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INTEGRATIVE REVIEW OF LITERATURE

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IMPACTS OF BAD NEWS COMMUNICATION ON NURSING CARE IN HOME-BASED ONCOLOGY PALLIATIVE CARE

Impactos da comunicação de más notícias na assistência de enfermagem em cuidados paliativos oncológicos domiciliares

El impacto de la comunicación de malas noticias en los cuidados de enfermería en oncología paliativa a domicilio

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ABSTRACT:

Objective: to gather scientific literature on the impacts of delivering bad news in home nursing care for oncology patients under exclusive palliative care. **Method:** an integrative literature review was conducted using the databases BVS, Scielo, and Medline. Data were analyzed using the IRAMUTEQ software and Descending Hierarchical Classification. **Results:** identified classes included the importance of home care in exclusive palliative care (Classes 3 and 4), challenges and successes of nursing in this context (Classes 1 and 6), and communication and family involvement in palliative care decisions (Classes 2 and 5). The importance of collaboration among nursing staff, other professionals, and family members for care effectiveness was emphasized. **Conclusion:** effective communication, team engagement, and humanization are essential to improve the quality of life from palliative care diagnosis to end-of-life.

DESCRIPTORS: Palliative care; Medical oncology; Home nursing; Communication; Nursing.

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RESUMO:

Objetivo: levantar produções científicas sobre os impactos da comunicação de más notícias na assistência de enfermagem domiciliar a pacientes oncológicos sob cuidados paliativos exclusivos. **Método:** revisão integrativa da literatura, realizada nas bases de dados BVS, Scielo e Medline. Os dados foram analisados utilizando o Software IRAMUTEQ e a Classificação Hierárquica Descendente. **Resultados:** as classes identificadas incluem a importância da assistência domiciliar no cuidado paliativo exclusivo (Classes 3 e 4), os desafios e sucessos da enfermagem nesse contexto (Classes 1 e 6), e a comunicação e envolvimento da família para decisões no cuidado paliativo (Classes 2 e 5). Destaca-se a importância da colaboração entre equipe de enfermagem, outros profissionais e familiares para a eficácia dos cuidados. **Considerações finais:** uma comunicação eficaz, o engajamento da equipe e a humanização são essenciais para melhorar a qualidade de vida desde o diagnóstico do cuidado paliativo até o fim da vida.

DESCRITORES: Cuidados paliativos; Oncologia; Assistência domiciliar; Comunicação; Enfermagem.

RESUMEN

Objetivo: recopilar literatura científica sobre los impactos de comunicar malas noticias en la atención domiciliaria de enfermería a pacientes oncológicos bajo cuidados paliativos. **Método:** se realizó una revisión integrativa de literatura utilizando las bases de datos BVS, Scielo y Medline. Los datos fueron analizados con IRAMUTEQ y la Clasificación Jerárquica Descendente. **Resultados:** las clases identificadas incluyen la importancia de la atención domiciliaria en cuidados paliativos (Clases 3 y 4), desafíos y éxitos de enfermería en este contexto (Clases 1 y 6), y comunicación y participación de la familia en decisiones de cuidados paliativos (Clases 2 y 5). Se destaca la importancia de la colaboración entre el personal de enfermería, otros profesionales y familiares para la eficacia de los cuidados. **Conclusiones:** una comunicación efectiva, el compromiso del equipo y la humanización son esenciales para mejorar la calidad de vida desde el diagnóstico de cuidados paliativos hasta el final de la vida.se caracterizaron por tener baja capacidad funcional.

DESCRIPTORES: Cuidados paliativos; Oncología Médica; Atención Domiciliaria de Salud; Comunicación; Enfermería.

INTRODUCTION

Cancer is the main public health problem in the world, one of the main causes of death and, as a consequence, one of the main barriers to increasing life expectancy worldwide,[1] ranking second in the adult population and fourth in the child population in the ranking of diseases requiring palliative care (PC) in the world.[2]

Palliative care is considered to be a set of actions aimed at improving the quality of life of patients and their families in the face of a life-threatening illness by relieving pain and treating physical, social and psychological symptoms.[3] It consists of diagnosis, treatment, follow-up during the survival period and end-of-life care for those who do not achieve a cure or control of the disease.[4]

In this way, palliative care should be discussed from the moment of diagnosis right through to the end-of-life process, in order to help the team control symptoms and, as the disease progresses, the possibility of a cure is exhausted.[5]

Furthermore, it is important to consider that within this PC process is end-of-life care or exclusive palliative care, defined as an important stage of palliative care, referring to the assistance a patient should receive during the last stage of their life, from the moment it becomes clear that they are in a state of progressive and inevitable decline, approaching death.[6]

It is important to consider that exclusive palliative care can be provided in all spheres of care, in the hospital service and in home care, depending on the characteristics of the patient and their comorbidities.[6]

