

Nurse's View on the Delivering Unpleasant News to Patients and Families in Al Ahsa Governorate Hospitals

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ABSTRACT

Background: One of the toughest and most challenging elements of the medical field is communicating unpleasant news to patients and their companions. Delivering Bad news is commonly understood to be the important information that healthcare provider shares with patients and their families regarding diagnosis, prognosis, deteriorations or course of treatment. The therapeutic team should also recognize the patients' social, psychological, and clinical concerns, and offer support to the person receiving the news. **The study aimed to** investigate the perceptions of nurses delivering unpleasant news to patients and their relatives.

Research Design: A cross-sectional multicenter study was applied in the current study.

Setting: The study was conducted in the largest government hospital in Al Ahsa. **Sample** this study carried out on 309 nurses of various area of specialization and work settings in Al Ahsa, Saudi Arabia. A Nurses perception about delivering unpleasant news questionnaire was used in the study, which consisted of two parts.

Results: The overwhelming majority of nurses believe that physicians are responsible for delivering bad news (85.1%). In addition, it has been found that nurses in Al Ahsa Governorate Hospitals provide moderate to high levels of psychological and environmental support, with male nurses providing greater psychological and environmental support to patients and families.

Conclusion: Based on the current study, many nurses believe that physicians are responsible for delivering bad news (85.1%), in addition, nurses generally perceive moderate to high levels of psychological and environmental support when breaking bad news to the patients.

Recommendation: Considering the results of our study, bad news handling training needs to be addressed in the curriculum of nursing programs. Further research is required to investigate the effect of training programs on healthcare providers about breaking bad news practice.

Keywords: Nurses patients' relationship, Breaking Bad news, Health communication, Truth disclosure, Nurses, Education, Family, Attitude of health personnel

Introduction

In clinical practice, interpersonal and communication skills are essential. Developing a trusting relationship between patients and practitioners through communication promotes patient-centered

treatment decisions and encourages patient engagement. It's especially crucial to communicate in a strong and compassionate style while delivering unpleasant news [1].

Any information which in a straight line or unintentionally reveals any harmful or serious health issue could change a patient's outlook and vision of life is considered "bad news". Breaking bad news to a patient is an emotionally charged experience.

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In many cases, doctors or nurses are afraid of causing harm to their patients or of being blamed for their patients' emotions when it comes to breaking bad news. These emotions may be unpredictable and unexpected [2]. Even if truthfulness has its benefits, bad news can negatively impact a relationship if it is not delivered appropriately [3].

The way in which healthcare providers communicate bad news impacts many aspects of the patient's life including their understanding of their illness, their satisfaction with their care, their level of hope, and their psychological adaptation. The healthcare provider delivering the bad news is also affected. The effects of communicating bad news include stress, anxiety, burnout, and alienation from the clinical environment. Among the barriers to delaying or inappropriately delivering bad news are healthcare providers' difficulty dealing with patients [4].

Effective communication of the news can make the patient accept the news, adjust well, and contribute to his/her satisfaction with medical care, as well as the outcome of the treatment. The discussion of bad news can provide healthcare professionals and patients with an opportunity to express their views about their diagnosis and treatment. Effective communication may prevent physician burnout and increase self-efficacy [5].

Literature has developed and tested several protocols and frameworks. A six-step protocol called SPIKES (setting, perception, invitation, knowledge, empathetic response, and summary) is used by healthcare providers to ensure their patients are comfortable and understand the issue when they are delivering bad news to them [6].

The therapeutic team needs to recognize the patients' social, psychological, and clinical concerns when delivering bad news to patients and their companions [7]. Patients who are not emotionally prepared can be negatively affected by the course of their treatment and communication with their therapeutic team. Research suggests that providing information to patients doesn't necessarily trigger anxiety, hopelessness, fear, depression, or insomnia, and may even improve patients' relationships with relatives and their therapeutic team [8].

Researchers have shown that nurses can play a significant role in delivering bad news to patients. Despite the importance of nurses in communicating with physicians, patients, and their companions, they are often underemphasized when it comes to delivering bad news. This study examined nurses' experiences of delivering bad news to patients and their families, focusing on their experiences delivering bad news to patients.

