Original Article

Ethical Challenges Faced by Nurses in Oncology Care During Breaking Bad News: A Qualitative Study

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ABSTRACT

The emphasis of this paper is on the ethical challenges faced by nurses who broke bad news and worked in a tertiary care hospital in Punjab, Pakistan, with patients who were diagnosed with cancer. **Objective:** To explore the Ethical challenges faced by nurses in oncology care during breaking bad news. **Methods:** A qualitative phenomenological research design was employed. From the Oncology Department, 15 nurses with at least one year of experience were chosen as a sample. The University of Health Sciences in Lahore served as the study's setting. The Jinnah and Mayo Hospitals in Lahore, Pakistan, Oncology Departments were used to collect the data. Using an interview guide, semi-structured, in-depth face-to-face interviews were conducted to collect data. Thematic analysis framework approach was used to analyses the data that had been gathered. **Results:** The study's conclusions showed that nurses typically steer clear of BBN because of ethical issues. **Conclusions:** To give nurses sound knowledge and competence of BBN at the institutional level, capacity building and ongoing nursing education programmes must be set up.

INTRODUCTION

This study examined the challenges faced by nurses while breaking bad news (BBN). The results are presented in this publication. Any negative, sad, or serious information that has an adverse effect on a person's perceptions of the present or their aspirations for the future has been defined as bad news in healthcare setting [1]. Many healthcare professionals participate in disseminating information that patients and family members may interpret as bad news on a variety of topics [2]. The potential problems of BBN when medical staff offers information about prognosis or diagnosis have repeatedly been studied in relation to scheduled appointments. Most patients desire to get trustworthy information about their diagnosis, available treatments, and likely results [3]. Patients who are aware of their conditions are better able to make prudent decisions, feel more in control, and are less likely to opt for unsuitable or inefficient therapies [4]. Without adequate knowledge, patients could feel uncertain about their present and future and find it difficult to make sense of their current situation with what they have acquired. Accurate and authentic information is important for coping [5]. How bad news is delivered affects patient coping with their circumstance and satisfaction with care [6]. Several guidelines have been created to assist medical professionals in delivering bad news, but they frequently concentrate on the situations that arise during pre-scheduled consultations when patients and loved ones are informed about a diagnosis, prognosis, treatment, or death

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[7]. The aforementioned perspective brings attention to important healthcare moments that need to be properly controlled to ensure that painful information is efficiently communicated [8]. These problems are not new, despite the rising knowledge that this focus may be overly narrow in terms of the information that is perceived to be bad news, the emphasis on a single contact, and the situations in which patients receive and healthcare providers offer this information. Although there is an increasing understanding that this focus may be overly narrow in terms of the information that is regarded to be bad news, the emphasis on a single contact, and the situations in which patients receive and healthcare providers convey this information, these difficulties are not new [9]. Patients stated that the moment they learned anything important was not a single occurrence but rather a step in a process or journey [10]. Nurses support patients during this process by doing a variety of things include assisting with decision-making, supporting patients' ability to adapt when the news' consequences become clear, helping patients and family members prepare for getting bad news, and explaining the information received [11]. When nurses are involved in the process of breaking bad news, it can be an ongoing process with several interactions [12]. Although patients can benefit greatly from understanding their situation, it can be difficult for doctors and nurses to provide this information [13]. Numerous intrinsic and extrinsic factors can contribute to these difficulties. Complex contexts and unpredictable outcomes are both risk factors for problems [14] or as a result of how the patient interprets and responds to the information being provided [15]. The efficiency of communication within the healthcare team is another issue and addressing disagreements between patients, family members, and healthcare professionals regarding the information to be disclosed, when it needs to be revealed, and to whom [16, 17]. Previous studies have focused on specific types of information, patient population, healthcare professional, or care environment to study the difficulties nurses experience while BBN, depressing, or critical information. Giving cancer patient's predictive information is one example [18]. The need for specific care environments, such as intensive care, inpatient wards, and community care, as well as changes in the treatment continuum from curative to palliative and end-of-life care [19]. A previous research investigation examined the challenges faced by in-patient ward nurses while delivering bad news through analyzing participant transcripts of stressful occurrences [20]. Understanding the challenges faced by nurses who deliver bad news is a crucial first step to developing treatments, instruction, and guidance that more accurately reflect clinical practice. Insights into the hospital ward milieu were gained by identifying the factors that contributed to the difficulties encountered. The study presented here strengthens earlier work by examining the perspectives of nurses working in various circumstances in order to develop a framework for identifying shared concerns that corresponds to their experiences in clinical practice.

