Search Results

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Search History

1. CINAHL; *NEWS/; 216 results.
2. CINAHL; nurs*.ti,ab; 282561 results.
3. CINAHL; 1 AND 2; 3 results.
4. CINAHL; *TRUTH DISCLOSURE/; 2639 results.
5. CINAHL; 2 AND 4; 229 results.
6. CINAHL; *ATTITUDE/; 2837 results.
7. CINAHL; 5 AND 6; 0 results.
8. CINAHL; *RESEARCH/ OR *NURSE RESEARCHERS/ OR *CLINICAL NURSING RESEARCH/ OR *BEHAVIORAL RESEARCH/ OR *ACTION RESEARCH/; 7634 results.
9. CINAHL; *RESEARCH METHODOLOGY/; 3499 results.
10. CINAHL; 8 OR 9; 10940 results.
11. CINAHL; 5 AND 10; 0 results.
12. MEDLINE; *TRUTH DISCLOSURE/; 5541 results.
13. MEDLINE; *NURSES/; 18599 results.
14. MEDLINE; 12 AND 13; 47 results.
15. MEDLINE; *NURSES/px [Psychology]; 5937 results.
16. MEDLINE; 12 AND 15; 12 results.
17. MEDLINE; exp NURSING/px [px=Psychology]; 59 results.
18. MEDLINE; 12 AND 17; 0 results.
19. MEDLINE; nursing.ti,ab; 168164 results.
20. MEDLINE; 12 AND 19; 112 results.
21. MEDLINE; *PROFESSIONAL-PATIENT RELATIONS/; 6881 results.
22. MEDLINE; 12 AND 21; 86 results.
23. MEDLINE; *QUALITATIVE RESEARCH/; 1008 results.
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26. MEDLINE; 23 OR 24; 115561 results.
27. MEDLINE; 25 AND 26; 5727 results.
28. MEDLINE; 12 AND 27; 0 results.
29. MEDLINE; 12 AND 26; 37 results.
30. MEDLINE; 12 AND 27; 0 results.
31. MEDLINE; research.ti,ab; 604549 results.
32. MEDLINE; 12 AND 31; 468 results.
33. MEDLINE; 25 AND 32; 14 results.
34. MEDLINE; (bad AND news).ti,ab; 1304 results.
35. MEDLINE; 25 AND 34; 36 results.
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37. CINAHL; *TRUTH DISCLOSURE/; 2639 results.
38. CINAHL; nurs*.ti,ab; 282561 results.
39. CINAHL; *NURSES/; 18198 results.
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48. BNI; nurs*.ti,ab; 80743 results.
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51. HMIC; nurs*.ti,ab; 30133 results.
52. HMIC; 50 AND 51; 12 results.
53. PsycINFO; nurs*.ti,ab; 52417 results.
54. PsycINFO; (bad AND news).ti,ab; 619 results.
55. PsycINFO; *TRUTH/; 475 results.
56. PsycINFO; 54 OR 55; 1091 results.
57. PsycINFO; 53 AND 56; 36 results.

1. Breaking bad news in inpatient clinical settings: role of the nurse.

Citation:	Journal of Advanced Nursing, 01 July 2010, vol./is. 66/7(1543-1555), 03092402
Author(s):	Warnock C; Tod A; Foster J; Soreny C
Language:	English

Abstract: Aim. This paper is a report of an exploration of the role of the nurse in the process of breaking bad news in the inpatient clinical setting and the provision of education and support for nurses carrying out this role. Background. The term 'breaking bad news' is mostly associated with the moment when negative medical information is shared with a patient or relative. However, it can also be seen as a process of interactions that take place before, during and after bad news is broken. Little research has been conducted exploring the role of the nurse in the process of breaking bad news in the inpatient clinical setting. Methods. A questionnaire was developed using Likert scales and open text questions. Data collection took place in 2007. Fifty-nine inpatient areas took part in the study; 335 questionnaires were distributed in total and 236 were completed (response rate 70%). Results. Nurses engaged in diverse breaking bad news activities at many points in care pathways. Relationships with patients and relatives and uncontrolled and unplanned events shaped the context in which they provided this care. Little formal education or support for this work had been received. Conclusion. Guidance for breaking bad news should encompass the whole process of doing this and acknowledge the challenges nurses face in the inpatient clinical area. Developments in education and support are required that reflect the challenges that nurses encounter in the inpatient care setting.

Publication Type:	journal article
Subject Headings:	Inpatients
	Nurse-Patient Relations
	Nursing Role
	Nursing Staff, Hospital
	Truth Disclosure
	Adult
	Convenience Sample
	Descriptive Research
	Descriptive Statistics
	Emotions
	Hospital Units
	Human
	Middle Age
	Professional-Family Relations
	Questionnaires
	Summated Rating Scaling
	Thematic Analysis
	United Kingdom
Source:	CINAHL

2. Disclosing clinical adverse events to patients: can practice inform policy?.

Citation:	Health Expectations, June 2010, vol./is. 13/2(148-59), 1369-6513;1369-7625 (2010 Jun)
Author(s):	Sorensen R; Iedema R; Piper D; Manias E; Williams A; Tuckett A
Institution:	Faculty Nursing, Midwifery & Health, University of Technology, Broadway, Sydney, New South Wales, Australia. Roslyn.sorensen@uts.edu.au
Language:	English

Abstract: OBJECTIVES: To understand patients' and health professionals' experience of Open Disclosure and how practice can inform policy. BACKGROUND: Open Disclosure procedures are being implemented in health services worldwide yet empirical evidence on which to base models of patient-clinician communication and policy development is scant. DESIGN, SETTING AND PARTICIPANTS: A qualitative method was employed

using semi-structured open-ended interviews with 154 respondents (20 nursing, 49 medical, 59 clinical/administrative managerial, 3 policy coordinators, 15 patients and 8 family members) in 21 hospitals and health services in four Australian states. RESULTS: Both patients and health professionals were positive about Open Disclosure, although each differed in their assessments of practice effectiveness. We found that five major elements influenced patients' and professionals' experience of openly disclosing adverse events namely: initiating the disclosure, apologizing for the adverse event, taking the patient's perspective, communicating the adverse event and being culturally aware. CONCLUSIONS: Evaluating the impact of Open Disclosure refines policy implementation because it provides an evidence base to inform policy. Health services can use specific properties relating to each of the five Open Disclosure elements identified in this study as training standards and to assess the progress of policy implementation. However, health services must surmount their sensitivity to revealing the extent of error so that research into patient experiences can inform practice and policy development.

