportive environment are essential for ensuring that patients and their families receive information clearly and compassionately.

5.2 Family-Centered Care

5.2.1 Psychological care

Providing psychological care is a fundamental priority for professional nurses, who play a crucial role in supporting the mental and emotional health of their patients. Nurses prioritize understanding patients' thoughts, emotions, and behaviors by fostering open and trusting relationships. This creates a safe environment for patients to express their emotional and spiritual needs, which is essential for delivering comprehensive care and enhancing overall well-being (Medeiros et al. 2021: 5–6).

The focus on psychological care is integral to nursing, emphasizing the mental and emotional well-being of patients. Professional nurses dedicate themselves to comprehending the thoughts and feelings of those in their care. By establishing honest and trusting connections, nurses create a supportive atmosphere that encourages patients to voice their emotional and spiritual concerns. Addressing these needs is vital for holistic care and significantly contributes to patients' overall health (Rayan et al., 2023: 692).

In addition to fostering transparent relationships, a key nursing responsibility is helping patients understand and manage emotional disturbances such as anxiety (Appiah et al., 2023: 5-6). It is important to approach the grieving process with sensitivity, as emphasized by Camilo et al. (2022: 5-7), who advocate for strategies to alleviate suffering and anxiety. Thus, strong psychological support is essential.

Effective psychological support involves activities that encourage active engagement and spontaneous emotional sharing, ensuring that patients feel accepted, valued, and cared for, particularly during challenging times. This approach helps cultivate a strong therapeutic relationship between the nurse and the patient (Moura Bubadué et al. 2019: 4).

5.2.2 Emotional Connection

When delivering bad news, forming an emotional connection enables nurses to create a compassionate environment where patients and their loved ones feel heard and valued. This process involves actively listening to their concerns, demonstrating empathy, and showing genuine care for their well-being. By acknowledging and validating their emotions, nurses can help alleviate feelings of distress and isolation, fostering trust and connection. Nurses and other healthcare professionals face unique challenges when conveying complex information, which requires them to adapt their communication strategies based on the specific situation and the needs of the patient. Some professionals may choose a brief and straightforward approach, focusing on delivering the news without offering false hope, while others prioritize empathy and quickly build rapport to instill positive feelings even in difficult circumstances (Evangelista Cintra et al., 2022: 5).

According to the study by Medeiros et al. (2021: 7), emotional connection is crucial when breaking bad news, as it can significantly influence how family members cope with the realities of life's end. The trust and bond established between the nurse and the family can offer mutual support in navigating grief and sorrow. This relationship facilitates effective communication and the development of a therapeutic bond, allowing for new understandings of their lived experiences. To cultivate this relationship, the nurse must navigate several phases with the family member, starting from the initial meeting and evolving through the development of empathy, sympathy, and emotional involvement, all while aiming to alleviate suffering. In the context of death and dying, the hope that professionals provide to patients and their families must be both enlightening and realistic, ensuring that the healthcare team remains present and supportive throughout the process.

Moreover, the study by Appiah et al. (2023: 8) highlights the importance of spiritual care for the overall well-being of affected families, as it enhances coping skills, fosters feelings of hope, and reduces anxiety—factors that nurses recognize as critical to promoting positive emotional states. Similarly, research by Santos et al. (2020: 693-

694) underscores that nurses should communicate bad news with calmness and compassion, be attentive to the reactions of those they are speaking to, and be ready to offer holistic support. This includes listening, alleviating physical and emotional pain, engaging in dialogue with the family, respecting spiritual needs, and promoting a dignified death.

5.2.3 Post-care support

Nurses play a vital role in providing post-care support to patients and their families following the delivery of bad news. Their responsibilities extend beyond simply being present during the communication; they offer continuous support and remain by the family's side, attuned to their needs and devising strategies to alleviate suffering and anxiety (Camilo et al., 2022: 8).

In the study by Appiah et al. (2023: 5), findings indicate that this support can include personal visits to the affected families at home and providing home care services for 14 of those who can afford such assistance. This post-care support is crucial for helping families navigate the emotional and practical challenges that arise after receiving distressing news, reflecting the dedication and compassion of nurses in prioritizing their patients' well-being beyond the clinical environment.