Methods

This study aimed to investigate the perspectives of nurses on breaking bad news to patients and their families. To fulfill this aim it was hypothesized that there is a significant relation between socio demographic data and nurses' perspectives regarding breaking bad news. A cross-sectional multicenter study was utilized in the current study. 309 nurses from various disciplines and work settings in the largest government hospital in Al Ahsa, Saudi Arabia.

Nursing staff working in any of these units meet the inclusion criteria: ED, MD, Pedia Departments, Obstetrics, Gynecology, Psychiatric, ICU, or CCU. Participants included all nurses working in these units, with an estimated sample size of 309 participants.

Tools

Data collection was conducted using two tools. The first tool: Assessment Sheet prepared by the researchers that used to assess demographic data of nurses and include (age, gender, education, etc). A baseline survey was conducted, as well as questions regarding the necessity of implementing specific educational courses and the history of participation in this ethical issue.

Second tool: The nurses perception questionnaire was adapted from Ghaffarinejad et al, with confirmed validity and reliability [9]. There were two main parts to this questionnaire of 18 items.

The first part: includes 10 questions evaluated psychological support.

The second part: Environmental support is evaluated in eight items. The score for each question ranged from 10 to 50, with 10 representing "Never" and 50 representing "Always". The data were then analyzed statistically.

Validity and Reliability

To determine whether the proposed tools measure what they are supposed to measure, content validity testing was conducted on the items. In this stage, five experts from various academic categories of nursing were involved in the evaluation of the questionnaire. The tools were modified somewhat after being examined by specialists; proposed tools underwent statistical testing for reliability using the Cronbach alpha (0.897).

Pilot study

The data collection tool was tested on 10% (30 nurses) of the total sample to determine its feasibility, objectivity, and applicability. According to the results of the pilot study, no modifications were made. We did not include those nurses in our study sample later.

Ethical consideration

The study protocol was permitted by the Research Ethics Committee of the King Fahd Hospital, The King Fahad Hospital-Hofufs IRB (Ref: IRB Log No: 02-EP-2023). Additionally, the researcher obtained administrative approval from the desired hospital (s) before conducting the study. Also, participants signed an informed consent form. The privacy and anonymity to each participant were ensured by coding and protecting all obtained information.

Study procedure

Research tools were developed following a review of related literature. To ensure tool validity and measure reliability, experts' opinions were obtained. During the current study, data collection tools were prepared, and a formal paper agreement was obtained one month before the study was conducted. Researchers explained the purpose and nature of the study to subjects who met inclusion criteria. Following this, the researcher obtained written consent from those who agreed to participate. Those who agreed to participate filled out a questionnaire through a

face-to-face interview, which takes 30 to 45 minutes. Finally, the previously mentioned tools were used one time to evaluate nurses' perceptions regarding breaking bad news. The study was conducted in the eastern region of Saudi Arabia during 2023, at General hospitals.

Statistical Analysis

Statistical tests were used to test research hypotheses by tabulating, analyzing, and summarizing collected data using Statistical Package for Social Science (SPSS) version (22). For numerical data, descriptive statistics such as mean and standard deviation (SD) were used, while for qualitative data, frequency and percentage were used. To compare means across three or more populations one way ANOVA were employed. The independent sample t test was utilized to compare the means of two independent groups to determine whether a statistically significant difference is associated with population means. A significance less than 0.05 (P value) was deemed statistically significant, while values below 0.001 were considered highly significant.

Results

Table 1: Demographic and baseline characteristics among studied ample (n=309)

		Descriptive statistics (N=309)
Gender	Male	64(20.7%)
	Female	245(79.3%)
Specialty/ Work department	OR	18(5.8%)
	ER	32(10.4%)
	ICU	26(8.4%)
	CCU	10(3.2%)
	Pediatric ward	35(11.3%)
	Medical ward	50(16.2%)
	OBE/GYN	20(6.5%)
	Psychiatry	53(17.2%)
	HD	10(3.2%)
	Intern nurse	22(7.1%)
	OPD	3(1%)
	Others	30(9.7%)
Qualification/ Educational level	BSN	175(56.6%)
	Diploma	96(31.1%)
	Master	22(7.1%)
	Ph.D.	16(5.2%)
Year of experience at hospital work	0-5	169(54.7%)
	6-10	82(26.5%)
	> 10 Years	58(18.8%)
For whom to deliver serious and bad news about the patient (authorized person)	Patient	124(40.1%)
	Family	154(49.8%)
	Others	31(10.1%)