Country of Publication:	England
Publication Type:	Journal Article; Multicenter Study; Research Support, Non-U.S. Gov't
Subject Headings:	Australia Communication Cultural Competency *Hospital Administration/mt [Methods] Humans *Medical Errors *Professional-Patient Relations Public Policy Qualitative Research *Truth Disclosure
Source:	MEDLINE

3. Beyond bad news: communication skills of nurses in palliative care.

Citation:	J Hospice & Palliative Nursing, 2010, vol./is. 12/3(166-76), 1522-2179 (2010 May/Jun)
Author(s):	Malloy, P; Virani, R; Kelly, K
Abstract:	Qualitative research in the USA examining nurses' experiences of communication with nurse colleagues, patients and families in terminal care. Nurses in general, intensive care, paediatric and elderly care settings completed a survey about the difficulties encountered in regard to bad news, palliative care issues, dying, spiritual/religious concerns and suffering. Case examples are included. 26 refs.
Subject Headings:	Nurse Patient Relations Family Terminal Care : Nursing Interprofessional Relations
Source:	BNI

4. Bad news for the patient and the family? The worst part of being a health care professional.

Citation:	Journal of Palliative Care, 01 September 2009, vol./is. 25/3(191-196), 08258597
Author(s):	Rio-Valle JS; Garcia Caro MP; Montoya Juarez R; Prados Peña D; Munoz Vinuesa A; Pappous A; Cruz Quintana F
Language:	English
Abstract:	In Spain, there is a general tendency to conceal the prognosis from a terminally ill patient. We conducted grounded-theory-based, phenomenological, qualitative research on this using a final sample of 42 in-depth interviews with doctors and nurses from different fields. We found that most health professionals believe that although patients don't ask questions, they know what is happening to them. Many professionals feel bad when communicating bad news. In hospitals, doctors take responsibility for doing so. The

attitudes of professionals are influenced by their sense of responsibility and commitment to the principle of patient autonomy, as well as to the level of their agreement with the cultural context. The tacit agreement of silence makes communication impossible: the patient does not ask questions, the health professional does not want to be interrogated, and family members don't talk about the disease and want health professionals to follow their example. This situation is detrimental to patients and their families and leads to suffering, low levels of satisfaction, and feelings of guilt and helplessness. Health care professionals must acquire the means and the skills for communicating bad news.

Publication Type:	journal article
Subject Headings:	Nurses
	Physicians
	Truth Disclosure
	Adult
	Cultural Sensitivity
	Data Analysis Software
	Data Analysis, Statistical
	Descriptive Statistics
	Female
	Grounded Theory
	Male
	Middle Age
	Phenomenological Research
	Professional-Family Relations
	Qualitative Studies
	Semi-Structured Interview
	Spain
	Terminally Ill Patients
	Thematic Analysis
	Human
Source:	CINAHL
Full Text:	Available in *fulltext* at *ProQuest*

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5. How do young people find out about their parent's cancer diagnosis: a phenomenological study.

Citation:	European Journal of Oncology Nursing, 01 July 2009, vol./is. 13/3(213-222), 14623889
Author(s):	Finch A; Gibson F
Language:	English
Abstract:	AIM: Grief and its many manifestations can irrevocably change family life and the multiple relationships within. Informed by this, one is led to consider the extent an adult nurse provides a family focus to cancer care. It arguably remains wanting, particularly in adult healthcare environments where 'family' can still infer 'spouse' and the needs of children and young people at home may as a result go unrecognized. Little attention has been paid to what or how young people should be told about their parent's cancer diagnosis, but from the limited research that has been undertaken, parents are seeking help with this aspect of communication. METHODS: An interpretative phenomenological approach was used to explore the research question: How do young people experience learning about their parent's cancer diagnosis? This was a single centre study recruiting seven participants, aged 14-18 years, which included two sets of siblings. Participants were interviewed on one occasion only. RESULTS: The interview data revealed six dimensions of the young person's experience of learning about a parental diagnosis: first hearing about a parent's diagnosis; vulnerability of self and others, communication within the family, feeling supported in experience, experience and support of school, experience and support of hospital. Young people overwhelmingly advocate honesty and openness in family communication about cancer. CONCLUSIONS: Our participants demonstrated strength and resourcefulness in adapting to their parent's cancer. Meaning making was central to our study's intent and still today it offers a perspective of the diagnosis period that has not been fully explored in the extant literature.

Publication Type:	journal article
Subject Headings:	Life Experiences
	Neoplasms
	Parent-Child Relations
	Parents
	Truth Disclosure
	Adolescence
	Audiorecording
	Cancer Care Facilities
	Communication
	Convenience Sample
	England
	Learning Environment
	Phenomenological Research
	Semi-Structured Interview
	Support, Psychosocial
	Thematic Analysis
	Vulnerability
	Human
Source:	CINAHL

6. Disclosing bad news to patients with life-threatening illness: differences in attitude between physicians and nurses in Israel.

