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

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Why we did our study

- We wanted to explore a subject that was important to the work of all AHP’s

- Gaps in the research
  - little research on the process of breaking bad news or
  - the role of the nurse or AHPs in breaking bad news

- We decided to explore the role of the nurse in the process of breaking bad news
  - Focusing on the inpatient clinical setting
Setting and sample

- 59 inpatient areas in STH 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 from medical areas, 60 surgical areas, 44 others
    - e.g. ITU, neonatology, EBC
Response

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

- Over 30: 9
- 20 to 29: 25
- 10 to 19: 25
- 6 to 9: 14
- 3 to 5: 14
- Less than 2: 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 as it was raised unexpectedly – 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

<table>
<thead>
<tr>
<th>Positive replies</th>
<th>Mixed replies</th>
</tr>
</thead>
<tbody>
<tr>
<td>- I avoid being involved as I find it difficult - 6%</td>
<td>- I feel confident in my skills in the process of BBN - 55%</td>
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<tr>
<td>- I feel able to initiate discussions around BBN - 70%</td>
<td>- There is a good system of support when I am involved in BBN in my area - 50%</td>
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<tr>
<td>- I have good strategies for coping with my emotional reactions - 61%</td>
<td>- I feel able to support those from different cultural backgrounds - 41%</td>
</tr>
<tr>
<td>- I have difficulty dealing with patients/relatives emotional reactions - 25%</td>
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</tbody>
</table>
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 and relatives - 69%
Difficult experiences of BBN

- We asked participants to describe a difficult experience they had encountered when BBN
- 128 descriptions 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

- Two components
  - Barriers to communication
  - Who is present

- Barriers to communication
  - Practical/physical
    - lack of privacy, lack of time to explain, giving bad news over the phone, difficulty contacting family

- Language
  - e.g. tracheostomy, deafness, no shared language
Barriers to communication

- Knowledge deficit
  - not knowing the relative/patient prior to breaking bad news
  - having limited knowledge of the events surrounding the need to break bad news
  - concerns about their own level of clinical knowledge in relation to a specific aspect of care
Examples of knowledge deficit

- I had to talk to the relatives of a young man who had been on dialysis and had died earlier that day. I was on a late shift and this had occurred during the morning. I was not present at the time of death. I found it difficult to answer the family’s questions. It was distressing for all concerned.
A patient arrived onto the ward and died within 15 minutes. I did not know any of the patient’s relatives and I had to break the bad news to them on their arrival.

The decision to take a very ill patient off a ventilator: I found this difficult and hard to support the family as I had limited knowledge in this area.
How bad news was broken

- **Who is (not) present**
  - Relatives
    - Bad news broken and relatives not present
  - Doctor from patients specialty medical team
    - Patient an outlier, unable to contact own medical team
  - Nurse
    - Not present at the time so doesn’t know what has been said
Examples of “who is present”

- A lady was told she was unable to have a CABG due to poor health. She was advised to have a relative present but insisted to be told before the relatives arrived. The relatives were annoyed and abusive to staff that she was told without their presence.
Examples of “who is present”

- A patient was told bad news by the doctor with no nurse present. I eventually found the patient crying. I wasn’t very helpful as I did not have enough information to help.

- It was difficult caring for a dying patient from a different specialty. Relatives needed information from medical staff who were busy elsewhere.
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
Examples “disclosure”

- We had a young girl whose treatment had stopped working and she was commenced on a palliative care regime. However, her parents wanted her to continue to think she was going to be cured. It was difficult to explain anything as you always had to watch everything you said to her.
A female patient was keen to go home she was aware she was dying. Her partner was agreeing with her while in the room but as soon as he was away from her he was expressing concerns that he wouldn’t be able to manage and didn’t want the responsibility of looking after her.
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
Significant events

- A patient who was dying, but whose death was prolonged. I had contacted the family and asked them to sit with the patient. I had thought that the patient would pass away imminently however, a week later I was still telling the relatives the same news, this was a distressing time for the family
Significant events

- I looked after a patient who had died. The deceased came from a large family who all came at different times to say their goodbyes. I had to escort each relative separately to see the body (5 times).

- On one shift I spent the whole day breaking bad news to relatives. I found this stressful and upsetting I cried later in the company of colleagues.
Significant events

- When a patient was dying the relatives wanted us to give more drugs to expedite the death. The relatives wanted the death to happen quickly because it was too painful for them to watch.

- A patient in a terminally ill condition had two daughters who did not communicate and hated each other caused a terrible atmosphere around the patients bed side.
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>Training Type</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>
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What type would be most useful?

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

○ Our work identified that BBN was a complex activity often carried out in difficult circumstances

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

○ The majority of the nurses had no formal education in BBN
We need to

- Acknowledge the role of all staff in the process of BBN
- Provide opportunities for them to reflect on their role and their experience
- Introduce ways in which they can look after themselves when involved in BBN

Today’s programme is shaped around these themes