

Breaking Bad News and Associated Emotional Burden among Intensive Care Units Nurses at Suez Canal University Hospitals

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Abstract: Background: Breaking bad news (BBN) to patients and/or their families in Intensive Care Units is a serious challenging task full of difficulties which might be personal as fear of family reactions or institutional as time constraints. When nurses break bad news frequently throughout the day they become emotionally burdened and require evidence-based training in BBN and supportive interventions to overcome their emotional burden. **Aim of the study:** Assess the nurse's skills in breaking bad news and associated emotional burden at the Intensive care units. **Research methods:** A descriptive design was conducted on all Intensive Care Unit (ICUs) nurses (n=148), it was conducted in Neonatal Intensive Care Unit (NICU), Pediatric Intensive care unit (PICU), Coronary Care Unit (CCU), Cardiothoracic Surgery Unit, adult intensive care unit (ICU) affiliated to Suez Canal University Hospital and adult intensive care unit (ICU) which affiliated to Specialized Suez Canal University Hospital in Ismailia by using two tools designed by the researcher as follows: Tool (I): breaking bad news semi-structured interviewing questionnaire and Tool (II): emotional burden questionnaire. **Results:** It was found that the majority of the studied nurses (75%) had unsatisfactory level of breaking bad news, nearly half of them (52.0%) reported that they didn't need training courses to improve their skill and near two thirds (56.1%) had a moderate level of emotional burden. **Conclusion:** Statistically insignificant correlation between nurses' breaking bad news skill and the emotional burden was found. **Recommendation:** Development and implementation of BBN training courses plus supportive interventions for nurses were recommended. **Key Words:** Breaking bad news, ICUs nurses, the emotional burden.

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I. Introduction

Bad news can be described as a message which has the potential to foster a sense of hopelessness and resulting in a change in the person's physical or emotional health. Hence, most health issues have a degree of bad news even if it just alters one's plans for a few days. Clinical bad news has many examples in nursing care which vary in severity as poor prognosis, bed unavailability ...etc. (Ferrario&Cremona, 2013and Martis &Westhues, 2013). Thus, Breaking Bad News (BBN) is an aspect of clinical communication which describes the process that includes the interaction which takes place before, during and after the moment of delivering the bad news to the patient and/ or his family (Rosenzweig, 2012 and Martis&Westhues, 2013). BBN is a skill that takes place frequently in (ICUs) where the sickest patients receive the most sophisticated care due to the nature of their illness (Ryan & Seymou, 2013). Intensive Care Units (ICUs) nurses are described as the practical managers of BBN as they are often the most visible source of support and education for patients families through spending more bed side times than any other clinician (Leite et al., 2013 & Ryan & Seymou, 2013) BBN is perceived as an overwhelming task which associated with many difficulties as being presented with unexpected questions, aggressive family reactions...etc. (Warnock et al., 2010). Thus, BBN has an emotional cost that nurses have to pay. As when bad news goes wrong, it results in nurses' grief experience that calls for emotional burden which usually unremarked an unrecorded among ICU nurses (Ryan & Seymour, 2013 and Barnett, 2013). Emotional burden is feeling of psychological fatigue which is characterized by a perceived impression thall his/her emotional reserve is depleted and presented into physical symptoms as eating disturbance, psychological symptoms as frustration and social symptoms as disturbance in social life. (Lazaridou et al., 2011; Ryan & Seymour, 2013; Yatasa, 2014). The degree of emotional burden experienced by nurses is affected by many personal and institutional factors as nurses gender, years of experience, time constraint, , nurses personal fears .etc. Thus, improving nurses skill in breaking ad news through training courses considered to be essential in reducing their perceived emotional burden (Carretero, 2009; Oshodi, 2012; Yatasa, 2014).

Significance of the study:

Being ICU nurse is usually associated with breaking bad news thousands of times during the course of a career and despite the importance of this skill, no formal training has been applied for them. Hence, it's no surprise that nurses experience unwarranted stress, cumulative grief experience and compassion fatigue which may leads to emotional burden (*Ryan & Seymour, 2013 ; Braganza, 2014; Banerjee et al., 2016*).

II. Subject And Methods

Aim of the study:

This study aims to assess the nurse's skills in breaking bad news and associated emotional burden at the Intensive care units (ICUs) at Suez Canal university hospitals.

Research design:

A descriptive explorative design was used.