The importance of this post-care support is underscored by research showing that families often struggle to cope after being informed of bad news. For instance, Santos et al. (2020: 692) highlight the necessity of maintaining open communication with families while acknowledging their emotional and spiritual needs. Similarly, Medeiros et al. (2021: 5-6) stress the importance of nurses assisting family members in finding comfort and meaning in their faith, illustrating the significance of addressing the spiritual needs of those facing challenging times due to terminal illness.

6 Discussion of Results

This qualitative research, conducted through a descriptive literature review, aimed to explore the roles of nurses and their common communication approaches when delivering bad news specifically to patients' relatives. Utilizing the PICo framework for data search and selection, twelve academic journal articles were chosen for analysis.

The findings of this study emphasize the significance of establishing an emotional connection. The research identified two main categories: "Communication and Support" and "Family-Centered Care," which encompass various aspects such as verbal and

non-verbal communication, psychological support, communication techniques, emotional bonding, and after-care assistance. The results highlight the critical need for strong communication, empathy, and ongoing support to ensure that patients and their families receive bad news with compassion and understanding.

These findings align with previous research that underscores the importance of effective communication techniques, empathy, and support when conveying negative news to patients' relatives. Earlier studies consistently highlight the essential role nurses play in providing comprehensive care and emotional assistance during challenging situations (Evangelista Cintra et al., 2022; Medeiros et al., 2021; Moura Bubadué et al., 2019; Santos et al., 2020). However, this research offers fresh insights by also investigating the specific communication techniques employed by nurses when informing patients' families of distressing news. It provides a thorough examination of the diverse facets of communication and support that nurses offer in these scenarios, employing systematic methods such as PRISMA and the PICo framework.

Additionally, this research contributes to the existing body of knowledge by 15 emphasizing the importance of cultural awareness and effective communication in delivering negative information. It highlights the necessity of providing ongoing support and post-news care for patients and their families, a crucial aspect often overlooked in previous studies (Camilo et al., 2022; Miller et al., 2023). The research explores these factors to enhance understanding of how nurses can effectively assist patients and their families during difficult times by fostering relationships and providing emotional support beyond simply conveying negative information (Appiah et al., 2023; Rayan et al., 2023). Ultimately, the study underscores the importance of nurses exhibiting empathy and compassion while identifying and addressing the emotional and spiritual needs of patients and their loved ones (Medeiros et al., 2021). These findings underscore the importance of nurses adopting a holistic approach when delivering negative news, ensuring that patients and their families receive not only the necessary medical information but also the emotional support required to cope with their circumstances.

The study's limitations include its exclusive focus on nurses' communication strategies with patients' families, which overlooks the perspectives of other healthcare providers. This narrow scope limits a comprehensive understanding of the topic. Additionally, the research concentrated on a specific geographic area or healthcare setting, potentially restricting the generalizability of the findings. While the sample size is appropriate for qualitative research, it remains relatively small, which may influence the overall

representativeness of the results. These limitations highlight the need for future studies to incorporate a broader range of healthcare professionals' perspectives and to encompass various geographic and healthcare contexts to enhance the applicability of the findings.

Despite these limitations, the study's findings have significant implications for nursing practice, education, and policy. The results emphasize the necessity of providing nurses with adequate training and support to effectively communicate negative news to patients' families. Furthermore, the study highlights the importance of healthcare organizations fostering a supportive environment for nurses and acknowledging the emotional challenges associated with delivering unfavorable news. Implementing these recommendations may lead to improved patient outcomes and increased satisfaction for both patients and their families.

Based on the study's findings, several recommendations can be made for future research and implementation. First, further investigation is needed to explore the experiences and perspectives of other healthcare providers, such as physicians and social workers, involved in conveying negative information. This could provide a more comprehensive understanding of the communication process. Additionally, it may be beneficial for future research to examine how cultural differences impact 16 communication strategies in the context of delivering negative news, as cultural factors can influence how information is received and interpreted. In conclusion, healthcare organizations should consider developing training programs and guidelines to assist nurses in effectively and compassionately delivering bad news. These recommendations aim to enhance the quality of care provided to patients and their families during challenging times.

