

COMMUNICATION OF DIFFICULT NEWS IN BASIC ATTENTION

Comunicação de notícias difíceis na atenção básica

Comunicación de noticias difíciles en la atención básicas

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ABSTRACT

Objective: To know how the communication of difficult news by nurses in primary care occurs. **Method:** exploratory, descriptive and qualitative approach with 15 Nurses from 10 Basic Health Units in the south of the country. Data collection was done through semi-structured interviews. Data were analyzed according to discursive textual analysis. **Result:** two categories were generated: Communication as support the client's needs; Communication as an element to supply the demand for primary care. **Conclusion:** nurses adopt some aspects at the moment of difficult news communication, aspects that are anchored, for example through empathy, understanding of the user's reality, simplified speech, privacy, among others, being essential for adequate and humanized communication that aims at the comfort of the user in this moment of communication.

Descriptors: Health communication; Communication; Primary health care; Ethics in nursing; Nursing.

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RESUMO

Objetivo: Conhecer como ocorre a comunicação de notícias difíceis por enfermeiros na atenção básica. **Método:** pesquisa exploratória, descritiva e de abordagem qualitativa com 15 Enfermeiros de 10 Unidades Básicas de Saúde no sul do país. A coleta de dados foi realizada através de entrevistas semiestruturadas. Os dados foram analisados conforme análise textual discursiva. **Resultado:** Foram geradas duas categorias: Comunicação como suporte as necessidades do cliente; Comunicação como elemento a suprir a demanda da atenção primária. **Conclusão:** os enfermeiros adotam alguns aspectos no momento da comunicação de notícia difícil, aspectos esses ancorados, por exemplo, através de empatia, compreensão da realidade do usuário, fala simplificada, privacidade, entre outros, sendo esses essenciais para uma comunicação adequada e humanizada que visa o conforto do usuário nesse momento da comunicação.

Descritores: Comunicação em saúde; Comunicação; Atenção primária à saúde; Ética em Enfermagem, Enfermagem.

RESUMEN

Objetivo: conocer cómo ocurre la comunicación de noticias difíciles por enfermeros en la atención básica. **Método:** investigación exploratoria, descriptiva y de abordaje cualitativo con 15 Enfermeros de 10 Unidades Básicas de Salud en el sur del país. La recolección de datos se realizó a través de entrevistas semiestructuradas. Los datos fueron analizados según el análisis textual discursivo. **Resultado:** se generaron dos categorías: Comunicación como soporte a las necesidades del cliente; Comunicación como elemento a suplir la demanda de la atención primaria. **Conclusión:** los enfermeros adoptan algunos aspectos en el momento de la comunicación de noticias difícil, aspectos anclados, por ejemplo, a través de empatía, comprensión de la realidad del usuario, habla simplificada, privacidad, entre otros, siendo estos esenciales para una comunicación adecuada y humanizada que, se refiere a la comodidad del usuario en ese momento de la comunicación.

Descriptor: Comunicación en salud; Comunicación; Atención primaria a la salud; Ética en Enfermería; Enfermería.

INTRODUCTION

Communication among health care professionals, patients and families is a topic of great importance since effective communication can guarantee benefits by providing information that will influence treatment adherence and improve the process of coping with illness.¹ Communication serves as a working tool for health care professionals to obtain pertinent information from patients and as a way to make themselves understood, which is essential for the professional-patient relationship.² Communication should be improved more and more. When communication is well performed, it can reduce emotional impacts on patients and provide them with a better understanding of the new reality. Having relevant information about their state of health helps patients and family members to experience this moment in a less painful way.³

In order to incorporate quality in the services provided by health care professionals, it is necessary to understand the communication processes and their relevance. In this context, the professionals' difficulty in providing certain

information related to the illness process is highlighted, which characterizes the use of the term "bad news" or "communicating difficult news".⁴

Conceptually, bad news (or difficult news) is considered all health-related information provided by health care professionals to patients that may represent a serious risk to emotional integrity; safety; comfort; and personal, family and social tranquility. In most cases they are associated with a serious illness or family loss; however, the definition of bad news depends on each individual's unique experiences.⁵

Given the Brazilian framework and its way of organizing the current health care system, it can be seen that a large part of the services is provided in Basic Health Units (BHUs). These units serve as a gateway to the entire health care system. In this sense, information with regard to the state of health and even diagnosis are delivered daily in order to guide patients so that they could receive follow-up care of medium and high complexity level. Bearing in mind the aforesaid, the following research question was defined as follows: "How does the communication of difficult news by primary care nurses occur?"