Settings: The study was conducted in Neonatal intensive care unit (NICU), Pediatric care unit (PICU), Coronary Care Unit (CCU), Cardiothoracic Surgery Unit, adult intensive care unit (ICU) affiliated to Suez Canal University Hospital and adult intensive care unit (ICU) which affiliated to Specialized Suez Canal University Hospital in Ismailia

Sample: One hundred forty –eight (148) nurses were involved in the study, 27nurses at (SSCUH) and 138 nurses working at (SCUH).

Tools of data collection:

The tools of data collection were divided into two parts:

Part 1: Personal-demographic Questionnaire:

It elicits data about the nurses and their job characteristics as (age, gender, marital status,..etc..).

Part 2: divided into two tools : developed by the researcher

Tool (I): Breaking bad news semi-structured interviewing questionnaire:

It contained 2 sections (A&B):

A)Breaking bad news : contained 19 closed-ended questions that cover nurses background about breaking bad news and evaluating how well the nurses break bad news to the patients and/or their families.

B)Barriers to breaking bad news: It includes 10 questions to assess the personal and institutional barriers that nurses face.

Tool (II): Emotional burden domains questionnaire :

It contained (25) statements that assess the emotional burden of the studied nurses.

It divided into three main domains:

A)The physical domain: It include10 items that cover physical symptoms of the emotional burden as (difficulty in sleeping).

B)The psychological domain: It includes 10 items that cover psychological symptoms of the emotional burden as: (feeling sad).

C)The social domain: It includes 10 items that cover the social symptoms of the emotional burden as (having no time to practice personal).

Tools validity:

It was ascertained by a Jury of five experts from two psychiatric nursing professor at Alexandria university, two psychiatric nursing professor at Cairo university, one psychiatric medical professor at Suez canal university and one assistant psychiatric nursing professor at Alexandria university, who revised the tools for clarity, relevance, applicability, comprehensiveness, and understanding. According to their opinion, modifications were applied.

Tools Reliability:

Cronbach alpha coefficient was used to assess the internal consistency of the tool. The breaking bad news questionnaire value was (0. 753) and barriers of breaking bad news value were (.906).While emotional burden Likert scale was (.701).

Field Work:

Data were collected within six months from 1/2/2015 to 1/8/2015. Data were collected three times / week from Sunday to Tuesday for three shifts according to nurses' schedule of working in order to interview with all nurses and the process of data collection lasted for a period of six months from 1/2/2015 to 1/8/2015. The interviewing questionnaire was completed within 20-30 minutes.

Administrative design:

A written letter was issued from the Dean of the faculty of nursing – Ismailia / Suez Canal University to director of Suez Canal University hospitals, as well as the medical director of each unit to seek their approval for carrying out the study. An official permission was obtained from the director of Suez Canal University hospitals, as well as the medical director of each unit. The aim of the study and its expected outcomes has been illustrated.

Statistical design:

Data were collected and presented in tabular form. Percentages were calculated for qualitative data while mean and standard deviations were calculated for quantitative data. Statistical Package of Social Science (SPSS) program version 20 was used for statistical analysis. Descriptive statistics including frequency, distribution, mean, standard deviation and chi square were used to describe different characteristics.

III. Results

Table (1): Demographic data and job characteristics of the studied nurses. (n=148).

Demographic data	No	%
Age:		
< 25 Years	93	62.8
25 up to 35 Years	30	20.3
>35 Years.	25	16.4
Mean ±SD	25.38 ± 0.5	
Gender:		
Female	91	61.5
Male	57	38.5
Marital status:		
Single	78	52.7
Married	66	44.6
Divorced	3	2.0
Widow	1	0.7
Educational level:		
Technical health institute diploma.		
Nursing schools diploma.	64	43.2
Bachelor degree.	56	37.9
	28	18.9
Years of Experience in ICUs:		
< 1 year	28	18.9
1 year to < 5 years	69	46.7
5 years to < 10 years.	27	18.2
> 10 years.	24	16.2

Table (1) shows that the mean age of studied nurses was (± 25.38) years with higher percentages of female nurses than males (61.5% versus 38.5%, respectively). More than half (52.7%) of the studied nurses were single. With regard to nurses educational level, (43.2%) of them had technical health institute diploma, while only (18.9%) of them had Bachelor degree. Near half of the studied nurses (46.7%) had from 1 to less than 5 years of experience in ICUs.