Citation:	International Journal of Palliative Nursing, June 2009, vol./is. 15/6(276-81), 1357-6321;1357-6321 (2009 Jun)
Author(s):	Ben Natan M; Shahar I; Garfinkel D
Institution:	Pat Matthews Academic School of Nursing, Hillel Yaffe Medical Center, Hadera, Israel. meraav@hy.health.gov.il
Language:	English
Abstract:	Scant attention has been paid to the decision-making process of caregivers in disclosing bad news to patients. The purpose of this study was to describe factors influencing this process and to ascertain whether physicians and nurses behave differently, based on Ajzen and Fishbein's (1980) theory of reasoned action (TRA). In this correlational quantitative research study, a validated anonymous questionnaire was administered to a convenience sample comprising 100 physicians and 200 nurses employed in several Israeli hospitals. The results indicate that only around 30% of physicians always disclosed bad news in the past, and that future decisions would be made on an individual basis. In contrast, more than 76% of nurses said that they would disclose bad news to their patients in the future. Caregivers find it difficult to disclose terminal status information to all types of patients, although most find it relatively easier in the elderly. TRA may help to predict disclosure of bad news by physicians and nurses. Behavioural beliefs, subjective attitudes and prior clinical experience with disclosure of bad news were the main factors influencing caregivers' disclosure. The main predictors among nurses were behavioural beliefs and prior experience, and among physicians were subjective norms and prior experience.
Country of Publication:	England
Publication Type:	Journal Article
Subject Headings:	*Attitude of Health Personnel
	Humans
	Israel
	*Nurses/px [Psychology]
	*Physicians/px [Psychology]
	*Professional-Patient Relations
	*Terminally Ill
	*Truth Disclosure
Source:	MEDLINE

Full Text:	Available in *fulltext* at *EBSCO Host*

7. Disclosing bad news to patients with life-threatening illness: differences in attitude between physicians and nurses in Israel.

Citation:	Int J Palliative Nursing, June 2009, vol./is. 15/6(276-81), 1357-6321 (2009 Jun)
Author(s):	Natan, M; Shahar, I; Garfinkel, D
Abstract:	Quantitative research in Israel examining the process adopted by nurses and doctors when deciding whether to disclose bad news to their patients. The extent to which prior experience, behavioural beliefs and subjective attitudes influence their respective decisions is discussed, with reference to Ajzen and Fishbein's theory or reasoned action. 25 refs.
Subject Headings:	Nurse Patient Relations Models and Theories Decision Making Process Terminal Care : Nursing
Source:	BNI
Full Text:	Available in *fulltext* at *EBSCO Host*

8. Death, empathy and self preservation: the emotional labour of caring for families of the critically ill in adult intensive care.

Citation:	Journal of Clinical Nursing, May 2009, vol./is. 18/9(1267-75), 0962-1067;1365-2702 (2009 May)
Author(s):	Stayt LC
Institution:	School of Nursing, Queens Medical Centre, University of Nottingham, Nottingham, UK. louise.stayt@nottingham.ac.uk
Language:	English
Abstract:	AIM AND OBJECTIVE: The purpose of this phenomenological study is to explore the emotional labour nurses' face when caring for relatives of the critically ill in intensive care unit. BACKGROUND: The admission of a critically ill patient into adult intensive care is a crisis for both patients and their families. Family members of the critically ill may experience extreme levels of stress and emotional turmoil throughout the course of the relative's illness. A central tenet of providing holistic nursing care in the intensive care unit is to care for both patients and their families, however, the emotional involvement required places considerable demands on those delivering care. The support health care providers require is frequently overlooked in these challenging environments. DESIGN: Heideggerian phenomenological approach was adopted. METHODS: A purposive sample of 12 registered nurses working in an adult intensive care unit were interviewed. Interview transcripts were analysed using Colaizzi's framework. Data were collected in autumn 2005. RESULTS: Analysis of the participants' interview transcripts revealed the following themes: significance of death, establishing trust, information giving, empathy, intimacy and self preservation. CONCLUSIONS: Emotional work forms an important part of the critical care nurses job. The significance of death, breaking bad news and interpersonal relationships are sources of emotional stress for the critical care nurse caring for the family of the critically ill. The impact of this stress on the nurse and the care they deliver requires further investigation. RELEVANCE TO CLINICAL PRACTICE: Registered nurses caring for families who have relatives in adult intensive care units expand considerable emotional labour. Potentially, unless appropriately supported and managed, emotional labour may lead to occupational stress and ultimately burnout.
Country of Publication:	England
Publication Type:	Journal Article
Subject Headings:	Adult *Critical Illness *Death

*Emotions
*Empathy
*Family/px [Psychology]
Humans
*Intensive Care Units

Source:	MEDLINE
Full Text:	Available in *fulltext* at *EBSCO Host*

9. Communicating bad news to patients: a reflective approach.

Citation:	Nursing Standard, April 2009, vol./is. 23/31(51-6), 0029-6570 (2009 8 Apr)
Author(s):	McGuigan, D
Abstract:	Continuing Professional Development, NS487. Using reflection to help nurses develop their knowledge and skills in communicating bad news to patients and relatives. The use of Gibbs reflective model as a method for analysing situations and feelings is discussed, and the 10-stage approach to communicating bad news is explained. 25 refs.
Subject Headings:	Open Learning : Materials Communication Nurse Patient Relations Reflective Practice
Source:	BNI
Full Text:	Available in *fulltext* at *EBSCO Host* Available in *fulltext* at *ProQuest*

10. Intensive care unit nurse perceptions of caring for the dying: every voice matters.

Citation:	J Hospice & Palliative Nursing, 2009, vol./is. 11/3(179-86), 1522-2179 (2009 May/Jun)
Author(s):	Popejoy, L; Brandt, B; Beck, M
Abstract:	Research in the USA on intensive care nurses' views of caring for critically ill and dying patients in the ICU. Focus groups of medical, surgical and neuroscience ICU nurses discussed good and poor care of the dying, giving bad news, family grieving and support and the emotional effect on the nurse. 28 refs.
Subject Headings:	Terminal Care : Nursing Staff : Attitudes Intensive Care Nursing Nurse Patient Relations
Source:	BNI

