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## Learning practice of a breaking bad news exercise by nursing student

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### Abstract

Learning practice of a breaking bad news exercise among nursing student presents a challenge. The aim of this study was to explore the nursing students to see the repeated their experience in giving nursing care on the patient and family. Analysis of nursing student learning practice may lead to improve their competency in breaking bad news. A purposive sampling with homogeneity category of 18 nursing students complete their experience through short writing during their learning practice in nursing diploma education. The qualitative data was explored by thematic content analysis method using NVivo. Three main learning practice themes were identified from the data of the nursing students through a reflecting emotions. The following themes emerged: preparation, communication and support. These themes reflected how learning practice of the nursing students when they applied breaking bad news exercise. Knowing the exercise is very important for successful a breaking bad news for nursing student.

Keywords: Learning practice; breaking bad news; nursing students; qualitative study.

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## 1. Introduction

The nurses role in breaking bad news is not acknowledge and undervalued (Dewar, 2000). But further research found that nurses play an important role in breaking bad news include the process of providing information and helping patients prepare for, receive, understand and cope with it (Warnock, 2014). Breaking bad news can be a terrifying prospect for nursing student in their first time. When they were not training well, they will face many problems in clinical practice. Nurses tend to provide additional information after patients speak with the doctor, and they are often expected to understand the needs and patient and family members responses also foster communication among all parties (Krimshstein et al, 2011). A great percentage of students (95.5%) had previously witnessed at least one occasion of sharing bad news during their medical school education (Kiluk et al, 2012).

Research conducted by Schildmann, Härlein and Burchardi et al. (2006) found that 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 inter professional course concept.

A breaking bad news exercise for graduating medical students which utilizes a standardized patient (SP) acting as a family member during a complex hospitalization (Schildmann, Härlein & Burchardi et al., 2006). Clay (2016) also found that an opportunity could increase communication skills practice with joyful and 85% of students say this exercise prompts self-reflection and results in new learning. Students also report that the use of silence is the skill with which they feel the most comfortable using after this exercise, though more than 80% of students also felt skilled with reflecting emotions. In nursing education, there is still limited study reported about how a breaking bad news exercise is administered by nursing student. This condition would be create difficulty to reach the competency. This report explored the learning practice of a breaking bad news exercise by nursing student through short writing.

## 2. Method

This qualitative study used a phenomenological approach. The aim of a phenomenological was to generate a description of experiences of participants as phenomena (Cheek & Jones, 2003). A purposive sampling with homogeneity category was used to describe a particular subgroup in depth, to reduce variation and facilitate group interviewing (Palinkas et al., 2013). The criteria of the participants including participants who had significant knowledge and experience in breaking bad news with patient and family during administered nursing care were determined. From 40 nursing diploma students, we found only 18 who met the criterion and willing to participate in this study. We divided three groups which consisted of 6 nursing diploma student for group interviewing. This paper describes content analysis of nursing student' narratives about learning practice of a breaking bad news exercise through short writing. Permission for this study was obtained from the Ethics Committee of Health Polytechnic Semarang. The students signed informed consent prior to the study. All of the research materials were handled exclusively by the researcher and no student names were associated with any final written materials.

Domains of nursing communication practice reflect scope of competent caring function performed by nurse. These included direct care activities and communication activities. To be able in demonstrating therapeutic relationship skills in breaking bad news, nurse should understand about personal qualities, facilitative communication, responsive dimensions, action dimension, therapeutic impasses and therapeutic outcomes. Therefore nursing student was able to demonstrate communication phase and communication techniques.

All participants had introduced the short writing. They were asked to complete their short writing after nursing clinical practice. All of short writing were collected one days after the end of the breaking bad news learning in the nursing communication subject in diploma nursing. The 10-step protocol of breaking bad news also introduced. It consisted of prepare the physical set-up; get to know patient; identify patient's support systems; find out how much patient already knows and wants to know; give a "warning shot", share the information; respond to patient's feeling; identify concern; planning and follow up. The participant has finished their study in nursing communication subject with 2 semester credit unit within 160 minutes in every meeting for 14 weeks. Expected students were able to describe therapeutic process between nurse and patient and their skill and knowledge in breaking bad news.

Data analysis was done using content analysis afforded a systematic approach for analyzing narrative texts into categories and making sense of the data (Burnard, 1991) using NVivo (QSR International Pty Ltd., Doncaster, VIC, Australia) software. We categorized under specific codes from phrases or sentences formed through short writing of the students. Similar codes were collapsed into fewer, broader themes, and the final theme list emerged. The final theme list was shared with additional researchers to validate the first coding scheme created. General agreement in the coding process was reached and verbatim extracts were taken from the text to illustrate the content of each final study theme.