I can disclose the information without consent if serious infectious disease	No	149(48.2%)
	Yes	160(51.8%)
Received education/ training on patient rights	No	42(13.6%)
	Yes	267(86.4%)
Time of education on patient rights	During education	204(66%)
	within last year	35(11.3%)
	From > 1 year	67(21.7%)
	Daily	1(0.3%)
	Never	2(0.6%)
Received education on breaking bad news	No	111(35.9%)
	Yes	198(64.1%)
when did you take of education/ training on breaking bad news	No training	77(24.9%)
	During education	163(52.8%)
	During last year	26(8.4%)
	More than 1 year	43(13.9%)
Who usually has to tell about bad or dangerous news to the patient and his family?	Physician	263(85.1%)
	Any one in medical field	35(11.3%)
	Nurse	11(3.6%)

Table (1) the demographic and baseline statistics indicate that the majority of participants are female (79.3%), which is common in nursing populations. Nurses work across various specialties, with a significant number from Psychiatry (17.2%), Medical Ward (16.2%), and Pediatric Ward (11.3%). More than half of the nurses hold a BSN, while smaller percentages hold advanced degrees. The largest group has 0-5 years of experience, indicating a relatively younger nursing workforce in terms of experience. Most nurses believe that bad news should be delivered to the family (49.8%), followed by the patient (40.1%).

The table also clarified that a slight majority of nurses 160(51.8%) would disclose information without consent in cases of serious infectious diseases. Most nurses have received education or training on patient rights (86.4%). Most nurses received their education on patient rights during their formal education (66%). Nearly two-thirds of nurses have received education on how to break bad news (64.1%). Most nurses received training on breaking bad news during their education (52.8%). The overwhelming majority of nurses believe that physicians are responsible for delivering bad news (85.1%).

Figure (1) represents that 85% of the studied sample believe that telling the patients and their families the bad news is the physician responsibility while 4% of them believe that it is a nursing responsibility.

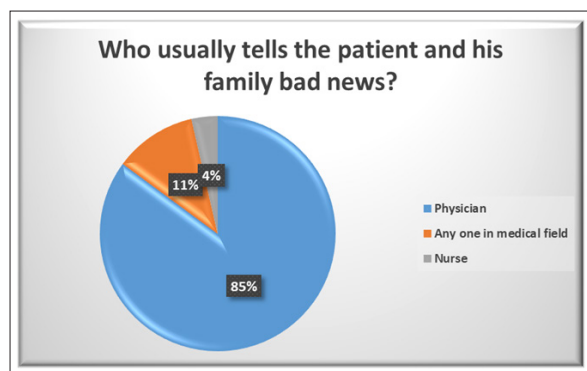


Figure 1: Percentage distribution of studied sample regarding the responsibility of informing patients and their families the bad news (n=309)

Table 2: Mean scores of studied samples according to the psychological and environmental support during breaking the bad news (n=309)

		Descriptive statistics N=309
Psychological support	Range	(100-500)
	Mean $\pm$ SD	399.2 $\pm$ 70.8
Environmental support	Range	(80-400)
	Mean $\pm$ SD	326.4 $\pm$ 65.3
Total score	Range	(180-900)
	Mean $\pm$ SD	725.6 $\pm$ 126.8

Table 2 The descriptive statistics show that nurses generally perceive moderate to high levels of psychological and environmental support, with some variability across the sample.

Table 3: Relation between nursing perspectives questionnaire scores and nurses' gender (n=309)

		Gender		P value ¹
		Male	Female	
		N=64	N=245	
Psychological support	Range	(100-500)	(150-500)	0.003*
	Mean $\pm$ SD	422.5 $\pm$ 65.6	393.1 $\pm$ 71	
Psychological support percent	Range	(20-100)	(30-100)	0.003*
	Mean $\pm$ SD	84.5 $\pm$ 13.1	78.6 $\pm$ 14.2	
Environmental support	Range	(80-400)	(120-400)	0.019*
	Mean $\pm$ SD	343.4 $\pm$ 71.1	322 $\pm$ 63.1	
Environmental support percent	Range	(20-100)	(30-100)	0.019*
	Mean $\pm$ SD	85.9 $\pm$ 17.8	80.5 $\pm$ 15.8	
Total score	Range	(180-900)	(290-900)	0.004*
	Mean $\pm$ SD	765.9 $\pm$ 127.7	715.1 $\pm$ 124.7	
Total score percent	Range	(20-100)	(32.2-100)	0.004*
	Mean $\pm$ SD	85.1 $\pm$ 14.2	79.5 $\pm$ 13.9	

¹(Independent Samples T-test) *p = $\leq$.05 (statistical significance)

**p = $\leq$.01 (highly statistical significance).

Table 3 revealed significant gender differences, with male nurses perceiving greater psychological and environmental support when delivering or follow up the bad news to patients and families in Al Ahsa Governorate Hospitals.