Table (2): Satisfactory and unsatisfactory level in breaking bad news skill based on SPIKES protocol among the studied nurses. (n=148)

SPIKES Items	Unsatisfactory		Satisfactory	
	No	%	No	%
Setup	51	34.5	97	65.5
Perception	94	63.5	54	36.5
Invitation	53	35.8	95	64.2
Knowledge	95	64.2	53	35.8
Empathize	81	54.7	67	45.3

Summarize	110	74.3	38	25.7
Total Score	111	75.0	37	25.0

As reveals from the table (4), the majority of the studied nurses (75%) had an unsatisfactory level of breaking bad news skill. While (25%) of them had a satisfactory level as reported by the studied nurses. By looking at breaking bad news steps, the studied nurses had a satisfactory level in setup and invitation steps (65.5% & 64.2% respectively). On the other hand, the studied nurses had an unsatisfactory level in summarize, knowledge and perception steps (74.3%, 64.2% & 63.5% respectively).

Figure (1): Barriers of breaking bad news skill among the studied nurses. (n=148)

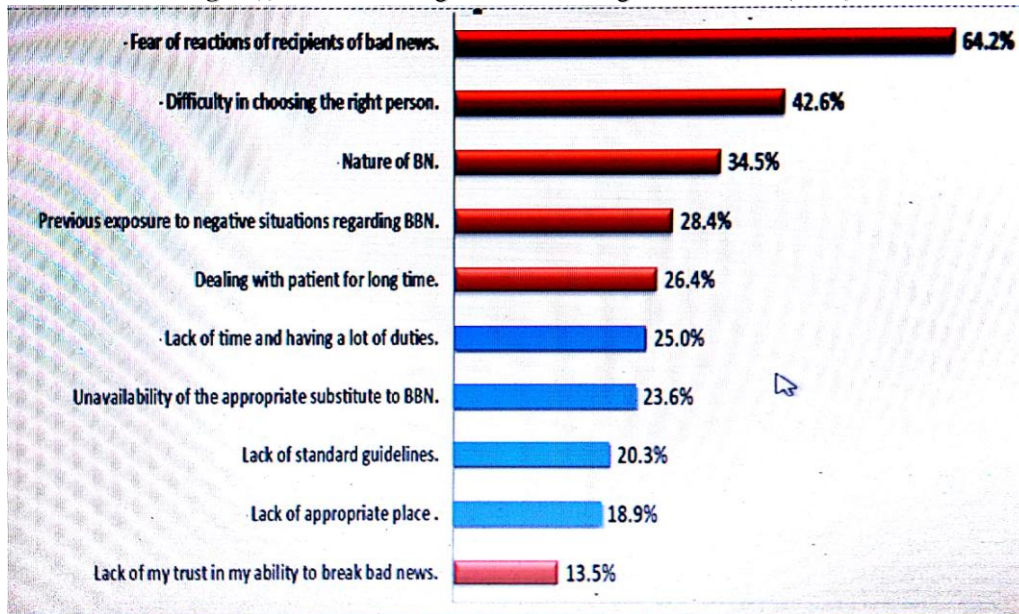


Figure (1) clarifies that the personal barriers were more common than the institutional barriers among the studied nurses. As the following personal barriers: fear of bad news recipients reactions, difficulty in choosing the right person to inform the bad news, nature of bad news, previous exposure to negative situations regarding breaking bad news & dealing with the patient for long time represents (64.2%, 42.6%, 34.5%, 28.4% & 26.4%). Regarding the institutional barriers, it was found that lack of time plus having a lot of duties, unavailability of the appropriate substitute, lack of standard guidelines & lack of appropriate place represents (25.0%, 23.6%, 20.3% & 18.9%, respectively). On the other hand, lack of trust in their ability to break the bad news was the least reported barrier as reported by (13.5%) of the studied nurses.

Figure (2): Emotional burden domains and total score levels among the studied nurses. (n=148)

Figure (2) shows that most of the studied nurses had a moderate level of physical, psychological and social domains of emotional burden (52.7%, 41.9% & 51.1% respectively). Furthermore, (31.1% & 29.1% as follows) had a severe level in both psychological and social domain. Meanwhile, (40.5%) of the studied nurses had a mild level in the physical domain, (27.5%) of the studied nurses had a mild level of psychological domain. Looking at the total score of the emotional burden, it was found that most of the studied nurses (56.1%) had a moderate level and (27.7%) of them had a mild level, while (16.2%) of them had a severe level.

