The role of the nurse in the process of breaking bad news in the inpatient clinical setting

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Breaking bad news

“the giving of health-related information that negatively alters the individual’s perception or expectations of their present and/or future”

(Baile 2000, Fallowfield and Jenkins 2004)
Introduction

- The term breaking bad news tends to be used to describe the moment when the patient and/or relative is provided with negative medical information about diagnosis, treatment or prognosis.

- Doctor the gatekeeper of information
  - they have responsibility for medical treatment decisions (Morrissey 1997, Verhaeghe 2005)

The alternative view
(Stayt 2007, Dewar 2000, Norton and Talerico 2000)

- BBN can also be seen as a process
  - the interactions that take place before, during and after the moment that bad news is broken
  - involves the multi-disciplinary team

- Process related activities include:
  - assessing needs for information
  - identifying and clarifying misunderstandings
  - initiating discussion
  - obtaining and explaining complex medical information
  - helping patients and relatives cope with their emotional reactions
Rationale for the study

- There has been comparatively little exploration of the process of breaking bad news or to the role of the nurse in breaking bad news (Dewar 2000).

- This study aimed to address this gap in the evidence by exploring the role of the nurse in breaking bad news in the inpatient clinical setting.
Methodology

- A descriptive survey design
- Likert type scales and open-ended questions
- Questionnaire items were identified following:
  - literature review
  - consultation with the evidence based council
  - consultation with nurse specialists in palliative care
- Two stage pilot
  - Evidence Based Council
  - 2 clinical areas - gynaecology and oncology
Data analysis

- Structured questionnaires were analysed using descriptive statistics
- The open text questions were analysed by coding the responses according to their content
- This process was carried out independently by the project lead and an academic partner
  - Codes, themes and categories were compared
  - Further discussion lead to refinement of the categories
Setting and sample

- NHS teaching hospitals trust in the North of England
- 59 inpatient areas took part in the study
- Five questionnaires were sent to the ward manager
  - distributed to nurses with a range of grade and experience
  - 30 questionnaires sent to members of the EBC
- 236 questionnaires were returned
  - 71% response rate
  - 132 medical areas, 60 surgical areas, 44 others
    - e.g. ITU, neonatology, EBC
Response

- Roles of participants
  - 60% (N=142) of participants were staff nurses
  - 27% (N=64) were ward sisters/charge nurses
  - Others included nurse specialists, clinical educators and midwives

- How many years they had been qualified as a nurse?
  - Over 30 years = 9%
  - 20 to 29 years = 25%
  - 10 to 19 years = 25%
  - 6 to 9 years = 14%
  - 3 to 5 years = 14%
  - Less than 2 years = 13%
How often have you been involved in these activities in the past 3 months?

<table>
<thead>
<tr>
<th>Aspect of breaking bad news</th>
<th>All of the time/ Often %</th>
<th>Sometimes %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing opportunities to talk about bad news</td>
<td>56</td>
<td>33</td>
</tr>
<tr>
<td>Providing support following bad news</td>
<td>56</td>
<td>36</td>
</tr>
<tr>
<td>Helping patients/relatives come to terms with the implications of bad news over time</td>
<td>47</td>
<td>38</td>
</tr>
<tr>
<td>Being present when a doctor BBN</td>
<td>39</td>
<td>43</td>
</tr>
<tr>
<td>Discussing bad news on an ad hoc basis</td>
<td>36</td>
<td>43</td>
</tr>
<tr>
<td>Preparing patients/relatives for bad news</td>
<td>36</td>
<td>41</td>
</tr>
<tr>
<td>Actually breaking bad news</td>
<td>22</td>
<td>37</td>
</tr>
</tbody>
</table>
Barriers to breaking bad news encountered by the participants

- Not having time to do it properly - 62%
- Not feeling prepared (unexpected) – 61%
- Barriers to communication (e.g. language) – 57%
- Lack of privacy – 51%
- Verbal or physical abuse – 30%
- Nurses not encouraged to be involved – 8%
Feelings about being involved in BBN

- I avoid being involved as I find it difficult - 6%
- I feel able to initiate discussions around BBN - 70%
- I have good strategies for coping with my emotional reactions - 61%
- Difficulty dealing with others emotional reactions - 25%
- I feel confident in my skills in the process of BBN - 55%
- Good system of support in my area - 50%
- I feel able to support those from different cultural backgrounds - 41%
Possible consequences from being involved in BBN

- It can be rewarding as it helps relatives/patients prepare for the future - 82%
- It has strengthened my relationship with a patient - 77%
- It has encouraged me to reflect positively on my own priorities and what is important in life - 71%
- It has allowed me to share in important moments with patients - 69%
Difficult experiences of BBN