11. Cross-cultural factors in disclosure of intimate partner violence: an integrated review.

Citation:	Journal of Advanced Nursing, January 2009, vol./is. 65/1(20-34), 0309-2402;1365-2648 (2009 Jan)
Author(s):	Montalvo-Liendo N
Institution:	University of Texas, Brownsville, TX, USA. nora.montalvo@utb.edu
Language:	English
Abstract:	AIM: This paper is a report of an integrated review to identify cross-cultural factors that have an impact on women's disclosure of intimate partner violence, specifically related to Mexican-American women. BACKGROUND: Intimate partner violence was once recognized as a private matter. Disclosure is a complex concept; furthermore in our multi-cultural society, a woman's decision whether or not to disclose abuse can be attributed to several factors influenced by her culture. DATA SOURCES: The World Wide Web and multiple databases including Academic Premier, Cumulative Index of Nursing and Allied Health Literature (CINAHL), PsychArticles, PsychInfo, Medline, Eric, MedicLatina, and Psychology and Behavioral Science Collection were searched for

studies published between 1996 and 2007. METHODS: A search was conducted using databases including the CINAHL, PsychINFO, MEDLINE, ERIC and MedicLatina. Both qualitative and quantitative studies published between May 1996 and July 2007 were included. Forty-two studies were included in the review. Appraisal of study quality was not undertaken. RESULTS: Fear was the most common cross-cultural factor interfering with disclosure. Most of the literature examines factors influencing and interfering with disclosure of abuse among white and African-American women. Only one study was found to include a sample of Mexican-American women. CONCLUSION: Increased efforts are needed to understand disclosure of intimate partner violence in minority women so that service providers can tailor services and ways to encourage disclosure with appropriate strategies based on women's culture. Further research is needed to understand the lived experiences of minority women, including Mexican-American women living in intimate partner violence.

Country of Publication:	England
Publication Type:	Journal Article; Review
Subject Headings:	*Battered Women/px [Psychology] Coercion Cross-Cultural Comparison Female Humans *Mexican Americans/px [Psychology] *Spouse Abuse/px [Psychology] *Truth Disclosure United States
Source:	MEDLINE
Full Text:	Available in *fulltext* at *EBSCO Host*

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12. Nurses' experiences with the disclosure of errors to patients.

Citation:	, 01 January 2009, vol./is. /(0-139),
Author(s):	Greene DA
Language:	English
Abstract:	The 1999 Institute of Medicine report, To Err is Human, raised awareness about the multitude of errors that occur in healthcare. Frequently, errors are not disclosed to patients or their families. While several studies have examined patient and physician perspectives on disclosure, limited research on nurse perspectives exist. In hospitals, nurses are often the last line of defense before errors reach the patient. Because nurses are often present when errors occur, nurses' experiences with disclosure are integral to understanding the issues that surround the disclosure of errors. The purpose of this study was to gain an understanding of nurse experiences with both disclosure and nondisclosure of errors to patients. An interpretive approach was used to guide the study, combined with a feminist perspective to illuminate the issues of power and gender.; Registered nurses (n=17) employed in hospitals and caring for adult medical/surgical patients participated in semi-structured interviews. After the audio-recorded interviews were transcribed, they were reviewed for accuracy by participants. Analysis consisted of an eight-step process including use of a research team and peer debriefing. Three major themes and 6 sub-themes were identified. Major themes were: (a) disclosing errors, (b) perceiving expectations for disclosure, and (c) not disclosing errors. Some nurses provided constant information to the patient, so a disclosure decision was not necessary when errors occurred. Many of these nurses felt that full disclosure was the right thing to do. Other nurses based disclosure decisions on their perceptions of the culture or policies of the work environment. Disclosing events, but not errors was a method used to vaguely disclose while others overtly concealed errors. Some nurses felt that disclosure was a professional responsibility, while others felt that nurses should align themselves with institutional expectations. Still others indicated that disclosure should be determined on a case-by-case basis depending on the context. This study contributes to nursing science by illuminating the experiences of nurses with disclosure, describing nurses' ways of being

truthful when errors occur, and examining the contextual factors that surround nurses' practices of disclosure. Recommendations of the study for nursing practice, education and research were identified.

Publication Type:	doctoral dissertation
Subject Headings:	Medication Errors Nurse Attitudes Truth Disclosure Audiorecording Human Registered Nurses Semi-Structured Interview Thematic Analysis Work Experiences
Source:	CINAHL

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13. Truth-telling, honesty and compassion: a virtue-based exploration of a dilemma in practice.

Citation:	Int J Nursing Practice, October 2008, vol./is. 14/5(336-41), 1322-7114 (2008 Oct)
Author(s):	Begley, A
Abstract:	Definition and benefits of a virtue-based approach to nursing ethics. The application of virtue ethics is discussed in relation to a scenario where a nurse is asked by a patient's wife to withhold bad news from a patient who believes he is recovering. The moral justification of lying to patients for beneficent reasons is debated. 15 refs.
Subject Headings:	Ethics Nurse Patient Relations Communication
Source:	BNI
Full Text:	Available in *fulltext* at *EBSCO Host*

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14. How should a nurse approach truth-telling? A virtue ethics perspective.

Citation:	Nursing Philosophy, October 2008, vol./is. 9/4(248-56), 1466-7681 (2008 Oct)
Author(s):	Hodkinson, K
Abstract:	The philosophical theory of virtue ethics examined and applied to a nursing dilemma of communication at the end of life. Honesty, information disclosure, motivation and compassion in communication and the decision making process are considered and the question of what constitutes a morally good decision is discussed. 24 refs.
Subject Headings:	Nurse Patient Relations Ethics Communication Models and Theories
Source:	BNI
Full Text:	Available in *fulltext* at *EBSCO Host*

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15. To tell or not to tell: attitudes of Chinese oncology nurses towards truth telling of cancer diagnosis.