### **3. Results**

A total of 18 nursing students who underwent their study in nursing communication in diploma nursing education were participated in this research. These participants consisted of 16 females and 2 males with a mean age of 20.1 years (SD, 0.5; range, 20 to 21 years). The students demonstrated three common themes in short writing. All of the details are as discussed below.

#### **3.1. Preparation**

The nursing students were experiencing fear and anxious in breaking bad news .They shared their feeling and self preparation and the importance of patient and family preparation. Below are examples of their thought and feeling as shown in their short writing.

- "First time, I feel anxious if patient will not accept of their condition, then I try to take a deep breath and slowly and try to complete the information that will be needed....." (Student G)
- ".....I just do not like to informed it. It's fear knowing that they faced the death and family will lose one they love and care with." (student A)

They also stressed about and the importance of patient and family preparation

- "The response of patient and family were unpredictable..... I just want to make sure that patient and family were ready." (Student D)

Some students were able to recognize their weaknesses. They feel afraid about what they think about patient responses, they are start using themselves as a therapeutic tool. They got themselves learning to established trustee relationship and became empathic.

- ".....I know it is hard but I should learn to be professional as a nurse....." (Student B)

#### **3.2. Communication**

Students in this study reflected on learning communication skills. The students showed the important of using clarity verbal and appropriate nonverbal communication. They emerged from the short writing about their experience when delivered nursing care. Some nurses explained that they learned how to communicated with risk patient

- "I don't know what I have to say when the patient get agitated." (Student M)
- "Not knowing how to help their frustration, finding a way to reach them." (Student J)

- “I don’t want to say the wrong information.....” (Student L)

Nursing student also indicated they need to improve their knowledge and skill in breaking bad news.

- “I do not know how it’s going to be with patient response so I try to remain silent.” (Student K)
- “If the patient denied and became hysteria, I desperate with this situation, I try to calmed myself down.” (Student Q)
- “How can I explore if patient not open with me.” (Student S).
- “She is angry, she think what she done nothing wrong. I try to identify the loss phase with patient and deal with that (Student C)

### **3.3. Support**

Nursing student drew on experience in identifying support system in patient and shared personal experiences. Some said that it is importance to get phone number and call family to support the patient.

- “I try to make sure the patient support system before delivered breaking news.” (student E)
- “A close friend of patient give hug and showing their support.....” (student F)

## **4. Discussion**

Nursing students learn how to break bad news in administering nursing care for patient and family. In learning process, nursing student should identified their strengths and weakness to sharpen their awareness of their own competency in breaking bad news. The results demonstrated learning practice of a breaking bad news exercise through short writing. One of the main learning practice in breaking bad news is the preparation. The results showed that the nursing student’s learning practice focused much on their preparation during their first met with patient and family and how to deal with it. The students shared a various feeling, which ranged from their fear and anxious of patient and family response. This feeling is normal and this is accordance with Taft who shared his experience in breaking bad news as nursing student. Preparation as a part of reflection process could unlock salient knowledge and useful to discuss concern with fellow student (Taft, 2009).

Delivering bad news can be among challenging experiences as a nurse student. In this situation, it is important to communicate in a clear and honest and be sure to the accuracy and reliability of information (Campbell, Carey & Jackson, 2010; Cleary, Hunt, Escott & Walter, 2010). Informing relative of a patient’s deterioration is a type of information that can be classified as a bad news. Using appropriate nonverbal and clarity verbal communication is needed in breaking bad news. Therefore, nurses must be trained to communicate effectively in terms of both verbal clarity and nonverbal behaviors (Wittenberg-Lyles, Goldsmith & Ragan, 2010). Although it is not easy for nursing student to break bad news, but when talking to a patient about their serious illness, remember to be just as straightforward and honest as possible in any other situation. It also supported the finding research, practicing communication skills in a structured setting allows for feedback from the object of the communication that cannot be achieved only through a didactic learning but also role playing (Arnold & Bogda, 2006; Little & Bollick, 2014). A breaking bad news happened to highly emotive areas of communication, where nuances of verbal and nonverbal communication are important; in such areas, feedback can only be obtained through practice with a live human being. Effective communication is

needed by nursing student to feel more confident through interactive adaptive learning exercises (Steckler, 2012).