- 128 descriptions of situations were provided
- 5 key themes were identified
  - How the bad news was broken
  - Information held by patients and relatives
  - Unexpected death
  - Reactions to bad news
  - Significant events
How bad news was broken

- Barriers to communication
  - Practical/physical
  - Language
  - Nursing knowledge deficit

- Who is (not) present
  - Relatives
  - Doctor from patients specialty medical team
  - Nurse
Information held by relatives and patients

- Issues around disclosure
  - Relatives don’t want patient to be informed
  - Relatives not being honest with the patient
  - Patient doesn’t want to be informed

- Patients relatives not being aware of fundamental information
  - not having been told the information
  - misunderstood or misinterpreted the information they had been given
Unexpected death

The consequences of unexpected death

- dying without a relative present
- encountering practical barriers such as BBN over the phone
- Relatives unprepared for the news
  - their reactions included shock, hysteria and disbelief

In three cases the nurses had given positive information about the patient’s condition shortly before an unexpected cardiac arrest
Reactions to bad news

- Negative reactions included
  - verbal abuse
  - anger
  - physical aggression
  - intimidation
  - hysteria
  - complete denial
Significant events

- Deaths that were particularly challenging or emotional for the relatives and/or the nurse
  - a prolonged death
  - a family finding it difficult to watch their loved one die
  - conflict between family members

- Situations involving mothers and daughters
  - E.g. helping a young mother come to terms with her own incurable prognosis

- Family disagreements about treatment decisions
Significant events

- Events that were particularly burdensome for the patient
  - informing a patient they had been burgled while they were in hospital
  - discharge arrangement falling through for a third time

- Exceptional demands being made of the nurse
  - a nurse who had cared for a patient from a large family had to accompany them to the mortuary on 5 separate occasions
Formal training received

- None – 53%
- Half a day or less – 24%
- Full day – 11%
- 2 to 5 days – 5%
- 6 to 10 days – 1%
- More than 10 days – 5%
## Type of training received

<table>
<thead>
<tr>
<th>Experience</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experience over time in my role</td>
<td>166</td>
</tr>
<tr>
<td>Observing practice of other Health Care professionals</td>
<td>141</td>
</tr>
<tr>
<td>Lectures during pre registration training</td>
<td>82</td>
</tr>
<tr>
<td>Taught programme with BBN as a course component</td>
<td>52</td>
</tr>
<tr>
<td>Self learning package</td>
<td>14</td>
</tr>
<tr>
<td>Taught programme specific to BBN</td>
<td>11</td>
</tr>
</tbody>
</table>
What type would be most useful?

<table>
<thead>
<tr>
<th>Experience over time in my role</th>
<th>136</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observing practice of other HCP’s</td>
<td>132</td>
</tr>
<tr>
<td>Taught programme specific to BBN</td>
<td>110</td>
</tr>
<tr>
<td>Taught programme included BBN as a course component</td>
<td>102</td>
</tr>
<tr>
<td>Lectures during pre registration training</td>
<td>60</td>
</tr>
<tr>
<td>Lecture during post reg. preceptorship</td>
<td>83</td>
</tr>
<tr>
<td>Self learning package</td>
<td>51</td>
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</tbody>
</table>
Discussion

- The findings support the view that nurses are involved in breaking bad news as a process.
- They also engage in a wide range of supportive activities around the process of breaking bad news.
Discussion

- Being involved in the process of breaking bad news had positive consequences
  - It was also associated with difficulties and challenges

- Lack of control over events or interactions was a thread which ran through many descriptions

- Current guidelines focus on the moment of BBN
  - Many participants described events in which it would be difficult to implement this guidance

- Future guidance and education should encompass the whole process of breaking bad news and acknowledge the challenges nurses face in the inpatient clinical area
  - This should include how to look after yourself when involved in BBN in a challenging and complex care environment
Discussion

- Breaking bad news is a complex skill and those involved need to feel confident in their ability to carry it out effectively.

- Few participants had received formal education or training,
  - most had gained their skills through watching others and learning from experience.

- These approaches may be appropriate for a clinically based skill,
  - learning “on the job” alone may not be meeting the needs of a sizeable number of the participants.
Conclusion

- Dewar (2000) wrote that
  - The nurses role in delivering bad news is not acknowledged
    - the vital part they play is invisible and undervalued
- In this current study nurses were shown to carry out a wide range of breaking bad news activities
  - at the moment when bad news was broken
  - before, during and after the news was given
- Further research into the process of BBN and the role of the nurse is required to ensure
  - the role of the nurse is acknowledged and valued
  - appropriate education and support are provided