Citation:	J Clinical Nursing, September 2008, vol./is. 17/18(2463-70), 0962-1067 (2008 Sep)
Author(s):	Li, J; Liu, C; Zou, L
Abstract:	Research using questionnaires to ascertain cancer nurses specialists' views on how and whether to disclose diagnoses to patients with early-stage or terminal cancer. Differences in attitudes depending on the cancer stage and reasons for and against disclosure were examined, along with preferred methods of disclosure. 54 refs.
Subject Headings:	Cancer : Nursing Nurse Patient Relations

Communication

Source: BNI

Full Text: Available in *fulltext* at *EBSCO Host*

16. Giving bad news is an essential experience.

Citation: Nursing Times, August 2008, vol./is. 104/34(12), 0954-7762 (2008 26 Aug)

Author(s): McHarg, L

Abstract: Starting Out series. Comments from a 3rd-year student nurse about the lessons learned from an experience of having to break bad news to a patient.

Subject Headings: Education : Practical Experience
Nurse Patient Relations
Communication

Source: BNI

Full Text: Available in *print* at *Bolton PCT*

17. Stepping across the line: information sharing, truth telling, and the role of the personal carer in the Australian nursing home.

Citation: Qualitative Health Research, April 2007, vol./is. 17/4(489-500), 1049-7323 (2007 Apr)

Author(s): Tuckett, A

Abstract: Qualitative research investigating care assistants' perceptions of their role and of their information sharing and truth-telling practices in aged care. 5 themes were discussed: role as the happy comfort carer; division of labour; division of disclosure; role tension and frustration; and managing the division of disclosure. The benefit of this understanding for improving nursing home care was highlighted. 91 refs.

Subject Headings: Elderly : Services
Nursing Homes
Health Care Assistants
Communication

Source: BNI

18. Breaking bad news: evaluation study on self-perceived competences and views of medical and nursing students taking part in a collaborative workshop.

Citation: Supportive Care in Cancer, November 2006, vol./is. 14/11(1157-61), 0941-4355;0941-4355 (2006 Nov)

Author(s): Schildmann J; Härlein J; Burchardi N; Schlögl M; Vollmann J

Institution: Institute for Medical Ethics and History of Medicine, Ruhr-Universität Bochum, Markstrasse 258a, 44799, Bochum, Germany. jan.schildmann@ruhr-uni-bochum.de

Language: English

Abstract: GOALS OF THE WORK: To identify possible effects of an interprofessional breaking bad news course for medical and nursing students on perceived key communication skills and to elicit the views of participants on interprofessional aspects of breaking bad news. PARTICIPANTS AND METHODS: Medical and nursing students attending an optional course on breaking bad news received a structured questionnaire on self-perceived communication skills and views on interprofessional aspects at the beginning and end of the course. MAIN RESULTS: Forty-seven out of 54 students completed the evaluation questionnaires (response rate=87%). Medical students and nursing students rated their key communication skills after the course as significantly better compared with the beginning of the course. Medical students and nursing students disagreed with the statement that a course format for only one of the professional groups would have been more effective than the interprofessional course concept. CONCLUSIONS: Students valued the concept of the interprofessional course positively. The improvement of self-perceived

communication skills may be interpreted as a positive effect of the teaching session. Further research is necessary to develop strategies to implement a collaborative approach in breaking bad news in clinical practice.

Country of Publication:	Germany
Publication Type:	Comparative Study; Journal Article; Research Support, Non-U.S. Gov't
Subject Headings:	Attitude of Health Personnel Clinical Clerkship *Clinical Competence Communication Cooperative Behavior Female Humans Interprofessional Relations Male Professional-Patient Relations Questionnaires Role Playing *Self Concept *Self-Evaluation Programs *Students, Medical *Students, Nursing *Truth Disclosure
Source:	MEDLINE

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19. Being asked not to tell: nurses' experiences of caring for cancer patients not told their diagnosis.

Citation:	Journal of Clinical Nursing, 01 September 2006, vol./is. 15/9(1149-1157), 09621067
Author(s):	Kendall S
Language:	English
Abstract:	Aims and objectives. The aim of the primary research was to investigate the impact of the nurse-patient relationship on clinical learning and subsequently clinical practice. Coincidently, 32 participants, all Registered Nurses in Hong Kong, provided details of nurse-patient encounters involving withholding of a cancer diagnosis. Background. The changing face of clinical practice and cancer care has fuelled discussion and debate around disclosure or non-disclosure of the diagnosis of cancer, global consensus on this issue still does not exist. In different countries there is marked variation in how and what a patient may be told about their diagnosis and prognosis. There is considerable variability in the reported rate of cancer diagnosis disclosure across studies and countries. Being asked not to tell a patient their diagnosis of cancer presents many problems for nurses caring for those patients. The issue of non-disclosure directly affects nurses and their clinical practice. Methods. This paper reports one of the findings of a large international qualitative study informed by phenomenology into the perceptions of nurses about caring for a patient with a diagnosis of cancer. Results. Responses from participants revealed considerable difficulties for nurses when caring for patients who were not informed of their diagnosis. They recounted having learned from the encounters but remarked on the negativity of the experience. They discussed their inability to act decisively in the past situations but expressed hope that they had found a resolve to act in future. Relevance to clinical practice. Although, overwhelmingly, participants doubted they would actually be able to change the reality of practice. The identified care episode and the nurse-patient relationship, according to participants, did change their clinical practice but often not for the better.
Publication Type:	journal article
Subject Headings:	Cancer Patients Cultural Values Decision Making, Family Decision Making, Patient Family

Learning
Nurse Attitudes
Nurse-Patient Relations
Nursing Practice
Nursing Role
Oncologic Nursing
Patient Advocacy
Truth Disclosure
Adolescence
Adult
Aged
Aged, 80 and Over
Child
Communication
Data Analysis, Statistical
Female
Hong Kong
Middle Age
Narratives
Phenomenological Research
Powerlessness
Professional Autonomy
Purposive Sample
Qualitative Studies
Registered Nurses
Thematic Analysis
Human

Source:	CINAHL
Full Text:	Available in *fulltext* at *EBSCO Host*

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20. Caregivers' role in breaking bad news: patients, doctors, and nurses' points of view.