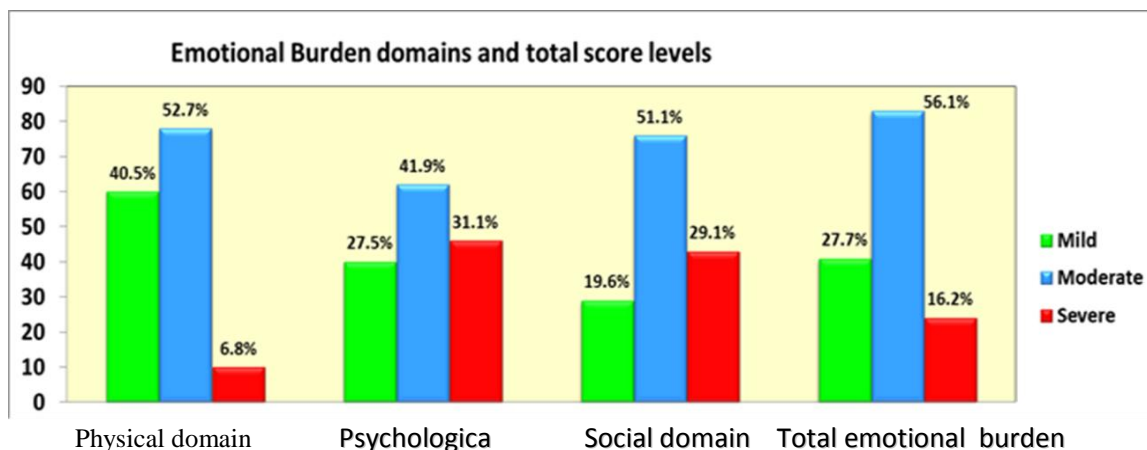


Table (4): Relation between breaking bad news and associated emotional burden among the studied nurses(n=148).

Total Skill Level	Emotional Burden			X ²	p-value
	Mild	Moderate	Severe		
Unsatisfactory	31	60	20	1.22	0.54
	27.9%	54.1%	18.0%		
Satisfactory	10	23	4		
	27.0%	62.2%	10.8%		

Significant p-value <0.05.

Insignificant p-value >0.05.

Table (4), illustrates that there is no statistically significant relation between breaking bad news skill level and emotional burden (p=0.5) among the studied nurses. Meanwhile, the proportion of severe emotional burden was high for unsatisfactory score level, it didn't reach statistical significance.

Table (5): Relation between total score of emotional burden and demographic data of the studied nurses. (n=148).

Demographic data and job characteristics		Emotional Burden			X ²	P-value
		Mild	Moderate	Severe		
Age	Less than 25	26.9%	57.0%	16.1%	5.71	.31894
	25 to less than 3	33.3%	60.0%	6.7%		
	More than 30	24.0%	48.0%	28.0%		
Gender	Male	29.8%	61.4%	8.8%	3.787	0.15055
	Female	26.4%	52.7%	20.9%		
Marital status:	Married	30.3%	48.5%	21.2%	3.35	0.18732
	Not married	25.6%	62.2%	12.2%		
Educational level:	Bachelor degree.	39.3%	57.1%	3.6%	6.82	0.14549
	Technical health institute diploma	20.3%	60.9%	18.8%		
	Nursing schools diploma	30.4%	50.0%	19.6%		
years of experience	less than 1 year	21.4%	46.4%	32.1%	17.87	.0065**
	1 year to less than 5 years	31.9%	62.3%	5.8%		
	5 years to less than 10 years	22.2%	66.7%	11.1%		
	More than 10 years	29.2%	37.5%	33.3%		

* Significant p-value <0.05.

Insignificant p-value >0.05.

Table (5) shows that there was a statistically significant relation between years of experience and emotional burden ($P=.006$) as the severe emotional burden is high among nurses who had (less than 1 year of experience) and increase in those who had (more than 10 years of experience). Also, there is a statistically insignificant relation between emotional burden and the following demographic data (age, marital status, gender & educational level) of the studied nurses.