Table 4: Relation between nursing perspectives questionnaire scores and nurses' qualification (n=309)

		Qualification/ Educational level				P value ¹
		BSN	Diploma	Master	Ph.D.	
		N=175	N=96	N=22	N=16	
Psychological support	Range	(180-500)	(100-500)	(270-470)	(320-500)	0.117
	Mean $\pm$ SD	402.7 $\pm$ 71.3	387.1 $\pm$ 73.3	403.2 $\pm$ 60	427.5 $\pm$ 54.6	
Psychological support percent	Range	(36-100)	(20-100)	(54-94)	(64-100)	0.117
	Mean $\pm$ SD	80.5 $\pm$ 14.3	77.4 $\pm$ 14.7	80.6 $\pm$ 12	85.5 $\pm$ 10.9	
Environmental support	Range	(120-400)	(80-400)	(160-400)	(250-400)	0.190
	Mean $\pm$ SD	331 $\pm$ 64.7	314.6 $\pm$ 68.6	334.5 $\pm$ 65.2	336.9 $\pm$ 43.5	
Environmental support percent	Range	(30-100)	(20-100)	(40-100)	(62.5-100)	0.190
	Mean $\pm$ SD	82.7 $\pm$ 16.2	78.6 $\pm$ 17.1	83.6 $\pm$ 16.3	84.2 $\pm$ 10.9	
Total score	Range	(360-900)	(180-900)	(440-860)	(620-900)	0.120
	Mean $\pm$ SD	733.7 $\pm$ 126.6	701.7 $\pm$ 131.8	737.7 $\pm$ 119.8	764.4 $\pm$ 87.9	

Total score percent	Range	(40-100)	(20-100)	(48.9-95.6)	(68.9-100)	0.120
	Mean $\pm$ SD	81.5 $\pm$ 14.1	78 $\pm$ 14.6	82 $\pm$ 13.3	84.9 $\pm$ 9.8	

¹:(One Way ANOVA test) * p = $\leq$.05 (statistical significance) ** p = $\leq$.01 (highly statistical significance).

Table (4) cleared that Psychological and environmental support were slightly higher for Ph.D. nurses (764.4 $\pm$ 87.9) compared to Diploma nurses (701.7 $\pm$ 131.8), but the differences remained non-significant (P = 0.120). The total score percentages followed this trend, with Ph.D. nurses reporting the highest perceived support (84.9 $\pm$ 9.8%), and Diploma holders the lowest (78 $\pm$ 14.6%). This means that nurses with higher qualifications (especially Ph.D. holders) perceive more psychological and environmental support when breaking bad news, these differences are not statistically significant.

Table 5: Relation between nursing perspectives questionnaire scores and their years of experience (n=309)

		Year of experience at hospital work			P value ¹
		0-5 year	6-10 years	> 10 years	
		N=169	N=82	N=58	
Psychological support	Range	(150-500)	(170-500)	(100-500)	0.922
	Mean $\pm$ SD	397.9 $\pm$ 68.2	401.7 $\pm$ 79.2	399.5 $\pm$ 66.6	
Psychological support percent	Range	(30-100)	(34-100)	(20-100)	0.922
	Mean $\pm$ SD	79.6 $\pm$ 13.6	80.3 $\pm$ 15.8	79.9 $\pm$ 13.3	
Environmental support	Range	(140-400)	(120-400)	(80-400)	0.468
	Mean $\pm$ SD	328.6 $\pm$ 56	328.7 $\pm$ 79.5	316.9 $\pm$ 68.2	
Environmental support percent	Range	(35-100)	(30-100)	(20-100)	0.468
	Mean $\pm$ SD	82.2 $\pm$ 14	82.2 $\pm$ 19.9	79.2 $\pm$ 17.1	
Total score	Range	(290-900)	(310-900)	(180-900)	0.807
	Mean $\pm$ SD	726.5 $\pm$ 115.6	730.4 $\pm$ 151	716.4 $\pm$ 122.4	
Total score percent	Range	(32.2-100)	(34.4-100)	(20-100)	0.807
	Mean $\pm$ SD	80.7 $\pm$ 12.8	81.2 $\pm$ 16.8	79.6 $\pm$ 13.6	