METHODS

In order to properly examine and comprehend the phenomenon, the study was qualitative and used a phenomenological approach. With the support of the University of Health Sciences Lahore, Pakistan, the current study was carried out in two tertiary care teaching hospitals in Lahore, Pakistan: Jinnah Hospital and Mayo Hospital. Participants in the current study were registered nurses who fit the inclusion and exclusion requirements and were employed at public tertiary care facilities in Lahore. After the synopsis was approved by the synopsis review committee and the Ethical Review Committee (ERC) on June 18, 2021, the study's duration was July 2021 to March 2022. Participants in the study were nurses who worked in the oncology department of the chosen hospital, and non-probability purposive sampling was used to select the participants. It is the set of standards used to pick and enlist study participants. The study comprised registered nurses (both male and female), registered nurses with a B.Sc. degree and registered nurses with a general nursing/diploma who work in the cancer department, and registered nurses who have been involved in breaking terrible news for at least a year. Registered nurses who work in cardiac care units and critical care units are not allowed to participate in the study. The researcher anticipated a sample size of 15 to 20 for this qualitative study, with further participation based on data saturation. To ensure sure no data were left out, three additional participants were interviewed after the data saturation phase with 10 participants. Seven individuals were interviewed at Lahore's Jinnah Hospital, including interviews with 15 study participants in all were interviewed for the study. Selected hospitals were asked to contact their oncology nurses. The study comprised nurses who met the inclusion requirements. A written test used by researchers to gather data was a tool. An interviewing guide was created as a data gathering tool for a recent study. It was created by the primary researcher with the assistance of the supervisor following a thorough literature analysis. Two specialists with backgrounds in qualitative research and nursing education also reviewed it. Data were presented using descriptive statistics and a theme analysis methodology. Thematic analysis using an inductive framework was used to analyze and characterize the qualitative data. Thematic analysis (TA) is a method of data

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analysis that is frequently employed. Extensive subjective input from each participant is condensed into conclusions through the method of inductive thematic analysis by Castleberry and Nolen. Credibility, conformability, dependability, and transferability were four crucial criteria that were used to ensure the study's rigor.

RESULTS

Table 1 reveals that all the participants were female, working as charge nurses in the oncology departments of public sector hospitals. All participants fall between 26 and 40 years of age. 75% of the participants had 3 to 5 years of clinical experience, while 14% of the participants had 6 to 10 years of experience, and another 11% had 11 to 15 years of experience in the oncology department. Charge nurses in this study were 70% post-RN (B.Sc. Nursing) and 30% generic (BSc. Nursing).

Table 1: Demographic characteristics of the participants (n=15)

Demographic Characteristics	Categories	Results
Age	26-40years	100%
Gender	Female	100%
Years of work Experience	3-5 years	75%
	6-10years	14%
	11-15years	11%
Education	Post RN	70%
	Generic BSc.Nursing	30%
	Diploma Nursing	0%

In-depth interview data were analyzed for this study, and the findings were presented by categorizing and thematically grouping the data. Verbatim from the researcher's recorded interviews were carefully selected in order to strengthen the validity of the thematic analysis. The qualitative analysis of the participant interviews revealed themes that reflected the challenges faced by nurses in the process of BBN in cancer departments. The data has been used to derive the themes and subthemes.

Theme 1: Ethical Challenges Faced by Nurses

In any nursing practice, ethical responsibility is essential. A professional code of ethics guides nursing principles and obligations. Most of the time, patients' cultural myths are against the hospital policies due to which nurses face ethical dilemmas in their practices. Study participants expressed their views as: *"There was a young patient in our department with a nasogastric tube and a "Nothing by mouth" order. His guardian brought mixed solution from their hometown in the hopes of aiding in the treatment of their patient. They decided that the admixture should be provided and that, due to his medical condition, the patient should not be given anything by mouth. We had no choice but to inform the rest of the family at some point "(P-04).*

Subtheme 1.1: Inadequate information

Many nurses expressed doubt about how much prognostic information had been provided to their patients. One participant talked about how she felt talks were made difficult by the absence of information. *"I don't know what the doctor has always told the patient, and I don't want to confuse the patient, "the doctor once said. The majority of the anxiety, according to another nurse, "is based on not having the full picture."*

Subtheme 1.2: Taking away hope

Healthcare professionals' willingness to reveal information about life-limiting illnesses may also be constrained by worries about depriving patients of hope. One nurse stated, *"I don't like to diminish hope,"* and another expressed concerns about *"taking away hope"* and *"causing psychological pain"* with regard to a certain patient type, saying, *"conflict occurs when [the] patient is young adult and has a strong denial regarding end of life. I tend to retreat."*