It is necessary to recognize the elements present in the process of communicating difficult news for patients in BHUs. Little research on this subject has been conducted because the hospital environment is considered as a place for giving information difficult to understand. It should be noted that the lack of Brazilian studies on the subject reinforces its relevance, which, besides being undervalued from the academic point of view, is also barely acknowledged by BHU workers. Hence, the objective of this study was to understand how difficult news is communicated by nurses in BHUs.

METHODS

This is a descriptive-exploratory study with a qualitative approach,⁶⁻⁷ which was carried out from February to April in 10 BHUs in a city from the South Region of Brazil. Fifteen nurses participated in this study and were selected through non-probabilistic sampling for convenience.

The inclusion criteria were (1) at least six months of work in the unit, (2) working for the Municipal Health Department, and (3) no absence from work. The exclusion criteria were (1) non-nurses and (2) less than six months of work in the unit. Data collection took place in specific locations within the BHUs for ensuring the participants' privacy. The interviews lasted 40 minutes on average.

Data analysis was performed through discursive textual analysis, which can be understood as the integrated process of analysis and synthesis based on a rigorous and in-depth reading for describing and interpreting phenomena and discourses. Thus, the study findings were organized into categories for gaining new knowledge of the phenomena and discourses that are being investigated.⁸ This research was approved by the Local Ethics Committee under the

Legal Opinion No. 11/2017 and complied with the ethical standards. The participants' statements were labeled by using the letter P followed by sequential numbers (for instance, P1) as a way to ensure their anonymity.

RESULTS

Based on the data analysis, the following two categories came about: "Communication as a support for the patients' needs" and "Communication as a way to fulfill the demand for primary health care services". Figure 1 shows an overview of the obtained results.

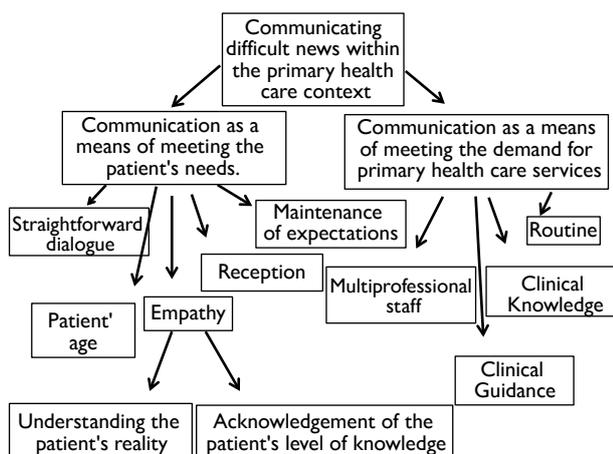


Figure 1. Overview of the study results.

Communication as a support for the patients' needs

In this category, it was possible to identify how BHU nurses communicate difficult news focusing on meeting the patients' needs. In this sense, communicating with empathy is important, which can involve a variety of actions, such as understanding better the patients' reality and recognizing their level of knowledge about the pathologies and instructions given by other professionals; knowing their age, talking to them straightforwardly and in a simplified way; guaranteeing their privacy; receiving them; and maintaining their expectations.

With regard to understanding the patients' reality, it was possible to observe that BHU nurses seek to acknowledge each patient's individuality and beliefs. Also, it is extremely important to be aware of this and develop strategies to approach each individual in the most appropriate way so that professionals could communicate difficult news to patients and both feel satisfied.