In this context, Home Care (HC) is defined as a set of activities provided at home to clinically stable people who require an intensity of care above that of outpatients, but who can be maintained at home by a team exclusively dedicated to this purpose; it is divided according to the specific needs of the patient and the possibilities of short, medium and long-term interventions.[7]

For care to continue, it is essential to have a multidisciplinary team trained and involved in palliative care. In view of the above, it is important to emphasize that the nursing team provides round-the-clock care, requiring them to communicate effectively as a fundamental tool in their relationship with patients and their families, especially when dealing with bad news. Bad news" can be defined as "news that drastically and negatively alters the patient's outlook for the future".8:304

In view of this, the study arose from the nursing team's concerns about effective communication in the face of bad news for patients and their families in the face of exclusive palliative care.

This study had the following objective: to carry out a survey of scientific productions that address the impacts of bad news communication on nursing care in the context of home care for cancer patients under exclusive palliative care. It is believed that the study will bring important contributions to the advancement of communication between the interdisciplinary team, guiding the nursing team in communicating bad news to cancer patients under exclusive palliative care in home care.

METHOD

This is an exploratory, qualitative integrative literature review (ILR). It is a research method that allows for the search, critical evaluation and synthesis of the available evidence on the subject under investigation, and its product is the implementation of effective interventions in health care, as well as the identification of gaps that lead to the development of future research.[9,10]

To follow up the study, the search strategies used were: the Virtual Health Library (VHL)/Scientific Electronic Library Online (SCIELO) and the US National Library of Medicine (NLM) through PubMed.

So that the RIL could be drawn up and contribute to the construction of broad analyses, it was necessary to go through six stages, described below.

The first stage: choosing and defining the topic and identifying descriptors. The guiding question was: What are the impacts of communicating bad news on the nursing team's assistance in home care for cancer patients under exclusive palliative care?

The study then turned to the Health Sciences Descriptors (DeCS), which were organized and divided into two groups to enhance the search. The first group used the descriptors communication, oncology, palliative care, nursing and home care services. The second group used the descriptors communication, nursing, oncology, palliative care at the end of life and home care. The Boolean operators OR and AND were used for both groups.

In the second stage, inclusion and exclusion criteria were established. Articles with full abstracts in Portuguese, English and Spanish were chosen. The exclusion criteria were articles with incomplete abstracts, unavailable access or inconsistent with the proposed object of study. Articles found in more than one database were counted only once to avoid duplication. The data from the bibliographic search was organized as proposed by PRISMA (Figure 1).

The time frame was the period between 2018 and 2023, considering Resolution No. 41 of October 31, 2018 which: Provides guidelines for the organization of palliative care, in the light of integrated continuous care, within the Unified Health System (SUS).[11] Data collection was carried out between August and September 2023.

The third stage was defined by the information extracted and organized by filling in the instrument constructed by the authors (Chart 1), adopting the following variables to characterize the publications for analysis: title, authors, year, database and journal.

The fourth stage was carried out during a thorough reading of the articles to support the study. The fifth stage was interpretation, the construction of categories based on the articles selected and the results through IRAMUTEQ analysis.

The IRAMUTEQ software (Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires) 0.7 alpha 2, developed by Pierre Ratinaud, was used to analyze the data. It allows statistical analysis of textual corpuses and individual/word tables.[12]

The Descending Hierarchical Classification (DHC) was used, which is a type of analysis that classifies text segments according to their respective vocabularies, with the whole being broken down based on the frequency of reduced forms and the naming of classes for discussion based on the dendogram and the word cloud, considered a simpler lexical analysis, but graphically interesting, from which words are grouped and organized graphically according to their frequency in the textual corpus.[12]

Of the articles selected in English and/or Spanish, it was necessary to search for them in the Portuguese version and/or translate the abstracts into Portuguese so that they could be analyzed by IRAMUTEQ, since it is not possible to analyze the material/textual corpus by the Software in different languages at the same time. After analysis by IRAMUTEQ, theoretical references related to the topic were used to support the results.

The sixth stage consisted of discussing the categories and concluding the findings.

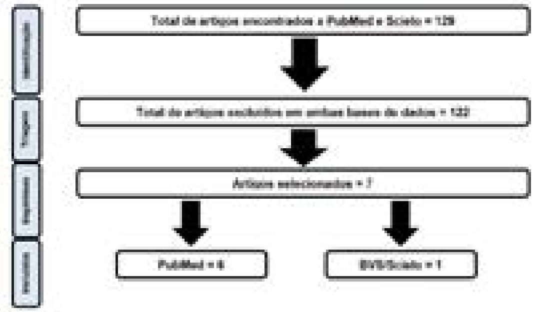
RESULTS

The results were discussed in two parts, firstly through the analysis of the articles and then with the results of the CHD (categories) and lexical comprehension through the word cloud.