¹:(One Way ANOVA test) * p = $\leq$.05 (statistical significance) ** p = $\leq$.01 (highly statistical significance).

Table 5 representing the combination of psychological and environmental support, shows minimal differences across experience groups 726.5 $\pm$ 115.6 for 0-5 years, 730.4 $\pm$ 151 for 6-10 years, and 716.4 $\pm$ 122.4 for >10 years. The P-value of 0.807 indicates no significant difference in total support scores based on experience. It means that years of experience in hospital work do not significantly influence nurses' perceptions of psychological or environmental support when breaking bad news.

Table 6: Relation between nursing perspectives questionnaire scores and their Received education/training on patient rights (n=309)

		Received education/training on patient rights		P value ¹
		No	Yes	
		N=42	N=267	
Psychological support	Range	(150-500)	(100-500)	0.177
	Mean $\pm$ SD	385.5 $\pm$ 84.3	401.3 $\pm$ 68.4	
Psychological support percent	Range	(30-100)	(20-100)	0.177
	Mean $\pm$ SD	77.1 $\pm$ 16.9	80.3 $\pm$ 13.7	
Environmental support	Range	(140-400)	(80-400)	0.213
	Mean $\pm$ SD	314.8 $\pm$ 76.4	328.3 $\pm$ 63.3	
Environmental support percent	Range	(35-100)	(20-100)	0.213
	Mean $\pm$ SD	78.7 $\pm$ 19.1	82.1 $\pm$ 15.8	
Total score	Range	(290-900)	(180-900)	0.163
	Mean $\pm$ SD	700.2 $\pm$ 154.2	729.6 $\pm$ 121.8	
Total score percent	Range	(32.2-100)	(20-100)	0.163
	Mean $\pm$ SD	77.8 $\pm$ 17.1	81.1 $\pm$ 13.5	

¹(Independent Samples T-test) * p = $\leq$.05 (statistical significance) ** p = $\leq$.01 (highly statistical significance).

Table 6 found that psychological and environmental support were higher for nurses who received training (729.6 ± 121.8) compared to those who did not (700.2 ± 154.2), but the difference was not statistically significant ($P = 0.163$). The total score percentage reflects the same trend (81.1 ± 13.5) for those trained vs. $77.8 \pm 17.1\%$ for those untrained. It means that nurses who received education or training on patient rights tend to perceive slightly higher levels of psychological and environmental support when breaking bad news, but these differences are not statistically significant.

Table 7: Relation between questionnaire scores and received education on breaking bad news (n=309)

		Received education on breaking bad news		P value ¹
		No	Yes	
		N=111	N=198	
Psychological support	Range	(170-500)	(100-500)	<0.001*
	Mean $\pm$ SD	370.5 $\pm$ 72.2	415.3 $\pm$ 64.8	
Psychological support percent	Range	(34-100)	(20-100)	<0.001*
	Mean $\pm$ SD	74.1 $\pm$ 14.4	83.1 $\pm$ 13	
Environmental support	Range	(120-400)	(80-400)	<0.001*
	Mean $\pm$ SD	300.7 $\pm$ 68.4	340.9 $\pm$ 58.9	
Environmental support percent	Range	(30-100)	(20-100)	<0.001*
	Mean $\pm$ SD	75.2 $\pm$ 17.1	85.2 $\pm$ 14.7	
Total score	Range	(310-900)	(180-900)	<0.001*
	Mean $\pm$ SD	671.3 $\pm$ 128.8	756.1 $\pm$ 115.3	
Total score percent	Range	(34.4-100)	(20-100)	<0.001*
	Mean $\pm$ SD	74.6 $\pm$ 14.3	84 $\pm$ 12.8	

¹(Independent Samples T-test)

* $p \leq .05$ (statistical significance)

** $p \leq .01$ (highly statistical significance).

Table (7) Combining psychological and environmental support, was significantly higher for nurses who received education on breaking bad news 756.1 ± 115.3 compared to those who did not 671.3 ± 128.8 , with a P-value < 0.001 . The total score percentage also showed a significant difference $84 \pm 12.8\%$ for those trained vs. $74.6 \pm 14.3\%$ for those untrained. It means that nurses who received education on breaking bad news feel significantly more supported both psychologically and environmentally compared to those who did not receive such education.

