European Journal of Oncology Nursing 21 (2016) 153–159

Contents lists available at ScienceDirect

European Journal of Oncology Nursing

journal homepage: www.elsevier.com/locate/ejon

Breaking significant news: The experience of clinical nurse specialists in cancer and palliative care

Nina Mishelmovich [a], Anne Arber [b, *], Anki Odelius [b]

[a] Macmillan Palliative Clinical Nurse Specialist, Kingston Hospital Foundation Trust, Surrey, KT2 7QB, UK
[b] Faculty of Health and Medical Sciences, University of Surrey, Guildford GU2 7XH, UK

ARTICLE INFO

Article history:
Received 7 April 2015
Received in revised form
5 September 2015
Accepted 22 September 2015

ABSTRACT

Purpose: The aim of the research was to explore specialist cancer and palliative care nurses experience of delivering significant news to patients with advanced cancer.
Method: A qualitative phenomenological research study was conducted to capture nurses' experiences with the aim of understanding how cancer and palliative care clinical nurse specialists work towards disclosure of advanced and terminal cancer. Data were collected through semi-structured interviews with 10 clinical nurse specialists working in one acute NHS trust. Clinical nurse specialists were recruited from the following specialities: lung cancer, breast cancer, gynaecological cancer, upper and lower gastrointestinal cancer and palliative care.
Results: Four themes emerged from the data: importance of relationships; perspective taking; ways to break significant news; feeling prepared and putting yourself forward. The findings revealed that highly experienced clinical nurse specialists (CNSs) felt confident in their skills in delivering significant news and they report using patient centred communication to build a trusting relationship so significant news was easier to share with patients. CNSs were aware of guidelines and protocols for breaking significant and bad news but reported that they used guidelines flexibly and it was their years of clinical experience that enabled them to be effective in disclosing significant news. Some areas of disclosure were found to be challenging in particular news of a terminal prognosis to patients who were of a younger age.
Conclusion: CNSs have become more directly involved in breaking significant news to those with advanced cancer by putting themselves forward and feeling confident in their skills.

1. Introduction

The nurse's role in the delivery of significant news is all but unknown as, until recently, the delivery of bad news was considered to be the role of medical staff (Dunniece and Slevin, 2000). Some authors suggest that nurses may be well placed to deliver significant news as they are often the people patients feel most comfortable with (Higgins, 2002; Faulkner, 1998). The nurse's role in breaking significant news (BSN) has been identified in the past as supportive to that of the medical staff concerned with monitoring the patient's awareness of his/her condition prior to disclosure of the cancer diagnosis and communicating this to the doctor (Morton, 1996); understanding the psychological needs of the patient following a diagnosis of cancer and offering support (Claxton, 1993). Others such as May (1993) describe nurses as, 'practical mangers' of the events which follow disclosure, and also interpreters of medical information for patients and their families. Thus nurses have many roles to play in delivering significant news and it is important to understand what roles clinical nurse specialists play in BSN to patients.

The breaking of significant and bad news is challenging particularly in the acute oncology setting when news of the failure of curative treatment was communicated and was found to be the one of the most difficult topics for oncologists to discuss (Baile et al., 2002). Other research reports the use of ambiguous language being used when delivering bad news about a poor prognosis in contrast to discussions about potentially curative treatments (Fallowfield et al., 2002). Personal experiences of medical and nursing staff can also complicate the picture and factors such as a recent bereavement or personal fears about one's own mortality can cause additional difficulties for staff and requires good staff support (Lloyd et al., 2009; Gordon and Daugherty, 2003).

* Corresponding author.
E-mail address: a.arber@surrey.ac.uk (A. Arber).

http://dx.doi.org/10.1016/j.ejon.2015.09.006
1462-3889/

Many researchers have found that patients wish to discuss the progress of their illness although they also wanted to be given hope (Brown et al., 2011; Spiegel et al., 2009). The communication needs of patients are not static and change throughout the illness trajectory (Schofield et al., 2001). Furthermore choosing the wrong timing for BSN, or disclosing more than the patient can cope with for their stage of illness, may devastate the patient (Watson and Lucas, 2010). Many patients prefer specialists to check whether they want to be given information regarding their illness and the extent of the information they wish to receive (Hagerty et al., 2005).

