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Renata da Silva Dias¹ Thiago Augusto Soares Monteiro da Silva¹
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Communicating difficult news in oncologic nursing: implications in the interpersonal relationship with the patient- family dyad

Comunicação de notícias difíceis em Enfermagem oncológica: implicações na relação interpessoal com o binômio paciente- família

Comunicación de noticias difíciles en enfermería oncológica: implicaciones en la relación interpersonal con el binomio paciente-familia

Renata da Silva Dias¹, Thiago Augusto Soares Monteiro da Silva²

ABSTRACT

Objective: to map scientific productions about the challenges and possibilities inherent to communicating difficult news between nurses and patient-family in the context of oncology. **Methodology:** this is an integrative review, carried out in databases with the selected descriptors and keywords. Subsequently, studies, selection, extraction and inclusion of data were identified. **Results:** we identified 745 results, and, after analyzing the eligibility criteria, ten studies were included. Regarding study characteristics, it was identified that five are of Brazilian origin and that studies were published between 2017 and 2022. The findings categorized as barriers are of different natures, such as weaknesses in professional training and preparedness on the topic. **Conclusion:** the communication between nurses and patient-family is permeated by numerous issues, mainly due to the lack of professional training and preparedness, and this point is the most advisable to be worked on.

DESCRIPTORS:

Oncologic Nursing; Communication; Family.

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¹ Universidade de Vassouras, Curso de Enfermagem.

² Universidade de Vassouras, Curso de Enfermagem. E-mail: augustosilvasa88@gmail.com

RESUMO

Objetivo: mapear as produções científicas acerca dos desafios e possibilidades inerentes à comunicação de notícias difíceis entre enfermeiros e o binômio paciente-família no contexto da oncologia. **Metodologia:** trata-se de uma revisão integrativa, realizada em bases de dados com os descritores e palavras-chaves selecionados, posteriormente realizou-se a identificação das publicações, seleção, extração e inclusão dos dados. **Resultados:** identificou-se 745 resultados, que após análise dos critérios de elegibilidade foram incluídos 10 estudos. Quanto a característica das publicações, identificou-se que cinco são de origem brasileira e que os estudos foram publicados entre 2017 e 2022. Os achados categorizados como barreiras são diferentes naturezas, sendo a fragilidade na formação e preparo do profissional sobre o tema. **Conclusão:** a comunicação entre os enfermeiros e o binômio paciente-família é permeado por inúmeras questões, principalmente pela falta de treinamento e preparo do profissional, sendo este ponto o mais aconselhado a ser trabalhado.

DESCRITORES:

Enfermagem oncológica; Comunicação; Família.

RESUMEN

Objetivo: mapear producciones científicas sobre los desafíos y posibilidades inherentes a la comunicación de noticias difíciles entre enfermeros y el binomio paciente-familia en el contexto de la oncología. **Metodología:** se trata de una revisión integradora, realizada en bases de datos con los descriptores y palabras clave seleccionadas, y posteriormente se realizó la identificación de publicaciones, selección, extracción e inclusión de datos. **Resultados:** se identificaron 745 resultados, de los cuales, tras el análisis de los criterios de elegibilidad, se incluyeron 10 artículos. En cuanto a la característica de los estudios, se identificó que cinco son de origen brasileño y que los estudios fueron publicados entre 2017 y 2022. Los hallazgos categorizados como barreras son de diferentes naturalezas, y la fragilidad en la formación y preparación del profesional sobre el tema. **Conclusión:** la comunicación entre enfermeros y el binomio paciente-familia está impregnada de numerosos problemas, principalmente debido a la falta de formación y preparación del profesional, y este punto es el más recomendable para ser trabajado.

DESCRIPTORES:

Enfermería oncológica; Comunicación; Familia.

INTRODUCTION

Nursing is an important link with the patient-family dyad and other healthcare team components, where one of the functions is to ensure greater clarity and access to information about disease diagnosis, treatment and prognosis⁽¹⁾. In compliance with this, it is seen that many ethical issues are related to conveying information and guidance from nurses to patients. It is seen that, in the field of oncology communication, nurses experience their main ethical dilemmas, especially with regard to families understanding the information provided⁽¹⁾.