Citation:	Cancer Nursing, 01 July 2006, vol./is. 29/4(302-308), 0162220X
Author(s):	Rassin M; Levy O; Schwartz T; Silner D
Language:	English
Abstract:	The aim of the research was to identify the caregivers' response patterns when breaking bad news at the first time of cancer diagnosis and their affect on the patient. These issues were examined from 3 points of view: patients, doctors, and nurses.; A total of 152 Israelis subjects participated in the research: 51 patients with cancer, 51 nurses, and 50 doctors. They filled out a questionnaire developed for the research that included 35 items. Support patterns identified as effective were as follows: allowing for the expression of emotions, empathetic silence, support through touch, and the use of participatory, commendation, and encouragement statements.; The research findings indicate the crucial need in the involvement of a family member and a nurse in the process and in supplying written information for the receiver of the news. Significant differences (P < .05) between patients and caregivers were found in the type of information given, in the timing and quantity, and in the support and communication patterns. The principal emotions professional caregivers experienced were identification and helplessness. Most of them were not trained in this field.; The research findings could bridge the gap between what patients want and what caregivers do and would benefit in designing guidelines for breaking bad news and formulating a workshop program for furthering the team skills.
Publication Type:	journal article
Subject Headings:	Communication
	Neoplasms
	Nurse Attitudes
	Patient Attitudes
	Physician Attitudes

Support, Psychosocial
Truth Disclosure
Adult
Coefficient Alpha
Content Validity
Coping
Descriptive Research
Descriptive Statistics
Emotions
Factor Analysis
Female
Israel
Male
Middle Age
One-Way Analysis of Variance
Post Hoc Analysis
Questionnaires
Sampling Methods
Spearman's Rank Correlation Coefficient
Summated Rating Scaling
Unpaired T-Tests
Human

Source:	CINAHL

21. Breaking bad news to parents: the children's nurse's role.

Citation:	Int J Palliative Nursing, March 2006, vol./is. 12/3(115-20), 1357-6321 (2006 Mar)
Author(s):	Price, J; McNeilly, P; Surgenor, M
Abstract:	Review of the literature on breaking bad news to parents about their child. A framework for children's nurses, which offers guidance on their role as part of a multidisciplinary team before, during and after disclosure of bad news to parents, is described. It is envisaged that this will be valuable both to paediatric nurses in clinical practice, and also in paediatric nursing education. 58 refs.
Subject Headings:	Nurse Patient Relations Paediatric Nursing Terminal Care : Nursing Children : Death
Source:	BNI
Full Text:	Available in *fulltext* at *EBSCO Host*

22. Breaking bad news: qualitative evaluation of an interprofessional learning opportunity.

Citation:	Medical Teacher, February 2006, vol./is. 28/1(53-8), 0142-159X;1466-187X (2006 Feb)
Author(s):	Wakefield A; Cocksedge S; Boggis C
Institution:	School of Nursing Midwifery and Health Visiting, University of Manchester, South Manchester, UK. ann.b.wakefield@man.ac.uk
Language:	English
Abstract:	This paper analyses the effects of bringing together a small group of nursing and medical students to learn the skills needed to break bad news to patients. It outlines the qualitative and quantitative methods used, to provide the reader with a comprehensive account of the teaching, learning and research strategies drawn on during the study. The paper examines the evaluation phase, as this aspect is of greatest import if such initiatives are to flourish. The facet of the study analysed in detail concerns the students' responses to the open-ended qualitative questionnaires. In coding the data, three researchers independently highlighted a series of themes associated with the benefits and hazards of nursing and medical students learning and working together. Finally, the paper closes by arguing that

trust and mutual respect are vital ingredients if collaborative working is to become part of the medical and nursing curriculum.

Country of Publication:	England
Publication Type:	Evaluation Studies; Journal Article; Research Support, Non-U.S. Gov't
Subject Headings:	*Clinical Competence Communication Curriculum *Education, Medical, Undergraduate/mt [Methods] Education, Medical, Undergraduate/og [Organization & Administration] *Education, Nursing/mt [Methods] Education, Nursing/og [Organization & Administration] Empathy Feasibility Studies Great Britain Group Processes Health Knowledge, Attitudes, Practice Interprofessional Relations Patient Care Team/og [Organization & Administration] Patient Simulation *Physician-Patient Relations Pilot Projects Program Evaluation Role Playing
Source:	MEDLINE

23. Caregivers' role in breaking bad news: patients, doctors, and nurses' points of view.

Citation:	Cancer Nursing, 2006, vol./is. 29/4(302-8), 0162-220X (2006 Jul/Aug)
Author(s):	Rassin, M; Levy, O; Schwartz, T
Abstract:	Research in Israel on the attitudes of doctors, nurses and cancer patients toward breaking bad news at the time of cancer diagnosis. Issues examined included who should be present when the news is given, the verbal communication patterns used by the health professionals and their usefulness in helping patients to cope, and staff emotions. Attitudes of the groups are compared. 16 refs.
Subject Headings:	Cancer Cancer : Nursing Communication Patients : Attitudes and Perceptions
Source:	BNI