Although guidelines for delivering significant news exist some practitioners were found to be more open to incorporating BSN guidelines with practice (Walker et al., 1996). Others argue that guidelines compromise clinical independence and may constrain and complicate the process of BSN leading to inflexibility (Watson and Lucas, 2010). Nevertheless, healthcare professionals benefit from resources giving them an idea of what other people found helpful in order to develop their own personal style of BSN (Buckman and Kason, 1992). The most commonly cited guideline for breaking bad and significant news is the SPIKES protocol; however the efficacy of SPIKES is not empirically supported and its relevance to care across cultures remains under researched (Baile et al., 2000; Buckman, 2005; Ptacek and Ptacek, 2001; Vandkieft, 2001). There was criticism that guidelines are inexplicit regarding emotional and supportive content, focussing on breaking significant news, rather than receiving significant news (Arber and Gallagher, 2003; Duke and Bailey, 2008). Most studies of health care professionals and BSN have focused on medical staff (Hancock et al., 2007). However it is not clear how well prepared specialist nurses feel or their comfort with delivering significant news (De Valck and Van de Woestijne, 1996). The aim of this research is to understand the lived experiences of CNSs in cancer and palliative care nurses in relation to BSN.

2. Methodology

The study used a qualitative approach informed by a hermeneutic phenomenological perspective facilitating access to the meaning of the experience from the participants' points of view. Phenomenology is based in philosophy (Patton, 1990) and is the study of lived experience (Van Manen, 1984). It pertains to how people understand the world in context, the central point being consciousness (Willig, 2001). Phenomenology encompasses numerous philosophical strands (Taylor, 1995) but one of the key individuals associated with this framework is Martin Heidegger (Moran, 2000) who is associated with hermeneutic phenomenology (Walters, 1994). Heidegger was concerned with the notion of *being in the world* where people and the world they live in should be regarded as coexisting and therefore also understood together as a 'person in context' (Larkin et al., 2006 p 106). The focus of the present study was on the exploration of specialist nurses in cancer and palliative care experiences of breaking significant news to patients with advanced cancer. The study used a hermeneutic phenomenological perspective, which provided a framework to generate an understanding of these nurses' experiences. The research question was 'what is it like for specialist nurses to break significant news to patients with advanced cancer?'.

Ethical review was undertaken through one collaborating NHS trust and the University of Surrey Ethics Committee. The setting where the study took place is an acute National Health Service Trust in the UK. The research site is a medium sized hospital with 520 beds serving a population of 350,000 people on the edge of a large city in the South East of England. The hospital has a cancer unit and employs 18 clinical nurse specialists in cancer and palliative care. Sampling for the study was purposeful and encompassed CNSs ($n = 10$) from palliative and cancer specialities (including lung, breast, gynaecology, upper and lower gastrointestinal cancer nursing). The CNSs had all received training in advanced communication skills, were all female and most had many years of clinical experience. The number of years of clinical experience ranged from three to twenty years with nearly all having at least nine years' of clinical experience (Table 1). Ten out of a possible 18 CNSs came forward to be interviewed for the study. The inclusion criteria were CNSs currently employed and working in one acute hospital trust having worked in the role of CNS (band 7–8) for at least six months. Six cancer and four palliative nurse specialists came forward and were recruited to the study.

Data were collected through individual, semi-structured interviews lasting approximately 1 h, which were audio-recorded and conducted by the first author. A topic guide was prepared to guide the interview (See Table 2 for the topic guide). The opening question for the interview was 'could you tell me about a time where you were involved in giving significant news to the patient?' The interviews were transcribed verbatim by the first author and anonymised so that confidentiality was maintained. Data were kept in accordance with the Data protection Act (1998) and only shared between the three authors. Transcripts were read and re-read by the first author and a coding scheme was developed (Burns and Grove, 2001; Moule and Hek, 2011), which was discussed with the other authors and agreed.

3. Findings

3.1. Four themes emerged from the data namely

The importance of relationships, perspective taking, ways to break significant news, feeling prepared and putting yourself forward.

3.2. Importance of relationships

Participants identified great importance in forming a relationship with patients. They spoke about how this relationship enabled them to conduct difficult conversations. Participant 6 reports her encounter with a patient, whose prognosis was poor, and how the bond that developed with the patient was significant and deep:

> 'It's sad, but on the other hand you often get really … meaningful relationships with people but you may not have met before … in this short space of time this, this atmosphere of complete trust can, is often created. So you can have extremely deep sort of either discussions or a deep just non verbal communication with someone um, which I find, it's a privilege.'(6:349–358)

Participant 6 describes the deep and meaningful relationship she has with the patient, which is both verbal and non-verbal. She describes how the relationship creates the climate of trust that enables her to communicate with the patient on a deep level over a short space of time.

Participant 7 also identifies the importance of trust and non-verbal communication using touch to break the news that the illness was 'moving on':

> ' … I touched her arm and I just stopped and, in mid flow, because she was talking very quickly about a lot of things and I, I just touched her arm and I said (name of the patient), I think that things are moving on. And she hesitated and she, she gave me a look sort of thing and I held my breath a second, thinking that you know, she's going to become hysterical or she's going to be, you know she's going to be very difficult and she looked at