7 Ethics and Validity

Ethical principles are fundamental in scientific research to uphold human freedom and dignity, guided by criteria established by Research Ethics Committees (RECs) that oversee studies involving human participants. Adhering to these principles ensures the protection of participants' rights throughout the research process (Kottow, 2008). This thesis was developed in alignment with research ethics and responsible conduct, as outlined by TENK (2012), which emphasizes the importance of acknowledging the contributions of fellow authors through proper citation. The study conducted a literature review on the role of nurses in delivering bad news and the common approaches used while strictly following ethical standards by referencing and crediting authors

appropriately. The thesis was grounded in scientifically validated publications and adhered to the requirements set by Metropolia University of Applied Sciences. The articles utilized were obtained from reputable databases, selected based on their relevance to the research questions and rigorous inclusion criteria (Taquette and Borges da Matta Souza, 2022).

In qualitative research, validity is crucial for ensuring trustworthiness, confirming that the findings accurately reflect the meanings expressed by informants. Trustworthiness is established through carefully selected methodologies designed to uphold validity, with results reported with accuracy and confidence.

Transferability is important for applying findings to different contexts, and providing a thick description enhances external validity. Dependability is assured through techniques that demonstrate the ability to replicate the study under similar conditions. To uphold these principles, the researchers adhered to ethical guidelines, properly cited sources, utilized reputable references, ensured methodological transparency, and avoided misinterpretation of data. They employed a systematic approach for literature searching and selection, critically assessed the quality of studies, synthesized the findings, and underwent peer review to enhance the credibility of the research (Dobakhti, 2020). The researcher acknowledged the important contribution of adapted free version of quillbot application to the clarity of the paper.

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Appendices

Appendix 1. Database Search Results

Database/Date/limits	Search Phrase	Total number of hits/citations	Papers/records included based on title	Papers/Records included based on the abstract	Papers/Records included based on full-text
Cinahl	(nurs* or nurse's role) AND (breaking bad news or delivering bad news or communicating bad news) AND (relatives or family or next of kin) NOT doctors NOT medical students	444	385	21	6
MEDLINE	(nurs* or nurse's role) AND (breaking bad news or delivering bad news or communicating bad news) AND (relatives or family or next of kin) NOT doctors NOT medical students	520	88	34	2
PUBMED	(nurs* or nurse's role) AND (breaking bad news or delivering bad news or communicating bad news) AND (relatives or family or next of kin) NOT doctors NOT medical students	105	60	46	10
Records in Total		1069	533	101	18
Total number of Included studies					12

Appendix 2. Summary of Reviewed Articles

Author, Year, and Country	Topic/Purpose	Methods and Methodology	Participants	Main Outcomes	Limitations
1. Appiah, Menlah, Xu, Susana, Agyekum, Garti, Kob and Kumah, 2023, Ghana	Aimed to assess the roles and challenges of nurses providing palliative care services for patients with cancer and life-limiting conditions at tertiary Hospitals in Ghana.	Qualitative Study - Descriptive - Semi-structured Interview	Nurses n = 30	Two main themes were generated which were the delivery of palliative care and the provision of home care services. The current roles of nurses are centered around pain management, home care services, spiritual needs, and psychological care.	No limitations mentioned
2. Budadue and Cabral, 2018, Brazil	To explain families' experiences with HIV disclosure to children under the age of 13.	Qualitative Study - Interview	Participants n = 8	Results showed that according to family members, nurses play a crucial role in facilitating safe disclosure and improving treatment adherence and self-care autonomy.	Limited to Brazilian context
3. Camilo, Serafim, Salim, Andreato, Roveri and Misko, 2022, Brazil	To know the experiences of nurses in neonatal intensive care units in the face of the process of communicating bad news to the families of newborns in palliative care.	Qualitative Study - Semi-structured Interview	Nurses n = 17	Four theoretical categories emerged, with 11 subcategories inserted: meanings attributed to bad news; nursing as a support for the family; difficulties in dealing with the process of communicating bad news; nursing and involvement with the family's suffering.	The lack of nurses who worked in institutions with established neonatal palliative care services.
4. Cintra, Dias, and Cunha, 2022, Brazil	Recognize the meanings associated with communicating bad news, as proven by professional practice and the feelings and emotions that this task elicits in professionals.	Qualitative Study - Semi-structured Interview	Physicians n = 4 Nurses n = 3	Family care generated reflections and a desire to provide adequate care. After the analysis of these experiences, the Protocolo Acolher was proposed.	The participants lacked enough experience.
5. Koch, Rosa, and Bedin, 2017, Brazil	to identify the meanings attributed to the communication of bad news, articulating them with professional practice, and the manifested feelings and emotions that this task awakens in health professionals.	Qualitative Study - Descriptive - Semi-structured Interview	Participants n = 9	Results emphasized the importance of following a protocol in the process of delivering bad news to patient's families.	Only included a group of professionals from a single unit of a hospital.
6. Liu, Yang, Song, Yang, Yin and Yan, 2019, China	To qualitatively investigate and explore oncology nurses' perceptions of cancer diagnosis disclosure (CDD) for cancer patients.	Qualitative Study - Semi-structured Interview	Nurses n = 25	Four themes were identified: (a) the impact of CDD, including advantages and disadvantages for patients and nurse distress; (b) barriers to CDD, including requests from family members, patients themselves, and communication skills; (c) strategies for CDD, including communication with family members, physician-nurse collaboration, and patient education; and (d) nurses' roles in CDD, including active participants and promoters and advocates.	Due to purposive sampling, there were no male oncology nurses, and most participants were younger than 45 years.