[...] So, in reality, I think that each situation, each person has individuality and this demands that I, as a professional, deal with it in a different way, deal with each one respecting each situation. Sometimes we have the same situation, two different people looking for the same rea-

son, and I will have to treat each person in a different way, regardless of the knowledge she has of the subject or the way that she deals with it. (P1)

[...] Sometimes we have to adapt certain things to make ourselves understood. We notice this mainly in groups, that we talk to them like this and they seem to have a delay in understanding, but it flows. (P3)

It was observed that the nurses valued the patients' understanding of the instructions given by the multiprofessional health care staff regarding the pathologies or symptoms. Additionally, they try to maintain the provided care and only act according to the required treatment at the moment of communicating the difficult news:

[...] Even talking about the level of knowledge, about painting a picture for the patients, making sure that they have understood the correct information, that they are not going to leave and ask to repeat the information that was given, because the understanding, the aggressiveness, the bureaucratization of the system that makes them go to various places before going to the right one. (P2)

[...] Because they get here to be seen by a doctor but leave without knowing what was said to them, they get here but doesn't know how to express themselves, they don't know what they want, then it gets very complicated, you can't help them [...]. (P9)

Straightforward communication was considered a relevant aspect in the sense of bringing nurses closer to the patients' uniqueness, seeking to recognize and value their life history, their beliefs, and culture. Also, nurses need to provide unique forms of care and in order to form a bond with the patients, which is a situation that favors communicating difficult news.

[...] We talk to everyone, receive everyone and explain what can happen and what can be treated, most diseases have treatment, pathologies have treatment. [...] (P11)

The patient's age was highlighted as an important element related to communicating difficult news due to the difficulty that professionals have to communicate with patients with higher or lower age. This happens because, from the interviewees' perspective, the patient's age plays an important role in selecting strategies for communicating difficult news.

[...] Some patients because they are old, you know, many patients with a very advanced age get here, alone, already so senile, then you explain something, they come back another day, they didn't understand what you explained, you know, then you explain it again, instruct them to come with another person, you know, but sometimes

they don't come here, or sometimes they do, but they don't want to, they want to come alone because they think they are independent and don't want to depend on another person. Sometimes they come with a huge number of papers, with exams, then they don't know if they showed that exam to the doctor, they don't remember if they saw a doctor, you know. (E8)

[...] Or the patient has a certain restriction because of very advanced age, so the communication is a little different, you have to give a little more attention and have more patience to be able to inform it. [...] (P11)

It was emphasized during the interviews that communicating difficult news in BHUs requires the use of a language appropriate to each patient, considering that obscure terms hinder the communication process and understanding.

Well, I try to use a proper language, you know, without using many terms, I try to facilitate the patients' understanding, you know. Be objective, having to pass the information on to them, having to give information as clearly as possible [...] (P13).

[...] The very complex terminology in relation to some things is another thing that I think is complicated here at the BHU, so sometimes doctors, for example, they will give you information using a terminology that patients will not understand, and if the patients do not understand it, they may think that it is a simple thing and will not give value or, on the contrary, think that it is very bad when actually is not [...] (P1).

The nurses reported that they seek to communicate difficult news with privacy, as this provides both patients and nurses with a focused dialogue. This environment does not cause inconvenience to the patients, but comfort, maintaining the bond. Such actions result in difficult forms of news communication that allow patients to express their reactions in a way that is not embarrassing.

[...] Oh, I usually like to have private conversations with patients, I don't like to talk in front of others, even if it is a simple explanation, asking people to sit down, looking them right in the eye, I think they feel received, I think they feel that someone is paying attention to what they are saying. [...] (P2)

[...] Usually, it is like this, in a private room, as we are, only me and the patient, if the relative is a minor. (P3)

[...] I have to pay attention to the patient, you know, I have to calm myself down, stay in a quiet environment, just the two of us, you know, keeping the privacy, you

know, and I have to wait for his/her reaction, you know, see what he/she will ask me. (P8)

The interviewees reported acting to make the patients feel properly received and to maintain their expectations during the process of communicating difficult news in BHUs. They act in this way because they aim to preserve the patients' health and maintain the care delivered to them. The nurses sought to encourage the patients to face new situations so that they could raise their self-esteem and try to see the positive side of each situation.