When carrying out the bibliographic search, no article was discarded because of its title or abstract. A total of 129 articles were found, of which 127 were from the PubMed database and 02 from the BVS/SCIELO; of these, only 07 manuscripts were selected because they met the inclusion criteria; of these 06 were in English, 01 in Portuguese, which shows that Brazilian scientific production on this subject is still incipient and none were included in Spanish

A total of 122 articles were excluded because they did not meet the inclusion criteria, 118 because they did not meet the study proposal, 02 because they were duplicated, 01 because it was unavailable and 01 because the abstract was incomplete.

Figure 1 - RIL study, according to PRISMA recommendations. Rio de Janeiro, RJ, 2024.



Source: authors, adapted from Page et al.[13]

After reading the manuscripts, the results were organized in Table 1 and it was possible to ascertain that the articles address the objectives of the study, qualifying communication as an extremely important tool in the context of exclusive palliative care and how essential it is to include the family in this process.

Chart 1 - Composition of the RIL considering title, authors, year, database and journal. Rio de Janeiro, RJ, 2024.

Article	Title/Authors/Year	Database	Journal
01	Integrating home palliative care in oncology: a qualitative study to identify barriers and facilitators. Takaaki et al. (2022)14	PubMed	Supportive Care in Cancer
02	The Heidelberg milestones communication approach (MCA) for patients with prognosis <12 months: protocol for a mixed-methods study including a randomized controlled trial. Siegle et al. (2018)15	PubMed	BMC Palliativ Care Research
03	Communicating caregivers' challenges with cancer pain management: an analysis of home hospice visits. Han et al. (2018)16	PubMed	J Pain Symptom Manage
04	Communicating with Patients and Families Around Difficult Topics in Cancer Care Using the COMFORT Communication Curriculum. Wittenberg et al. (2018)17	PubMed	Semin Oncol Nurs
05	Home care and end-of-life hospital admissions: a retrospective interview study in English primary and secondary care. Hoare et al. (2019)18	PubMed	British Journal of General Practice
06	What are essential elements of high-quality palliative care at home? An interview study among patients and relatives faced with advanced cancer. Oosterveld-Vlug et al. (2019)19	PubMed	BMC Palliative Care Research
07	Comunicação em cuidados paliativos: equipe, paciente e família. Campos et al. (2019)20	Scielo	Revista de Bioética

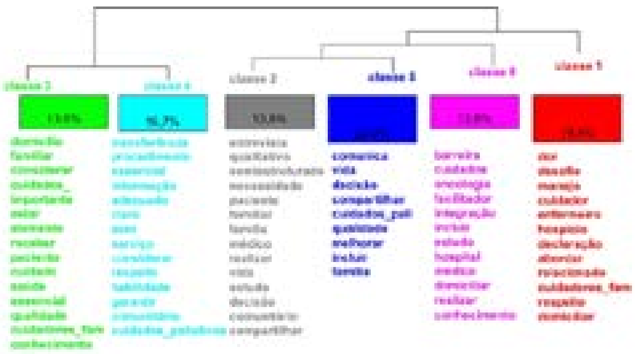
It is possible to see that articles 01 and 03 address the difficulties encountered in PC work in the context of communication and conduct. Among the difficulties in the palliation process is pain management, which generates discomfort and anguish for the patient and caregivers (family members and professionals). Communication is considered a facilitator, but when it is deficient it can affect the work process of the team involved, since the act of communicating requires that the language transmitted is understood by the other.

Effective communication requires not only technical skills on the part of the interdisciplinary team, but also interpersonal and empathetic relationships. To this end, the communication process must also be based on compassion, humility, respect and empathy.[6]

Manuscripts 02 and 04 demonstrate and support methods for carrying out effective communication in PC that promotes quality of life, so this should be discussed with the patient, team and family, arguing that it is a skill. They emphasize that the role of the nursing team is essential for the philosophy of PC to be exercised and that providing care based on good communication enables the patient in home care to actively participate in the decisions previously discussed by the team. Therefore, communication becomes the basis of relationships and can be perceived, both by professionals and by patients and their families, as one of the biggest obstacles or difficulties in health care relationships.[20] It is necessary to advance in this important tool of human relationships, aiming to contribute to identifying problems and building strategies that can meet care. Articles 05, 06 and 07 advocate clear, objective communication, where the patient and family can be met in terms of their needs and specificities when communicating bad news. The reaction of the patient and their family to the news will depend, among many things, on their outlook for the future, which is unique, individual and influenced by the emotional and social context.[8,21,22] Due to its complexity, exclusive palliative care should not be centered on just one professional, since PC is done with a multidisciplinary team and in a transdisciplinary way.