Subtheme 1.3: Confidentiality

When managing their patients and families, nurses reported experiencing difficulties over the confidentiality of protected health information. According to one nurse, *"she apparently had not informed the family of his prognosis... his father was talking about patient 'getting back to work,' and I didn't feel comfortable (Health Insurance Portability and Accountability Act) sharing that he was terminal, so I had to avoid these questions, which I felt was a disservice to his family."*

Theme 2: Lack of Capacity Building Programs by Institutions for Nurses

Nurses are educated and trained enough to provide nursing care to patients skillfully. However, there are special areas like the intensive care unit, cardiac care unit, and oncology department where they frequently encounter delivering bad news to patients and their families. This study also revealed this theme from the participants' responses. *"There should be educational courses in hospitals to help us deliver bad news more efficiently." (P -09).* According to the diverse specialties in the health care system, every specialty needs expertise, specific skills, and up-to-date knowledge to meet the health care needs of patients. Continued educational services are essential to enhance the quality of the health care system. It is also revealed by this study: *"There is no nursing education services department in our hospital that arranges ongoing sessions for nurses to enhance their clinical expertise" (P-11).* BBN to patients in a proper way is an essential skill during clinical practice. The method of delivering bad news left its long term impact on patients and their families. Whenever bad news is delivered to the patients and their relatives at their own level of understanding, it's more helpful for the patients to accept the reality and reduce the probability of false hopes. As it is explored by the current study in such a way, *"Similar information can be interpreted differently by*

different people as positive, negative, or neutral." The manner in which bad news is delivered can have a significant impact on the patient's experience of disease and death. If this information is presented incorrectly, it may result in misunderstandings, future suffering, and bitterness (P-05).

DISCUSSION

A lot of the study on the difficulties and challenges of BBN has tended to concentrate on a particular context, study population, health providers, or issue. The results support the idea that bad news covers a wide range of topics and can be viewed as an ongoing process involving the multidisciplinary team the current strategy has shed light on specific aspects of delivering bad news [12]. The current study has discovered elements that add to challenges faced in a variety of contexts, health care providers, and context by adopting a more comprehensive, inclusive approach. This offers a foundation for comprehending the difficulties involved in BBN. The wide array of tasks being performed by study participants suggests that important information is delivered or maintained at many points throughout the healthcare process. This include dealing with the patient's situation's implications such as reduced functional ability, discharge planning, and assisting patients and their families with end-of-life care. Additionally, their descriptions showed how their role in the delivery of bad news went beyond merely disseminating information. The study participants' involvement in breaking bad news included things like listening to concerns, clarifying facts, resolving misconceptions, helping to make choices, and assisting sufferers and family members' emotional responses. The method of data analysis resulted in the formulation of a structured framework with a variety of potential applications. Nurses and other healthcare professionals can use it to reflect on clinical experiences and procedures. It highlights the range of expertise needed by those engaged in the process of BBN that may serve as guidance for both education commissioners and providers. Many of the themes and groups that were identified in the study have also been found in studies that have looked at factors that affect communication of important information. For instance, evaluated the viewpoints of healthcare professionals on the causes of breakdowns in communication in cancer care and found that important concerns were inadequate information sharing amongst healthcare professionals and a lack of time available to spend with patients [18]. In particular, it makes the point that education needs to go beyond the conventional emphasis on communication skills and cover subjects like working with family systems, handling moral problems, resolving conflicts, teamwork, and promoting coping and adaptability. The framework also identifies organizational-level concerns that must be resolved, such as the availability of staff resources, private areas and interpreters to facilitate the delivery of bad news, as well as chances for structured learning and reflection.

CONCLUSIONS

Despite the fact that nurses and other health professionals regularly and adequately deliver bad news, there is one aspect of their work that requires a high level of skill and attention and that needs to be developed and shaped to become an intrinsic part of their performance: they should approach each patient as a unique individual with distinct biopsychosocial traits embedded in a specific setting. According to the findings of the current study, nurses encounter difficulties as a result of a lack of professional skills, cultural differences, and a lack of resources for furthering their education.

Authors Contribution

Conceptualization: AQ
Methodology: FS, SK, TK
Formal Analysis: SK, TK
Writing-review and editing: SF, SK, SF

All authors have read and agreed to the published version of the manuscript

Conflicts of Interest

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