[...] That thing of always maintaining the patients' hope regardless of any news, it is not the end of the world. (P2)

[...] So if they're so much in that mood, I help maintain it, if they are not so much in the mood, I try to boost it, even though I know that the truth is pointless, you know. (P9)

[...] Doctors do that, and we try to reinforce it so that the patient could leave feeling safe, thinking positively that everything is going to be okay, he/she is going to get better. [...] (P12)

Communication as a way to fulfill the demand for primary health care services

In this category, it was verified that in order to meet all specific demands for and complexity of the primary health care services, some measures were adopted in order to facilitate the process of communicating difficult news such as routine, clinical guidance, clinical knowledge, and the multiprofessional staff.

Routine is seen as a significant strategy in communicating difficult news in BHUs since it can ease the use of the available resources. Thus, advance planning considering the day, shift, presence of any multiprofessional staff member, and available resources is always considered so that the most appropriate moment for communicating difficult news could be determined.

The patient gets here and I already try to establish a routine of asking questions, asking about situations related to his/her treatment in order to seek, by considering his/her answers, a solution to this problem he/she is having, or even to justify why he/she is having these signs and symptoms. (P1)

Clinical guidance was considered an important mechanism for communicating difficult news. It is important to communicate clinical information according to each situation with the objective of ensuring tranquility and transparency, which allow the maintenance of the patient-BHU bond.

[...] No, I always explain that the test has two results, it is either positive or negative. We have to be prepared for both. I explain everything, including the tests for hepatitis B, C, HIV, and venereal disease research laboratory (VDRL), the people I've seen here know it, and I say that this test can be positive or negative [...] (P4).

I carry out the rapid test, you know, then I talk, meanwhile, waiting for the result, taking care of them, talking to them, guiding them on the diseases, the methods. And when the result is ready, and I have to say that he/she is HIV-positive, something like that, I show him/her the result and say "look, this one is positive", you know, and I wait for him/her reaction, what is going to happen, if he/she is going to calm down, if he/she is going to cry, if he/she is going to despair. (P8)

We do the rapid test too, we did the training, we are prepared to deliver all this psychological assistance for this patient, so during the waiting of the result, which lasts 15 minutes, we are already talking, even if the result of the test was negative, future orientations, care [...] (P10).

In order to ensure communication that allows monitoring the patients and maintaining their bonds, nurses consider it important to have clinical knowledge of the most specific situations that may occur in BHUs. It is necessary for nurses to have a theoretical basis so that they could guide the patients and transmit information to them.

[...] So, the importance of having and providing as much information as possible, the importance of nurses having knowledge about what they are talking about, also the importance of professionals being empathic, putting themselves in the person's shoes, and also realizing that each person has his/her individuality. (P1)

We are never going to be prepared to deal with every situation, we are never going to communicate with the patients completely. I think we are always trying to acquire more knowledge, more ability to communicate in a better way [...] So you have to know, you have to have the ability, you have to have the responsibility, you have to have knowledge and always seek a complete communication, we have to improve ourselves always. (P11)

Ultimately, it was possible to observe that the multiprofessional team greatly influences the process of communicating difficult news in BHUs, because the professional-patient relationship each professional's specific knowledge are considered as facilitators, positively influencing the communication between patients and their relatives.