Discussion

The capacity to proficiently convey adverse news is an essential competency for nurses since it significantly affects patients and their families throughout the most difficult phases of their healthcare experience. This study aims to explain how healthcare systems can enhance the delivery of support for nurses to skillfully manage delivering adverse news, thereby giving a more empathetic and efficient healthcare atmosphere for patients and their families.

The relationship between Nurses' perception of breaking bad news and Gender

This study findings revealed significant gender differences, with male nurses considering greater psychological and environmental support when delivering bad news to patients and families in Al Ahsa Governorate Hospitals these findings agree with studies conducted by it found that male nurses and other healthcare workers may deliberate more organizational and emotional support than their female colleagues since they are less likely to be involved in emotionally challenging exchanges like informing bad news. This is because male and female nurses are socially and emotionally expected to behave differently in

healthcare settings [10,11]. Patients often anticipate female nurses to empathize more with them because of this perception.

Contradicted to the previous findings mentioned that delivering bad news is an emotionally taxing experience for nurses of both sexes, but there were no significant variations in the amount of support that patients felt they could lean on [12]. Rather than gender, the research found that emotional intelligence is more important for coping with the emotional fallout of breaking bad news.

Similarly, found that all nurses face emotional obstacles during these interactions, the amount of support that nurses feel is frequently more influenced by their coping methods and institutional regulations than by gender disparities [13].

The relationship between Nurses' perception of breaking bad news and qualification

This study found that nurses with higher qualifications (especially Ph.D. holders) reflect more psychological and environmental support when breaking bad news, these differences are not statistically significant and three studies agreed with our findings and one disagreed conducted by it found that when breaking bad news, nurses with more education and training, especially those with doctorates, tend to feel better supported by their employers [10,14,15]. The sense of psychological and environmental support may be enhanced by nurses with advanced degrees because they improve their communication skills, emotional resilience, and leadership abilities. The confidence in addressing challenging talks is boosted by more training and experience to complicated healthcare contexts [14].

According to, when nurses with a PhD degree face emotionally taxing situations, they appreciate more psychological and environmental support because they have more autonomy and access to resources that help them cope, like peer support programs and emotional counseling [15].

Conversely, documented that while formal education does improve one's aptitude for technical and communicative tasks, one's perception of psychological and contextual support could not vary much from that of less educated classmates [16]. Rather than educational achievement alone, institutional characteristics like workload and corporate culture have a more significant impact on how people perceive assistance.

The relationship between Nurses' perception of breaking bad news and years of experience

This study found that years of experience in hospital work do not significantly influence nurses' perceptions of psychological or environmental support when breaking bad news, mentioned that it became clear that nurses are vital in breaking terrible news to patients and their loved ones [17]. They need to know how to talk to patients and their families at this tough time; they should have the expertise and training to do it well. Also, research conducted by found that, in order to convey terrible news in a compassionate and effective manner, medical professionals should be well-prepared and have experience doing so [18]. Highlighted a substantial influence of good communication has health outcomes and general treatment, the writers state that residency programs must make the creation of organized training opportunities [19].

The relationship between nurses' perception of breaking bad news and received education/training on patient rights

This study found that nurses who received education or training on patient rights tend to perceive slightly higher levels of psychological and environmental support when breaking bad news, but these differences are not statistically significant. In line with our results study cleared that there is a need for specific training to improve the ability to convey terrible news to patients and their families without causing unnecessary distress to the people doing the breaking the news [20]. Expressing the necessity for specialized training in this area, healthcare practitioners have articulated it.

In addition, recommended teaching students to be present and adaptable, to be flexible in the face of uncertainty, and to cultivate empathy for themselves and others around them [21]. Also, even though the physical and cultural elements of the work environment affected their practice, nurses working in the emergency department (ED) felt that delivering end-of-life (EOL) care was a significant component of their job [10]. Nurses' satisfaction is positively correlated with service quality to care of patient, and it increases patient satisfaction as well [22,23].