After reading the articles, the abstracts were analyzed using the IRAMUTEQ software. The most frequent words were: patients (25), communication (20), home care (18), palliative care (17), nurse (15), pain (14) and challenge (13). IRAMUTEQ identified 29 text segments with 85.29% of the text corpus and 6 classes (Figure 1). Two main divisions were identified in the CHD. The first division (classes 3 and 4) contains words about the direct actions of palliative care professionals in home care. The 2nd division (class 1) contains the first subdivision (class 6) which focuses on the problems and mitigating factors encountered in PC, followed by the second subdivision (classes 2 and 5) which points to communication in PC and family participation.

Figure 2 - Dendogram 1 of the CHD. Rio de Janeiro, RJ, 2024.



Source: Authors.

In view of the above, it was possible to name the classes that emerged from the CHD (dendogram), aggregating with the results of the articles (support for the study) as follows:

- Classes 3 and 4: Home care as an important element in exclusive palliative care.
- Classes 1 and 6: Challenges and successes for nursing in home care in exclusive palliative care.
- Classes 2 and 5: Communication and family involvement in exclusive palliative care for decision-making.

In class 3 (13.9%) the word "home" shows chi2=20.29, followed by class 4 (16.7%) which shows the words "transfer and procedure" chi2= 22.5; "essential" chi2= 18.76; "information" chi2=16.77; "adequate and clear" chi2= 16.36.

These results show that home care in PC is of great importance at the end of life for patients with advanced cancer, when it can be carried out at home. However, it is of the utmost importance for the family to be involved with the patient in deciding on conduct that will have repercussions on the lives of those involved, and for palliative care to be introduced as early as possible in the context of oncological diseases that cannot be cured. To this end, it is necessary for the nursing team to seek alternatives for the earliest possible dialog with the entire multidisciplinary team, from the moment palliative care is diagnosed, promoting a less painful path.

Consequently, class 1 (19.4%) includes the words pain and challenge with chi2=36.0; management chi2= 29.8; caregiver chi2= 18.7; nurse chi2= 17.0 and class 6 (13.8%) results in the words barrier chi2= 19.9; home palliative care, oncology, facilitator and integration with chi 2= 27.9. Class 1 shows that pain is still a major challenge for cancer patients, which is why it is often not possible to keep the patient in home care. This reality shows that progress needs to be made in aspects of pain control.

Pain can be considered a barrier to providing exclusive home care, but when there is team integration, professional knowledge can advance and be offered according to the particularities of each demand.

In class 2 (13.8%) the words family chi2= 29.0; patient chi2= 21.2 and need chi2= 20.2, while class 5 (22.2%) was represented by the words communication and decision chi2= 23.4; sharing, palliative care and quality with chi2= 19.8. It is clear that both classes ratify the importance of communication between the PC team in the decisions evaluated, in such a way that it reflects a decision that promotes quality of life for the patient and dying close to those they love.

In view of the discussion of the analyzed results, the word cloud (Figure 3) makes it possible to analyze that the most prominent words are communication, patient, nurse, pain, health, management, challenge, hospital, quality, care, caregiver, palliative care, doctor, barrier, interview, family member.

Figure 3 - Word Cloud. Rio de Janeiro, RJ, 2024.

Source: Authors.

The word cloud figure supports home care in exclusive palliative care involving communication that is achieved by everyone involved in this process: the transdisciplinary team, the patient and family members.

It also reinforces that nurses are the professionals who are always at the forefront of care, whether at home or in other spaces. And how important it is that nursing is integrated with all the professionals in the team, each with their own knowledge, but with a greater purpose, which is to offer exclusive palliative care aimed at quality of life, safely in all its phases.

Nursing care is based on detecting signs and symptoms and intervening early in the palliative approach, enabling prevention, promoting pain relief and other stressful symptoms, preserving life and perceiving death as a natural process, without, however, anticipating death or unnecessarily prolonging the terminal stage, but integrating psychosocial and spiritual aspects into their care.23

FINAL CONSIDERATIONS

It was possible to ascertain that despite the study having a time frame of the last five years, there are still few articles dealing with the subject of palliative oncology home care and the impact of communicating bad news on nursing care.

The scientific productions found in the study indicate that it is not possible to carry out exclusive palliative care in home care without the joint participation of the nursing team and other professionals from the multidisciplinary team, nor without the patient and their family.

However, it is still common in some spaces for end-of-life care to be centered on the medical professional and for there to be little dialogue about communicating bad news.

The study advocates quality of life in exclusive palliative care at home and effective communication for the nursing team, as they are professionals who provide round-the-clock care.

Therefore, it is possible to face the difficulties of this care using effective communication with team engagement, knowledge and humanization to achieve quality of life from diagnosis to the dying process.

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