It is a fact that information helps families in the process of coping with the disease, generating confidence and assistance in treatment. In this regard, family members realize the importance of communication, and actively search for information during medical appointments and chemotherapy sessions. However, some family members point out difficulties in receiving detailed information about

cancer and treatment from the healthcare team, and also claim to use the internet as a source of information⁽²⁾.

It is important to highlight that when they receive honest news about cancer patients, family members feel more prepared to deal with the disease, with greater security and less anxiety. For this reason, it is recommended that nurses be present during diagnostic information, in order to offer emotional support and mediate in clarifying doubts⁽²⁾. Otani *et al.*⁽³⁾ report that the presence of family members represents fundamental support that will increase communication and therapeutic possibilities.

On the other hand, some family members prefer not to seek additional information beyond that provided by the healthcare team. It is important that nursing professionals ask patients' families about their preferences regarding receiving information, in order to adapt health information and guidance in each case. Therefore, it is recommended that clarifications regarding oncological cases be made at various times, divided and repeated, as it is clear that families without adequate information tend to face difficulties in home oncological care⁽²⁾.

It is essential to include the family in nursing care, especially given the fact that they often need to alternate activities and routines when monitoring a cancer patient. During a study with oncology patients at a university hospital, it was noticed that guidance from family members constituted an important device for treating patients, especially due to the fact that family members work to prevent infections, prepare appropriate diets, adhere to hospitalization and chemotherapy, attend appointments, and discharge. As a result, the study points to the need for greater nurses' preparedness to deal with cancer patients and their families⁽⁴⁾.

An oncological diagnosis can weaken patients and families, especially due to the stigma of suffering, mutilation and death. However, it is seen that some factors interfere with communication, such as providing clear and accurate information, little listening, respect for beliefs and life context, sensitivity towards feelings, demonstration of affection and interest in patients and family members. Linked to this, it is clear that communicating a cancer diagnosis is not an easy task. In this scenario, it is observed that the lack of communication skills is associated with professional inexperience and difficulties in training⁽³⁾.

Nursing has a fundamental role in providing guidance, providing information and emotional support to patients as well as responsibilities in patient/family adherence to treatment⁽³⁾. Due to this and the importance of the topic, this work's important contribution is to point out evidence of practices and situations that favor and/or interfere with communication between nurses and patient-family in oncology.

This study, therefore, aimed to map scientific productions about the challenges and possibilities inherent in communicating difficult news between nurses and patient-family in oncology.

METHODOLOGY

This research is an integrative literature review. This type of research is characterized by

evidence-based practice and also by providing a broad approach to the topic studied and enabling a greater understanding of the issues raised in this study, through the analysis of experimental and non-experimental research⁽⁶⁾.

Recruitment stage was carried out in electronic databases, such as Latin American and Caribbean Literature in Health Sciences (LILACS - *Literatura Latino-Americana e do Caribe em Ciências da Saúde*), Spanish Bibliographic Index of Health Sciences (IBECS - *Índice Bibliográfico Español en Ciencias de la Salud*), Nursing Databases (BDENF – *Bases de Dados de Enfermagem*), Peruvian Health Libraries Network (LIPECS - *Red Peruana de Bibliotecas en Salud*), in the PubMed of the National Library of Medicine (NLM) and in the Scientific Electronic Library Online (SciELO), through the Virtual Health Library (VHL) Regional Portal, under the responsibility of the Latin American and Caribbean Center for Health Sciences Information (BIREME - *Centro Latino-Americano e do Caribe de Informação em Ciências da Saúde*).

In accordance with DeCS/MeSH, articles published in scientific journals in the last five years were analyzed, whose abstracts presented the following descriptors in Portuguese, English and Spanish: *Enfermagem Oncológica AND Comunicação AND Família*, *Oncology Nursing AND Communication AND Family*, *Enfermería Oncológica AND Comunicación AND Familia*. Articles that address the related topic and that exemplify the challenges and possibilities of communication in the problem highlighted were included in this study. Duplicate works were assessed and excluded, and only one representative remained. Works that do not make their content available and that have no connection with the topic addressed were excluded. To extract selected data, a form was used to collect information containing article title, authors, country, language, year of study, type of study, results and level of evidence.