[...] I'll tell you one thing, when we have that kind of diagnosis, we never give it alone. We support each other, doctor and nurse. When we receive a diagnosis, whether I or she receive them first, we stop, we talk about the person and the diagnosis, we call the person and we both enter the room together, to give support to each other. I did not feel alone in any situation and neither did she. (P15)

[...] I think it is easier to work as a team and meet people [...] (P4)

[...] The doctor who is my colleague is absent, so she has a difficult situation and we need to take an approach and we do it together, we talk together with the family, with the patient. (P13)

DISCUSSION

Health care professionals rely on interpersonal relationships to communicate difficult news in their daily work and the way they deliver care is associated with their communication skills.⁹ Proper communication is essential to health care, as it serves as a means of providing information and education and can establish bonds of trust between the patients and the health care staff within the unit.¹⁰⁻⁴

All the participants believed that delivering health care with affection and attention is necessary because this type of care helps patients cope with personal issues and self-esteem. Furthermore, the patient-BHU bond can also be strengthened. In this sense, empathetic communication demands recognizing other people, because it is seen as an ability of individuals to build and maintain affective bonds. Empathetic communication is essential to the process of care because care will be delivered regardless of the patients' clinical condition.¹⁵⁻⁶

Empathy can have several meanings within the health care context, such as: being honest; not deceiving the patient; not lying; understanding the patient's reality, taking into account each individual, paying attention to their beliefs, values, and experiences; maintaining hope; promoting comfort and well-being; and being open to listen to and comfort the patients.¹⁷ In this sense, we can consider that the patient's age is related to empathy. According to the study results, the patients' age can change the way in which information is communicated by health care professionals, affecting directly the patients' understanding. Therefore, it is extremely important that health care professionals recognize this characteristic so that effective communication could occur.

The interviewees considered straightforward dialogue as a feature that forms bonds and makes communicating difficult news easier, since it brings the professional closer to the patient's uniqueness, taking into account the life story of the

latter. The bond is expressed through dialogue, conversations that enable the exchange and understanding of knowledge, interest, non-verticalized care practices, understanding of reality, security, trust, and responsibility.¹⁸

According to the interviewees, the use of technical terms must be avoided at the moment of communication with the patient because they often hinder the communication process. This result agrees with the findings of another study,¹⁹ in which technical terms used by professionals were considered the greatest hindrance to communicating bad news. Moreover, the study pointed out that technical terms need to be explained right after communication so that patients and their relatives understand everything that has been said. Thus, it is important that professionals speak using simple words for establishing good communication with the patients and make them completely understand the provided information.²⁰

It is extremely important to provide patients with a private, relaxing and interruption-free environment and strengthen the bond with them so that they could express their emotions without embarrassment and feel comfortable. A study²² revealed that professionals are expected to communicate difficult news to patients without paternalism (telling patients what to do during the treatment), but it is necessary to maintain the patients' hope since it aims at preventing the devastating psychological effects of the true disease indicator. The professionals also need to encourage patients to move forward, increasing their self-esteem.

Receiving patients has been part of the care provided at BHUs, since it favors access, improves work, and strengthens the patients' affective bonds with the health care staff, also favoring the process of communicating difficult news. Reception is seen as a way to promote the formation of bonds between professionals and patients, aiming at encouraging self-care, a better understanding of diseases and commitment to treatment. These bonds promote a relationship of trust so that the patients could understand diseases and continue to receive effective follow-up treatment.²³ Health care professionals must have theoretical knowledge to transmit and clarify as much information as possible because clinical knowledge is vital to nurses who need to communicate difficult news.²⁴

CONCLUSIONS

The study made it possible to identify that communicating difficult news is a very difficult task to be performed by BHU professionals since there is no adequate academic training in this subject. Although having little training, the nurses adopted strategies for ensuring adequate and humanized communication, aiming at the patients' comfort and well-being since these professionals believed that well-performed communication brings about great benefits.

Conclusively, this study showed that there is no protocol or instrument to be applied to all patients at the moment of

communicating difficult news. Because each patient is unique and has beliefs and particularities, he/she will react in a different way. Consequently, health care professionals should employ a variety of strategies. In this sense, it is necessary to carry out other studies that corroborate the dissemination and expansion of knowledge of communicating difficult news within the primary health care context, enabling nurses to communicate difficult news in the best possible way according to the patients' needs and realities. Furthermore, nurses should have appropriate and humanized behavior while communicating with patients.

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