24. Patient control and end-of-life care part I: the advanced practice nurse perspective.

Citation:	Oncology Nursing Forum, September 2004, vol./is. 31/5(945-53), 0190-535X;1538-0688 (2004 Sep)
Author(s):	Volker DL; Kahn D; Penticuff JH
Institution:	Austin School of Nursing, University of Texas, Austin, TX, USA. dvolker@mail.nur.utexas.edu
Language:	English
Abstract:	PURPOSE/OBJECTIVES: To explore understanding of preferences of adult patients with cancer for control in the context of end-of-life care and to explore strategies that oncology advanced practice nurses (APNs) use to assist patients in achieving personal control at the end of life. RESEARCH APPROACH: Descriptive, naturalistic using Denzin's model of interpretive interactionism. SETTING: A variety of settings throughout the state of Texas. PARTICIPANTS: 9 oncology APNs. METHODOLOGIC APPROACH: Participants were recruited via a mailed invitation to APN members of the Oncology Nursing Society who

resided in Texas. Interviews were recorded on audiotape and analyzed via Denzin's interpretive process of data analysis. MAIN RESEARCH VARIABLES: Patient control. FINDINGS: APNs' descriptions of patient preferences for control at the end of life included engagement with living, turning the corner, comfort and dignity, and control over the dying process. APN roles included presenting bad news in a context of choices, managing physical care and emotional needs, and facilitating care services and systems. CONCLUSIONS: Patient desire for control manifests in a wide variety of actions and desires to live fully and remain actively involved in personal decision making in the context of an advanced cancer diagnosis. APNs play a pivotal role in determining and facilitating patient preferences for control. INTERPRETATION: Academic programs to prepare oncology APNs must include attention to communication skills, clinical care needs, and care management strategies for the end-of-life continuum of care. APNs may need to increase efforts to dispel patient and family misperceptions about value and timing of palliative care and hospice services.

Country of Publication:	United States
Publication Type:	Journal Article; Multicenter Study; Research Support, Non-U.S. Gov't
Subject Headings:	Adult
	Attitude to Death
	Decision Making
	Female
	Hospice Care
	Humans
	Interviews as Topic
	Male
	Middle Aged
	*Neoplasms/nu [Nursing]
	*Neoplasms/px [Psychology]
	Neoplasms/th [Therapy]
	Nurse-Patient Relations
	*Nurses/px [Psychology]
	*Oncologic Nursing/ed [Education]
	Patients/px [Psychology]
	*Personal Autonomy
	Right to Die
	*Terminal Care
	Truth Disclosure
Source:	MEDLINE
Full Text:	Available in *fulltext* at *EBSCO Host*

25. Truth-telling in clinical practice and the arguments for and against: a review of the literature.

Citation:	Nursing Ethics, 01 September 2004, vol./is. 11/5(500-513), 09697330
Author(s):	Tuckett AG
Language:	English
Abstract:	In general, most, but not necessarily all, patients want truthfulness about their health. Available evidence indicates that truth-telling practices and preferences are, to an extent, a cultural artefact. It is the case that practices among nurses and doctors have moved towards more honest and truthful disclosure to their patients. It is interesting that arguments both for and against truth-telling are established in terms of autonomy and physical and psychological harm. In the literature reviewed here, there is also the view that truth-telling is essential because it is an intrinsic good, while it is argued against on the grounds of the uncertainty principle. Based on this review, it is recommended that practitioners ought to ask patients and patients' families what informational requirements are preferred, and research should continue into truth-telling in clinical practice, particularly to discover its very nature as a cultural artefact, and the other conditions and contexts in which truth-telling may not be preferred.
Publication Type:	journal article

Subject Headings:	Truth Disclosure Autonomy Ethics, Medical Ethics, Nursing
Source:	CINAHL
Full Text:	Available in *fulltext* at *EBSCO Host* Available in *fulltext* at *EBSCO Host* Available in *fulltext* at *ProQuest*

26. Collaborative training in breaking bad news to patients.

Citation:	J Interprofessional Care, August 2003, vol./is. 17/3(307-9), 1356-1820 (2003 Aug)
Author(s):	Cooke, S; Wakefield, A; Chew-Graham, C
Abstract:	Research into teaching interprofessional and communication skills to student doctors and nurses using role play and simulated patients. 3 refs.
Subject Headings:	Education : Methods Interprofessional Relations Communication
Source:	BNI
Full Text:	Available in *fulltext* at *EBSCO Host*

27. Types of disclosure discussions between oncology nurses and patients/families: an exploratory study.

Citation:	, 01 January 2003, vol./is. /(0-170),
Author(s):	Bavier AR
Language:	English
Abstract:	There is no agreement about what should be disclosed to patients/families, except that fraud and deception are wrong. Thus, disclosure practices must be decided by individual practitioners and constitute a bioethical dilemma. There was no identifiable evidence about the disclosure patterns that nurses use. Consequently, the contribution of nurses to the decision-making of patients and families was unknown. An exploratory study using mixed methods in a concurrent, nested strategy was conducted. Both qualitative and quantitative data were obtained at the same time from a national sample of oncology nurses. The response rate was 35% with usable data from 56 subjects. Most subjects were female with all levels of nursing education.; Respondents completed three instruments: Encounter Summary, designed by the investigator to allow subjects to describe a healthcare choice and discussion that they often have with patients/families; tool, Nurses Feelings Regarding Involvement with a Bioethical Dilemma (Husted, in process, 2003); and a demographic information form.; The first research question asked what pattern of disclosure did nurses reveal in their narratives. From the literature, three possible patterns were identified and all were revealed. The disclosure patterns were reasonable patient (44.64%), interpretive (32.14%), and transparent (19.64%). The second question addressed how nurses feel in the discussions. The mean score was 25.4 (on a 0-100 scale, with the lower numbers indicative of more positive feelings). There were no individuals whose mean score was above 60. The third and fourth research questions asked if there were associations between disclosure patterns, feelings, education level, experience, effort in practice, and percent of patients who had cancer. No associations were found. Major limitations included self-report by nurses, small sample size, and potentially socially desired responses.; The importance of this study was in documenting the use of the full range of disclosure patterns by nurses. The documentation of transparent disclosure (values and opinion of the provider are divulged) is important, because it provides evidence of an undocumented area of practice. Further work is needed to take the patterns and apply them to larger samples and consider how the measurement of feelings should be used to better understand decision-making in the ethical dilemma.
Publication Type:	doctoral dissertation