To analyze evidence, the following hierarchy of relevance of studies was adopted: level 1 – meta-analysis evidence; level 2 – evidence from experimental research; level 3 – evidence from quasi-experimental research; level 4 – evidence from descriptive/qualitative studies; level 5 – evidence, case studies and experience; level 6 – evidence based on expert opinions.

Data were extracted from work objectives, results/discussion and conclusion. For better visualization, they were grouped in tables along with information about authors, journals, year, country of publication, number of participants, level of evidence, difficulties highlighted and possibilities and indications to be observed. Hence, it was possible to point out gaps and priorities, in addition to making inferences, describing limitations and reporting this work's conclusion.

RESULTS

To recruit the studies, this article used the combination of three descriptors in three different languages, such as Portuguese (n=131), English (n=501) and Spanish (n=113). When analyzing the

presence of descriptors in the abstracts of the works, works were found in Portuguese (n=06), English (n=83) and Spanish (n=02). Following the inclusion criteria, such as works published in the last five years and studies relevant to the topic, a total of ten articles were included in this work, as seen in Chart 1.

Chart 1. Mapping of scientific productions available in the Virtual Health Library

Descriptors	Works found	Descriptors in abstract	Last five years	Studies selected
<i>Enfermagem Oncológica AND Comunicação AND Família</i>	131	06	02	02
Oncology Nursing AND Communication AND Family	501	83	42	06
<i>Enfermería Oncológica AND Comunicación AND Família</i>	113	02	02	02

The studies included in this study date from 2017 to 2022. These are eight scientific articles and two *stricto sensu* level course completion works. Concerning study origin, it was identified that five are Brazilian, but there are also articles from China, Cuba, United States, Iran and Singapore.

Among the barriers and difficulties highlighted in the works (Chart 2), family dynamics, physical and emotional exhaustion, lack of preparedness in graduation and continuing education, difficulty in experiencing grief, family dissatisfaction due to feeling excluded, difficulties in understanding, the difficult nature of the news to be given, patients' denial phase, aggressiveness, nurses' personality traits, avoidant communication with patients, lack of nurses' preparedness, young age, little experience, religiosity, lack of training, other people's anxiety, inadequate education, fear of being pragmatic and low level of education are presented.

Among the possibilities and indications presented in works listed in Chart 2, humanized, honest, open and concise communication, communication that reinforces real hopes, greater sensitivity, identify concerns and fears, supportive communication for family members with listening and speaking space to clarify doubts, observe family communication patterns, provide information about clinical picture and support, the act of playing can promote better communication, empathy and communication training stand out (Chart 2).

Chart 2. Works selected for data analysis (n=10)

