POCKET GUIDES
FOR NURSING AND HEALTH CARE

BREAKING BAD NEWS

GILLIAN OAKLEY

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BREAKING BAD NEWS

Gillian Oakley
University of Central Lancashire

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Personal information

Name: . . . . . .

Contact number: . . . . . .

University contact details: . . . . . .

. . . . . .

. . . . . .

. . . . . .

Personal tutor details: . . . . . .

CONTACT IN CASE OF EMERGENCY

Name: . . . . . .

Contact number: . . . . . .

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2 Why is it important to break bad news well?

When bad news is given poorly it can cause distress to patients and their loved ones, and is one of the largest factors cited in complaints to the NHS (NHS Digital, 2022). Delivering bad news can also affect the news-giver, with Edwards (2010) suggesting that if it goes badly, this can cause distress and anxiety to the healthcare professional and can impact upon job satisfaction and confidence.

As mentioned in *Chapter 1*, within health care it is important that we build and maintain therapeutic relationships with our patients. Before we consider the reasons for this, we first need to identify what a therapeutic relationship is.

2.1 The importance of a therapeutic relationship

The importance of building a trusting relationship between patients and clinicians has been well publicised and advocated throughout multiple core texts within health care, and is seen as the 'backbone of nursing practice' (Moreno-Poyato and Rodríguez-Nogueira, 2021).

But what is a 'therapeutic relationship'? The concept is difficult to define. However, the principles of trust, patient satisfaction, honesty, empathy and respect are linked to the concept (Greenhalgh and Heath, 2010). Epstein *et al.* (2000) define the therapeutic relationship as the nurses' ability to consciously use their personality to get close to the patient to be able to perform any nursing interventions effectively. They go on to suggest that clinicians are required to be self-conscious, self-aware, and to have a philosophy about life, death and the overall human situation.

So how does a clinician build or demonstrate a therapeutic relationship?

Mirhaghi *et al.* (2017) suggest that the therapeutic relationship is composed of 'significant knowing' and 'meaningful connectedness', arguing that knowing your patient is the main element and that a relationship can only be built if a clinician has knowledge of the patient and what the effect of disease is on that person. It could be suggested that being curious is a starting point. Be curious as to how the patient is feeling, thinking or experiencing a situation. Spiers and Wood (2010) suggest this is 'being in the moment' with another human, utilising interpersonal skills such as listening to the narrative of the patient and interpreting meaning.

Think about the reasons why you chose health care as your career. Aside from financial remuneration, it is arguable that most clinicians choose to work in health care to care for people. How do you do this? What do you do each day that demonstrates to your patients that you care?

Working in health care can be stressful, frustrating, rewarding and many other things, but every now and again, take your thoughts back to why you came into health care in the first place. This exercise will enable you to consider how and why we strive to build therapeutic relationships with our patients.

Make your own notes here.

Within health care it is important that we build and maintain therapeutic relationships with our patients for the following reasons:

1. **Duty of care.** Gone are the days when doctors held back information because 'it was in the patient's best interest'. UK policy and law, such as the Human Rights Act (1998), the Mental Capacity Act (2005) and the Health and Social Care Act (2014), plus adhering to ethical principles of autonomy, non-maleficence, beneficence and justice, ensures that patients and their loved ones are informed regarding diagnoses and treatment options. The challenge is ensuring this news is delivered in a compassionate manner.
2. **To build and maintain trust.** The building of therapeutic relationships is paramount to effective care. We want patients to feel they can discuss their concerns and divulge information that sometimes can be sensitive. It is difficult to help patients if we do not have all the information from them in the first instance. An example may be that a patient reports one concern, but they then report another right at the end of an appointment. It may be that the later issue was the real reason for speaking with you, but they required confidence to raise this. Patient-centred care underpins the philosophy of good health care (NICE, 2021).
3. **To promote concordance.** Evidence and research confirm that if we have a therapeutic relationship with our patients, they are more likely to follow treatment plans that have been developed using shared decision-making. This can only be achieved if patients have all the information, even if it is bad news. A concordant relationship is based upon trust and although strongly linked to compliance within the literature, it is characterised by patient-centredness rather than a

paternalistic approach. It is also linked to autonomy and patient participation in shared decision-making.

4. **To empower and inform.** Reducing uncertainty and having knowledge about their situation enables patients to adjust to the reality. The withholding of bad news or information can lead to many adverse consequences such as the patient making poor clinical decisions. An example would be a patient choosing to undergo a life-altering surgery without being given all the information regarding consequences. Honesty matters to patients (Calnan and Rowe, 2008).
5. **To allow for realistic planning.** Having 'all' of the information, even if it is upsetting, enables patients to make informed choices about their future, facilitates realistic planning and allows honest communication with family and loved ones.

Notes

Advance care planning

Advance care planning is a concept that encourages patients to communicate with healthcare professionals and their loved ones regarding their wishes at end of life, such as what they do and do not want. Although upsetting to be told they have a limited amount of time to live, having this information allows for planning and putting affairs in order such as writing a will, and minimises the risk of missed opportunities to say or do things that are important to that individual.

Some patients may be able to access life insurance or other financial benefits such as early retirement or mortgage support if they have received a life-limiting diagnosis. Having the information allows a patient to start the process of 'putting their affairs in order' or accessing financial support.

Patients who are told that they are required to have prolonged treatment over a long period of time, and what the implications of this are, will be able to communicate with employers, family etc. to ensure they access appropriate support.

A final thought to end this chapter: the principles of the 6 Cs (NHS England, 2012) can be applied to the practice of breaking bad news.

The 6 Cs of care

- Care
- Compassion
- Competence
- Communication
- Courage
- Commitment