Subject Headings:	Nurse-Patient Relations
	Oncologic Nursing
	Professional-Family Relations
	Truth Disclosure
	Exploratory Research
	Female
	Male
	Multimethod Studies
	Narratives
	Research Instruments
	Self Report
	Human
Source:	CINAHL

28. Health professionals' perceptions of breaking bad news.

Citation:	International Journal of Health Care Quality Assurance Incorporating Leadership in Health Services, 2002, vol./is. 15/6-7(324-36), 1366-0756;1366-0756 (2002)
Author(s):	Dickson D; Hargie O; Brunger K; Stapleton K
Institution:	University of Ulster, Jordanstown, UK.
Language:	English

Abstract:

The growth of the "patient-centred" approach to health care has highlighted the importance of quality communication practices. One area that remains problematic, however, is the process of breaking bad new to patients and/or relatives. Hence, there have been calls for more research and training in this domain. Reports the findings of a study that used the critical incident technique to explore the breaking bad news encounter from the perspective of the health care practitioner. In total 33 senior medical and nursing staff reported on situations in which they described specific, vividly recalled, experiences of both "effective" and "ineffective" bad news delivery. These reported incidents were content analysed and a range of key dimensions was identified for both effective and ineffective experiences. Interpersonal communication skills emerged as particularly salient factors and these are discussed in detail, together with implications for future research and training.

Country of Publication:	England
Publication Type:	Journal Article
Subject Headings:	*Attitude of Health Personnel
	Empathy
	Female
	Great Britain
	Humans
	Interpersonal Relations
	Male
	*Medical Staff, Hospital/px [Psychology]
	*Nursing Staff, Hospital/px [Psychology]
	Outcome Assessment (Health Care)
	Patient-Centered Care
	*Professional-Patient Relations
	State Medicine
	Task Performance and Analysis
	*Truth Disclosure
Source:	MEDLINE

29. Nurses' experiences of being present with a patient receiving a diagnosis of cancer.

Citation:	Journal of Advanced Nursing, September 2000, vol./is. 32/3(611-8), 0309-2402;0309-2402 (2000 Sep)

Author(s):	Dunniece U; Slevin E
Institution:	Northern Ireland Hospice, Belfast, Northern Ireland.
Language:	English

Abstract: Nurses' experiences of being present with a patient receiving a diagnosis of cancer This paper reports the findings of a study which describes the experiences of nurses who were present with a patient when they received a diagnosis of cancer, cancer recurrence or prognosis of terminal cancer. Semi-structured interviews were conducted with six nurses who had experience of caring for patients with cancer in an acute surgical setting. Data were analysed using a phenomenological descriptive approach. Participants' descriptions revealed the following seven core themes: 'What if it was me?'; divergent feelings; being there; becoming closer; method of disclosure; time as an influence and learning by reflection. Possible implications for nursing practice and education are discussed and recommendations are made for future research.

Country of Publication:	ENGLAND
Publication Type:	Journal Article
Subject Headings:	Adult
	*Attitude of Health Personnel
	Attitude to Death
	Attitude to Health
	Conflict (Psychology)
	Empathy
	Female
	Health Knowledge, Attitudes, Practice
	Humans
	*Neoplasms/di [Diagnosis]
	*Neoplasms/nu [Nursing]
	Neoplasms/px [Psychology]
	*Nurse-Patient Relations
	Nursing Methodology Research
	Nursing Staff, Hospital/ed [Education]
	*Nursing Staff, Hospital/px [Psychology]
	Prognosis
	Questionnaires
	Time Factors
	*Truth Disclosure
Source:	MEDLINE
Full Text:	Available in *fulltext* at *EBSCO Host*

30. Is there consensus between breast cancer patients and providers on guidelines for breaking bad news?

Citation:	Behavioral Medicine, 01 June 1999, vol./is. 25/2(69-69), 08964289
Author(s):	Girgis A; Sanson-Fisher RW; Schofield MJ
Language:	English

Abstract: Eighty-four breast cancer patients, 64 oncologists, and 140 oncology nurses rated the importance of 15 general principles and 12 recommended steps to guide clinicians in breaking bad news to patients. At least 70% of the three samples rated 7 of the 15 principles and 6 of the 12 steps as essential. All three groups agreed that patients have a legal and moral right to accurate and reliable information and that patients should be given the diagnosis and prognosis honestly and in simple language, though not bluntly. The groups differed on the relative importance of other items, with less variation about the steps than about the principles. Patients' perceptions of the importance of various guideline steps and principles are probably most important, given that patients receive the troubling news and that research indicates that how the news is delivered is associated with important patient outcomes. Recommendations for further research are discussed.

Publication Type:	journal article

Subject Headings:	Attitude to Health
	Breast Neoplasms
	Cooperative Behavior
	Health Personnel
	Physician-Patient Relations
	Practice Guidelines
	Truth Disclosure
	Adult
	Aged
	Aged, 80 and Over
	Female
	Middle Age
	Prognosis
	Questionnaires
	Human
Source:	CINAHL
Full Text:	Available in *fulltext* at *EBSCO Host*
	Available in *fulltext* at *ProQuest*

31. Patients' enquiries about cancer: nurses' coping strategies.

Citation:	Journal of Cancer Care, 01 July 1995, vol./is. 4/3(101-104), 09609768
Author(s):	May C
Language:	English
Abstract:	This paper reports results from a study of nurse-patient interaction in terminal care. The study used qualitative research techniques to explore the ways in which nurses organised and understood their relationships with terminally-ill patients on general medical and surgical wards. This paper discusses the tactics that nurses employ to deal with patients' questions about their diagnosis and its possible implications. Three types of tactic are explored, and their value to patient and nurse examined.
Publication Type:	journal article
Subject Headings:	Nurse-Patient Relations
	Staff Nurses
	Terminal Care
	Truth Disclosure
	Qualitative Studies
	Semi-Structured Interview
	Comparative Studies
	Cancer Patients
	Terminally Ill Patients
	Inpatients
	Scotland
	Human
Source:	CINAHL