The results of this study showed that knowing support system was stressed by students in their short writing. Nurse had to support patient or family to get through loss response and was not allowed to give false hope that could break therapeutic relationship. Therefore when patients express emotions such as anger, and crying, nurse could support them with an empathetic silence and a comforting touch (Rassin, 2006).

The main weakness of the qualitative study is that it is not possible to make quantitative predictions. However, the strength of this research is that this study provides an understanding and description of nursing students' practice learning of what should be done in breaking bad news.

## 5. Conclusion

In conclusion, knowing nursing student in learning practice were shown to be important in breaking bad news. A major benefit in this study was that the nursing students were being encouraged to develop communication strategy in breaking bad news. The students successfully identified their learning practice while recognizing their preparation, communication and support in breaking bad news. Nursing student learning practice in breaking bad news should be understood, therefore a strategy to overcome the problem could be considered an integral part of curriculum in nursing education.

## References

- Arnold, S. J. & Koczwara, B. (2006). Breaking bad news: Learning through experience. *Journal of Clinical Oncology*, 24(31), 5098-5100.
- Burnard P. (1991). A method of analyzing interview transcripts in qualitative research. *Nursing Education Today*, 11, 461-466.
- Campbell, T. C., Carey, E. C., Jackson, V. A., Saraiya, B., Yang, H. B., Back, A. L. & Arnold, R. M. (2010). Discussing prognosis: Balancing hope and realism. *The Cancer Journal*, 16(5), 461-466.
- Cheek, J. & Jones, J. (2003). What nurses say they do and need: Implications for the educational preparation of nurses. *Nurse Education Today*, 23(1), 40-50.
- Clay, A., Ross, E., Knudsen, N., Chudgar, S., Engle, D. & Grochowski, C. (2015). A breaking bad news exercise to assess student competence prior to graduation. *Mededportal Publications*, 11, 1-10.
- Cleary, M., Hunt, G. E., Escott, P. & Walter, G. (2010). Receiving difficult news: Views of patients in an inpatient setting. *Journal of Psychosocial Nursing and Mental Health Services*, 48(6), 40-48.
- Dewar, A. (2000). Nurses experience in giving bad news to patients with spinal cord injuries. *The Journal of Neuroscience Nursing*, 6, 324-330.
- Kiluk, J. V., Dessureault, S. & Quinn, G. (2012). Teaching medical students how to break bad news with standardized patients. *Journal of Cancer Education*, 27(2), 277-280.
- Krimshstein, N. S., Luhrs, C. A., Puntillo, K. A., Cortez, T. B., Livote, E. E., Penrod, J. D. & Nelson, J. E. (2011). Training nurses for interdisciplinary communication with families in the intensive care unit: An intervention. *Journal of Palliative Medicine*, 14, 1325-1331.
- Little, J. & Bolick, B. N. (2013). Preparing prelicensure and graduate nursing students to systematically communicate bad news to patients and families. *Journal of Nursing Education*, 53(1), 52-55.
- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N. & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(5), 533-544.
- Rassin, M., Levy, O., Schwartz, T. & Silner, D. (2006). Caregivers' role in breaking bad news: patients, doctors, and nurses' points of view. *Cancer Nursing*, 29(4), 302-308.
- Schildmann, J., Harlein, J., Burchardi, N., Schlogl, M. & Vollmann, J. (2006). Breaking bad news: Evaluation study on self-perceived competences and views of medical and nursing students taking part in a collaborative workshop. *Supportive Care in Cancer*, 14(11), 1157-1161.
- Steckler, R. (2012). *Improving communication skill among nursing students: Assessing the comfort curriculum as an intervention. Theses and dissertations – communication*. UKnowledge: University of Kentucky.

Erawati, E. (2017). Learning practice of a breaking bad news exercise by nursing student. *New Trends and Issues Proceedings on Humanities and Social Sciences*. [Online]. 4(2), pp 80-85. Available from: [www.prosoc.eu](http://www.prosoc.eu)

Taft, P. (2009). Breaking bad news: A learning zone article prompted Philip Taft to reflect on how he communicates bad news to patient. *Nursing standard*, 24, 10, 59-60.

Warnock, C. (2014). Breaking bad news: Issues relating to nursing practice. *Nursing Standard*, 28(45), 51-58.

Wittenberg-Lyles, E., Goldsmith, J. & Ragan, S. L. (2010). The COMFORT initiative: Palliative nursing and the centrality of communication. *Journal of Hospice & Palliative Nursing*, 12(5), 282-292.