Id	Authorship	Title	Journal	Year	Country	Level of evidence	Difficulties found	Possibilities/ indications
A1	Trainoti <i>et al.</i>	<i>Paliar, cuidando além da dor: uma reflexão dos profissionais de saúde na oncologia pediátrica</i>	<i>Revista Brasileira Em Promoção da Saúde</i>	2022	Brazil	04	<ul style="list-style-type: none"> • The difficult nature of the news to be delivered. 	<ul style="list-style-type: none"> • The act of playing can promote better communication; • Learning need.
A2	Saba Farzi <i>et al.</i>	Communication culture in cancer nursing care: an ethnographic study	Supportive Care In Cancer	2021	Iran	03	<ul style="list-style-type: none"> • Aggressive patients; • Nurse personality traits; • Avoidant communication with patients. 	<ul style="list-style-type: none"> • Empathy.
A3	Ruishuang Zheng <i>et al.</i>	An exploration of the challenges for oncology nurses in providing hospice care in mainland China: a qualitative study	Asia-Pacific Journal Of Oncology Nursing	2021	China	04	<ul style="list-style-type: none"> • Lack of nurses' preparedness. 	-
A4	Shao Wei Toh <i>et al.</i>	Nurses' communication difficulties when providing end-of-life care in the oncology setting: a cross-sectional study	Supportive Care In Cancer	2020	Singapore	03	<ul style="list-style-type: none"> • Young age; • Little experience; • Religiosity; • Lack of training; • Others' anxiety. 	<ul style="list-style-type: none"> • Communication training.
A5	Goldsmith <i>et al.</i>	The comfort communication model a nursing resource to advance health literacy in organizations	Journal Of Hospice & Palliative Nursing	2020	USA	04	<ul style="list-style-type: none"> • Inadequate education; • Fear of being pragmatic; • Low level of education. 	-
A6	Dominguez Cruz, Mirlay	<i>Consideraciones éticas para el cuidado de pacientes con dolor por cáncer en la comunidad</i>	<i>Revista Cubana De Medicina General Integral</i>	2019	Cuba	04	<ul style="list-style-type: none"> • Family dynamics. 	<ul style="list-style-type: none"> • Honest communication; • Open communication; • Communication that reinforces real hopes.
A7	Tenório, Claudia Christy de Oliveira	<i>O cuidado centrado na família da criança com doença de Ila: elaboração de um instrumento de alta de transição</i>	<i>UFF - Escola De Enfermagem Aurora De Afonso Costa</i>	2019	Brazil	04	<ul style="list-style-type: none"> • Family dissatisfaction due to feeling excluded; • Difficulties in understanding; 	<ul style="list-style-type: none"> • Space for listening and speaking to clarify doubts; • Observe family communication patterns.
A8	Souza <i>et al.</i>	<i>Cuidados paliativos pediátricos: análise de estudos de enfermagem</i>	<i>Rev Enferm Ufpe On Line</i>	2018	Brazil	04	-	<ul style="list-style-type: none"> • Provide information about the clinical picture and support.

A9	Silva, Alexandro Santos Crespo da	<i>Cuidado humanizado de enfermagem a jovens que vivenciam o osteossarcoma : por uma percepção fenomenológica</i>	UFF - Escola De Enfermagem Aurora De Afonso Costa	2018	Brazil	04	<ul style="list-style-type: none"> ● Patient denial phase. 	<ul style="list-style-type: none"> ● Humanized communication.
A10	Semtchuck et al.	<i>Cuidados paliativos em oncologia pediátrica: revisão integrativa</i>	Revista Uruguaya De Enfermería	2017	Brazil	04	<ul style="list-style-type: none"> ● Physical and emotional exhaustion; ● Lack of preparedness in graduation and continuing education; ● Difficulty experiencing grief. 	<ul style="list-style-type: none"> ● Maintain sensitivity; ● Identify concerns and fears; ● Be made clearly and concisely; ● Supportive communication to family members verbally and non-verbally.

DISCUSSION

Mapping studies about nurses in the context of difficult communications in oncology brought together ten works from six countries. With a predominance of Portuguese, works in English and Spanish were also included in this study, and, therefore, the object of analysis. The inclusion of three languages increases the reach of searches, favoring a greater number of studies found⁽⁷⁾.

Analyzing pediatric palliative care scenarios, the integrative review presented by Trainoti *et al.* (2022) seeks to understand nursing professionals' perception regarding the scenarios studied by the group⁽⁸⁾. In the article, the authors highlight that one of the greatest difficulties imposed by the care provided is communication with families, given the difficult nature of the news that needed to be given. Furthermore, the authors report that when possible, playing with children is an important ally in communicating with them. The article considers the constant need for learning and preparedness to work in situations of fragility. In fact, humanized care is an extremely important offering to be offered to patients and their families. In the context of terminally ill patients, it is essential for nursing to develop means that facilitate the communication process for patients and families, taking into account the pathology, psychosocial and human factors of the context in question⁽⁹⁾.

The lack of preparedness in communication reported by nurses is a very common barrier and observed throughout the work, as pointed out by Zheng *et al.* (2021), and, therefore, an indication of an item to be improved by nurses⁽¹⁰⁻¹¹⁾. More effective communication involves philosophical and cultural changes in the context of oncology, especially in greater training in the area for professionals⁽¹²⁾.

Farzi *et al.* (2021) highlight that communication between patient and nurse is crossed by factors related to patients, nurses and the environment⁽¹³⁾. Observing from this spectrum, the authors point out patient aggressiveness, nurse personality and avoidant communication as the main communicative barriers. Mistakenly, in order to try to preserve their psychological condition, nurses may avoid

communication with their patients and families, making care limited⁽¹⁴⁾.