7. Lounsbury, Nichols, Asuzu, Odiyo, Alis, Qadir, Nichols, Parker, Henry 2022, USA	To assess clinicians' self-reported knowledge of current policies in African oncology settings, of their personal communication practices around sharing bad news with patients, and to identify barriers to the sharing of serious news in these settings	Mixed Method - Descriptive Cross-Sectional Study	Participants n = 125	Effective communication necessitates understanding stigmas, treatment affordability dilemmas, and navigating family wishes, highlighting the necessity for culturally grounded communication research and program design.	Small sample size of survey respondents
8. Medeiros, Junior, de Oliveira, da Silva, Silva, Barros, 2022, Brazil	Identify the nursing staff's perception of their relationship with families of newborns and children who are in the process of death and dying.	Qualitative Study - Semi-structured Interview	Nurses n = 17	Four categories emerged from the analysis: "Caring and welcoming people, feelings and stories"; "Reactions in the midst of pain: moving between acceptance and suffering"; "Communication of bad news: challenges and strategies"; "The weight of caring and suffering".	The lack of a specialized palliative care service in the research setting.
9. Miller, Porter and Barbagallo, 2023, Australia	To explore regional nurses' perspectives of how bad news is delivered and the physical, natural, social, and symbolic environments where these conversations occur.	Qualitative Study - Semi-structured Interview	Nurses n = 6	Three central themes were developed: "conducting family meetings," "palliative care practice," and "the environment matters."	Recruitment was limited online.
10. Rayan, Hussni Al-Ghabeesh, and Qarallah, 2022, Jordan	To examine critical care nurses' attitudes, roles, experience, education, and barriers regarding breaking the bad news.	Mixed Method - Descriptive Cross-Sectional Study	Nurses n = 210	The most three important roles undertaken by nurses included: "Breaking bad news individually (2.83 ±1.03)," "Explaining doctor's words in layman's language (2.77 ±0.97)," and "Emotional support for patient and family (2.67±1.02)" respectively.	self-reported questionnaire Results are not generalizable due to the use of a convenience sampling technique.
11. Santos, Alves, Oliveira, Dias, Costa and Batista, 2020, Brazil	To investigate nurses' experience in caring for children with cancer under palliative care.	Qualitative Study - Semi-structured Interview	Nurses n = 12	The results showed that the interviewees most often experience offering assistance focused on the quality of life of their patients in palliative care.	Small sample size
12. Seddon, Dick, Carr and Lynn, 2020, United Kingdom	To gather parental feedback on the process of communicating cystic fibrosis newborn screening results to parents.	Qualitative Study - Online Survey	Participants n = 42	The survey results support the approach of a nurse as the messenger of health news.	No limitations mentioned