IV. Discussion

Despite the importance of breaking bad news in Intensive Care Units (ICUs), the study proved that three-quarters of the studied nurses had an unsatisfactory level in BBN and this high prevalence might be due to lack of training courses and acquiring the skill through observing other colleagues. This result is in agreement with Arbabi et al. (2010) study which aimed to evaluate the attitude of both physicians and nurses toward breaking bad news in Iran and revealed that, more than one-third of studied nurses had an unsatisfactory level in BBN skill. Also, Warnock et al., (2010) who studied breaking bad news issues in relation to nursing practice in North of England added that, over half of nurses have been taught BBN skill through observing the practice of others which illustrates the cause of having an unsatisfactory level. In contradiction with this result, Shomoosi et al., (2013) proved that, most of the studied nurses had a satisfactory level in BBN skill, while only more than ten of them had an unsatisfactory level. Furthermore, the present study cleared that, more than two-thirds of the studied nurses had satisfactory level in (Setting up and Invitation steps) and this might be due to the nature of these steps which includes common guidelines for patient ethical rights that nurses actually practice before providing any patient care as a method of protecting self from any legal problems. Hence, it might be assumed that the nature of these steps played a vital role in this result. Both (Baile et al., (2000) & Warnock et al., (2010) were consistent this result as they stated that most of the studied nurses had a satisfactory level in setting up step and invitation steps and added that they were the most applicable steps among nurses. Additionally, the present study proved that the majority of studied nurses had unsatisfactory level in the following steps: (Perception, Knowledge, Empathize and Summarize) and this might be due that the previously mentioned steps require effective dealing with different reactions, rephrasing the previous reported bad news and empathetic communication which so difficult to be practiced effectively without good knowledge and previous training. This result is supported by (Baile et al., 2000; Rassin et al., 2013 & Banerjee et al., 2016), who illustrated that facing and coping with families strong emotion as: anger, grief and shouting might be an important reason that clarify nurses unsatisfactory level in knowledge, empathize and summarize steps of breaking bad news which considered to be the most difficult communication steps. Concerning barriers that hinder breaking bad news, the studied nurses reported that fear of bad news recipients reactions, difficulty in choosing the right person to inform the bad news, the nature of bad news as well as dealing with the patient for a long time were the most prominent personal barriers that hinder breaking bad news. Additionally, the institutional barriers which include: lack of time and having a lot of duties, unavailability of the appropriate substitute to break bad news, lack of standard guidelines as well as lack of appropriate place were proved to come after the personal barriers in contributing the difficulty of breaking bad news. This result might be because it has been difficult for many nurses to understand and manage their personal fears, hence the personal barriers were the most prominent among those nurses. In addition, lack of training courses, nurses' young age as well as lack of formal support system might be contributing to this result. This result corresponding with Baile et al., (2000) & Banerjee et al., (2016) who mentioned that the personal barriers were more difficult among nurses and added another personal barriers as being honest but not taking away hope, the burden of carrying bad news and lack of skills. On the other hand, Warnock, (2014) found that the institutional barriers especially not having adequate time for breaking the bad news was the most barriers to breaking bad news as encountered by the studied nurses. In the current study, most of the studied nurses had a moderate level in the total score of emotional burden and the following (physical, psychological and social) domains and this might be due to many dramatic scenarios in ICUs as dealing with aggressive family reactions, etc. In addition, lack of formal support for the studied nurses might be contributing to this result as nurses didn't have the opportunity to articulate their feelings. This result is supported by Harris et al., (2014), who found that the majority of studied nurses had emotional burden ranged from moderate to severe level and added that ICU burdensome environment was the contributing cause of this result. Despite, some studies had explored that, frequent involvement in breaking bad news without any opportunity for ventilating the associated negative emotions usually calls for emotional burden among health care professionals as mentioned by (May, 1993; Dunniece & Slevin 2000; Mack & Smith, 2012 & Shaw et al., 2013). The present study revealed that, there was a statistically insignificant relation between breaking bad news skill and emotional burden among the studied nurses. This might be due to the non-representative number of the studied nurses as well as the presence of many external factors associated with critical nature of ICU work environment which has an emotional cost. Thus, it can be assumed that nurses' emotional burden is not associated with breaking bad news itself rather than breaking bad news stressful situations in ICUs. Lastly, the present study showed that, there was a statistically significant relation between years of experience and

emotional burden. As the study cleared, lower years of experience less than one year of experience and more than ten years had higher scores of the emotional burden. This might be due to that lower year of experience is associated with nurses young age and little experience which negatively affect their ability to deal effectively with difficult situations as aggressive family reactions ...etc. While longer years of experience refer to cumulative mental exhaustion and psychological harm of ICUs burdensome work environment. This result was consistent with Peters et al., (2013) study which showed that, younger and less experienced nurses are at higher risk of grief reactions leading to emotional burden.

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