The relationship between nurses' perception of breaking bad news and received education on breaking bad news

This study found that nurses who received education on breaking bad news feel significantly more understanding of how to support patients both psychologically and environmentally compared to those who did not receive such education and there were three studies conducted by consistent with our results, it seems that a significant portion of professionals worldwide who

treat critically ill patients have never been trained on how to convey bad news, even though doing so may have potentially long-lasting consequences for patients and their families [24]. This void in medical education should be filled by medical schools and postgraduate training programs.

In addition to study investigated the influence of training on breaking bad news in different medical disciplines [25]. Participants who went through the organized training program reported more psychological support and showed better communication abilities when breaking bad news to patients and their families. Not only did they learn crucial skills throughout the training, but they also benefited from the encouraging atmosphere that helped them gain confidence while having tough talks.

Furthermore underlined the significance of classroom instruction in improving healthcare workers' impressions of organizational backing [26]. Training participants reported higher levels of comfort and preparedness to have delicate conversations with patients, which translated to better treatment for those patients. In order to improve patient outcomes, the research found that organized educational interventions are essential for filling the gap in communication abilities.

Conclusion

Critical insights into the elements impacting nurses' perceptions of psychological and environmental support while giving unpleasant news are highlighted in the research. Compared to their female colleagues, male nurses report higher levels of considering the support, in line with the results showing substantial gender inequalities. Nurses with greater education, especially those with doctorates, reported better psychological and environmental support, highlighting the value of graduate training in boosting self-assurance and readiness to face difficult circumstances. Experience may not be enough to prepare nurses for the emotional difficulties of imparting bad news, as years of hospital practice did not substantially affect these views. In addition, the study highlights how educational training, particularly on patient rights and breaking bad news, correlates positively with nurses' perceptions of support

Implication for practice and future research

The research emphasizes the importance of advanced education, especially for those pursuing higher qualifications like a Ph.D., in enhancing nurses' perceptions of support. Healthcare organizations and hospitals should prioritize educational programs focused on delivering bad news and understanding patient rights, as nurses trained in these areas reported feeling significantly more supported. Training programs can provide nurses with crucial skills and confidence to manage difficult conversations, thereby improving patient and family experiences in challenging situations.

Since experience has minimal impact on nurses' attitudes, further research is needed to determine what shapes them. Future research should examine organizational culture, team dynamics, and mental health services' effects on nurses' support. Especially after training programs or work environment changes, longitudinal research may illuminate nurses' views over time. Research across several healthcare contexts and geographies may improve nurse training and support systems and better understand these dynamics.

Recommendations of the study

The psychological and emotional components of bad news talks should be the primary focus of training programs that healthcare organizations create and execute. No matter how much experience or education a nurse has, they should be required to undergo this training. Hospitals need to address the disparities in perceived support between male and female nurses by developing specialized programs to help each gender overcome specific obstacles. In addition, it is critical to support nurses' pursuit of higher education by providing incentives like scholarships and flexible scheduling so that they may work toward further degrees.