In article 4, religiosity is highlighted as a barrier in the communication process. Although the role of religion in this context is not very clear, it is believed that nurses who have religious roots tend to be more selective and base their communication according to their religious beliefs⁽¹¹⁾. However, among the many issues that permeate nursing, it is known that religion plays an important role in the emotional health of the class, as in cases of burnout⁽¹⁵⁾.

Open, honest and hopeful communication is highlighted as a possibility of facilitating communication between patients and their family⁽¹⁶⁾. In fact, even in the midst of a complex scenario, communication that brings together these principles is capable of acting therapeutically for patients and families. Meeting explicit and implicit needs consciously, deliberately and verbally or non-verbally promotes general well-being and establishes a therapeutic relationship between both sides, culminating in an environment of tranquility, respect, ethics and empathy⁽¹⁷⁾.

At the same time that the author highlights the family as an obstacle to communication, Tenório (2019) highlights it as an object of analysis to understand the pattern of communication belonging to patients and families⁽¹⁸⁾. Still in her work, the author points out the need to create a moment/space for listening and speaking, through which greater effectiveness in communication would be achieved. Although always present in speeches, humanization through communication remains a distant reality. In a real scenario, characterized by poor communication, the distance between nurses, patients and families compromises quality of care. Because of this, a listening space emerges as a possible and successful strategy for developing bonds and care⁽¹⁹⁾.

A study reports that the denial phase is a determinant that negatively impacts communication in the context of oncology nursing⁽²⁰⁾. It is understandable that, when receiving difficult news, as in terminal cases, patients and families enter a state of denial and isolation. In this overview, the shock of difficult news of this magnitude causes deep sadness, and is usually accompanied by anger, anger and resentment. Understanding the situation, and without moving away, it is recommended that nurses demonstrate empathy in the face of the situation⁽²¹⁾.

Researchers describe possibilities in communication between nurses and patient-family, encouraging sensitivity and identification of fears and concerns as well as the need for clear and concise communication with patients and their families⁽²²⁾. Research highlights that, in addition to technical assistance, nurses' conduct in the context of this topic must be carried out based on affection, respect, love and solidarity towards patients and their families. Although families are considered one of the main challenges in communicating difficult news, this should also be the target of nurses' care⁽²³⁾.

Based on the results found in this study, the relevance of identifying the barriers, difficulties, challenges, facilities and possibilities in communicating difficult news is reinforced. Many of the findings

here are supported by other studies, such as an analysis with nurses from Minas Gerais. Silva *et al.* (2020) reported that nurses included in their study demonstrated unpreparedness and lack of knowledge regarding communicating difficult news, attributing this responsibility to medical professionals⁽²⁴⁾. Amorim *et al.* (2021) point out that teamwork, bonding and self-knowledge are facilitators when communicating difficult news, while the lack of preparedness and difficulty in dealing with emotions are listed as the main barriers in this context⁽²⁵⁾.

Study limitations

This study performed a systematic review using the VHL platform, which contains a series of indexed databases. However, it is possible that the study carried out only through this platform constitutes a selection bias.

Contributions to nursing, health or public policy

It is believed that this work contributes to greater dissemination of this topic, which has often been neglected in the area. Furthermore, this study provides evidence about possibilities in communicating with patients and family members in difficult situations, such as those observed in cancer patients.

FINAL CONSIDERATIONS

Communicating difficult news in the context of oncology is a highly complex topic, which affects countless individuals. In this study, it is possible to conclude that the importance of effective communication by nurses in this context can greatly influence the quality of care provided to patient-family. However, despite the many barriers highlighted in this study, the lack of preparedness of nurses in these situations draws a lot of attention, being necessary for academia and institutions to implement training and communication protocols in order to standardize this interaction in this complex scenario. However, empathy, which is an intrinsic value for the vast majority of nurses, emerges as one of the most important means of communicating difficult news, both between professionals and patients and between professionals and patients' families.

In conclusion, we highlighted the important role of nurses in the context of communicating difficult news and the need for more investment in teaching this topic to academics and professionals, in addition to continuing studies in this area to delve deeper into issues linked to difficult news in the oncological context.

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