References

- Francis L, Robertson N. Healthcare practitioners' experiences of breaking bad news: a critical interpretative meta synthesis. *Patient Education and Counseling*. 2023. 107: 107574.
- Mohamed MB. Nurses Attitude Regard Breaking Bad News in Hospital Radiation Therapy-Sudan 2018. *Austin J Nurs Health Care*. 2018. 5: 1044.
- de Zulueta P. Truth, trust and the doctor-patient relationship. In *Primary care ethics*. CRC Press. 2018. 1-24.
- Mahendiran M, Yeung H, Rossi S, Khosravani H, Perri GA. Evaluating the effectiveness of the SPIKES model to break bad news—a systematic review. *American Journal of Hospice and Palliative Medicine®*. 2023. 40: 1231-1260.
- Gold R, Gold A. The experience of speech-language therapists and audiologists when delivering bad news: A qualitative analysis. *International Journal of Language & Communication Disorders*. 2021. 56: 402-414.
- Pun J. A study of Chinese medical students' communication pattern in delivering bad news: an ethnographic discourse analysis approach. *BMC Medical Education*. 2021. 21: 286.
- Agard A, Nilstun T, Löfmark R. Ethics in everyday care. The dialogue is physician's most important tool. *Lakartidningen*. 2002. 99: 2171-2173.
- Managheb SE, Hosseinpour M, Mehrabi F. Patient's viewpoints about how to break bad news. *Iranian Journal of Microbiology*. 2013. 5.
- Ghafari NA, Salari P, Mirzazadeh A. Study on breaking bad news to patients among physicians of Kerman University of Medical Sciences. 2006.
- Gerace A, Giles T, Breaden K, Hammad K, Drummond C, et al. Nurses' perceptions of dealing with death in the emergency department. *Collegian*. 2021. 28: 71-80.
- Bullock J. Ethical dilemmas in delivering bad news: Emotional intelligence and the nurse-patient relationship. *Cureus*. 2023. 15: e40353.
- Moura T, Ramos A, Sá E, Pinho L, Fonseca C. Contributions of the communication and management of bad news in nursing to the readaptation process in palliative care: A scoping review. *Applied Sciences*. 2024. 14: 6806.
- Nnate C, Bullock J, Kooker B. Emotional intelligence in nursing: Overcoming emotional barriers in delivering bad news. *Cureus*. 2023. 15: e40353.
- Hack-Polay D, Mahmoud AB, Ikafa I, Rahman M, Kordowicz M, et al. Steering resilience in nursing practice: Examining the impact of digital innovations and enhanced emotional training on nurse competencies. *Technovation*. 2023. 120: 102549.
- Poser K, Linton AD, Matteson MA. (Eds.). *Study Guide for Linton and Matteson's Medical-Surgical Practical Nursing in Canada-E-Book: Study Guide for Linton and Matteson's Medical-Surgical Practical Nursing in Canada-E-Book*. Elsevier Health Sciences. 2023.
- Pinnington A, Mir FA, Ai Z. The significance of general skills training for early career graduates: relationships with perceived organizational support, job satisfaction and turnover intention. *European journal of training and development*. 2024. 48: 705-729.
- Wahyuni S, Gautama MSN, Simamora TY. A Literature Review of Nurses Challenges and Barriers in Assisting Patients and Families Facing Breaking Bad News. *Indian Journal of Palliative Care*. 2023. 29: 243.
- Gessesse AG, Haile JM, Woldearegay AG. Exploring Effective Communication Strategies Employed by Physicians in Delivering Bad News in Ethiopian State Hospitals. *Patient Related Outcome Measures*. 2023. 409-425.
- Abdullah MA, Shaikh BT, Khan KR, Yasin MA. Breaking bad news: A mix methods study reporting the need for improving communication skills among doctors in Pakistan. *BMC Health Services Research*. 2024. 24: 588.
- Yousuf AAA, Stewart DC, Kane T, Soltani A, Al-Khal A, et al. Health professionals' views and experiences of breaking bad news in the Eastern Mediterranean Region: a scoping review. *Frontiers in Medicine*. 2024. 11: 1440867.
- Tranberg M, Brodin EM. Physicians' lived experience of breaking bad news in clinical practice: five essentials of a relational process. *Qualitative Health Research*. 2023. 33: 1349-1359.
- Mousa O, Al Dihnayn A, Busbieh H, Albutayan M, Al Omar N, et al. Staff satisfaction with the quality of hospital's logistics services and materials. *International Journal of Frontiers in Life Science Research*. 2022. 02: 91-97.
- Sanad A, Sayed A, Thabet M, Al Omar N, Mousa O. Assessing Patients' Satisfaction with the Quality of Services at the Outpatient Clinics in Minia Maternal and Children University Hospital, Egypt. *Merit Research Journal of Medicine and Medical Sciences*. 2020. 8: 426-431.
- Alshami A, Douedi S, Avila-Ariyoshi A, Alazzawi M, Patel S, et al. Breaking bad news, a pertinent yet still an overlooked skill: an international survey study. In *Healthcare*. 2020. 8: 501.
- Drossman DA, Ruddy J. Improving patient-provider relationships to improve health care. *Clinical Gastroenterology and Hepatology*. 2020. 18: 1417-1426.
- Wensley C, Botti M, McKillop A, Merry AF. Maximising comfort: how do patients describe the care that matters? A two-stage qualitative descriptive study to develop a quality improvement framework for comfort-related care in inpatient settings. *BMJ open*. 2020. 10: e033336.