

THE COMMUNICATION OF BAD NEWS BY NURSES IN THE CONTEXT OF OBSTETRIC CARE  
A COMUNICAÇÃO DE MÁS NOTÍCIAS PELO ENFERMEIRO NO CENÁRIO DO CUIDADO OBSTÉTRICO  
COMUNICACIÓN DE MALAS NOTICIAS POR ENFERMEROS EN LOS SERVICIOS DE ATENCIÓN OBSTÉTRICA

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ABSTRACT

Communication of bad news is a difficult and important task of the health team. In obstetrics, this issue becomes even more complex because this scenario, which represents life, involves the expectations of women, families and the professionals involved. The study aimed to perform a reflective analysis about the work of nurses in communicating bad news in the context of obstetric care. This reflective study has the purpose to contribute for a better understanding about this important matter in the health area. Hard news are permeated with meanings responsible for reactions in everyone involved, especially when the news is linked to the inexorable presence of death. During academic training, nurses learn to assist in the birth and healing process but not to deal with situations of loss or death. Communication of bad news can trigger emotions that leave the listener unable to assimilate the whole conversation. Thus, hosting and time for preparation are fundamental. This communication demand integration between team members, and with the woman and her family. There are gaps in scientific research showing nursing as a communicator of bad news and supporter of this coping process.

**Keywords:** Communication; Health Communication; Nursing Care; Obstetric Nursing; Adaptation; Grief.

RESUMO

*A comunicação de más notícias é uma difícil e importante tarefa da equipe de saúde. Na Obstetrícia, essa questão torna-se ainda mais complexa, pois esse cenário, que representa vida, vai de encontro às expectativas das mulheres, familiares e profissionais envolvidos. O estudo teve o objetivo de realizar uma análise reflexiva sobre a atuação do enfermeiro na comunicação de más notícias no cenário de cuidados obstétricos. Trata-se de estudo reflexivo para contribuir para o aprofundamento do tema na área da saúde. A notícia difícil é permeada de significados responsáveis por reações em todos os envolvidos, principalmente quando vinculada à presença inexorável da morte. Os enfermeiros aprendem na academia a auxiliar no processo de nascimento e de cura e não a lidar com situações de perdas ou de morte. A comunicação de notícias difíceis pode desencadear emoções que deixam o ouvinte incapaz de assimilar toda a conversa, portanto, a acolhida e o tempo de elaboração são fundamentais. Essa comunicação requer entrosamento da equipe entre si, com a mulher e sua família. Há lacunas nas pesquisas científicas que evidenciam a enfermagem como comunicadora de más notícias e apoiadora desse processo de enfrentamento.*

**Palavras-chave:** Comunicação; Comunicação em Saúde; Cuidados de Enfermagem; Enfermagem Obstétrica; Adaptação; Pesar.

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## RESUMEN

*Comunicar una mala noticia es una tarea difícil e importante para el personal de salud. En el contexto de la obstetricia este problema se hace aún más complejo porque este escenario, que representa vida, choca con las expectativas de las mujeres, familiares y profesionales involucrados. El presente estudio tuvo como objetivo realizar un análisis de reflexión sobre el trabajo de los enfermeros en la comunicación de malas noticias en el ámbito de la atención obstétrica. Se trata de un estudio de reflexión con miras a contribuir al tema de la salud. La difícil noticia está impregnada de significados responsables de las reacciones de todos los involucrados, especialmente cuando están vinculadas a la presencia inexorable de la muerte. En las escuelas los enfermeros aprenden a ayudar en el nacimiento y en el proceso de cura pero no aprenden a manejar situaciones de pérdida o muerte. Comunicar malas noticias puede desencadenar emociones que dejan al oyente incapaz de asimilar toda la conversación, por lo cual la acogida y el tiempo de elaboración son fundamentales. Dicha comunicación requiere una buena relación entre el personal en sí, la mujer y su familia. En la investigación científica hay blancos en lo referente al enfermero como comunicador de malas noticias y partidario de este proceso de afrontamiento.*

**Palabras clave:** Comunicación; Comunicación en Salud; Atención de Enfermería; Enfermería Obstétrica; Adaptación; Pesar.

## INTRODUCTION

Communication is fundamental in human relations in health care, whether interprofessionals or between patient-family-professionals. The act of relating with others implies being with them, using verbal and nonverbal communication skills, allowing individuals to exchange messages. Thus, communication is a key element in human relations and an essential component of care.<sup>1,2</sup> Communication allows individuals to use their own experiences to make judgments about information, and only then make use of such according to the meaning this has for them in each situation experienced.<sup>1,3</sup>

Communication takes place in many ways and for many reasons. In health, communication can be used to promote health, prevent disease, as a means for education or planning in health status.<sup>1,3</sup> Communication is characterized as a working tool that puts health professionals on their own perception, before the reality of the others involved.<sup>2,4</sup>

In the nursing care practice, communication is a basic tool for primary care and for the formation of the nurse-patient relationship. The communication of news can change the situation of those involved for better or for worse. The use of techniques and strategies of interpersonal communication by health professionals is an effective therapeutic measure. This may consent patients to share their fears, doubts and suffering, helping them to reduce psychological stress and thus ensure the manifestation of patient autonomy.<sup>4,5</sup>

Since nursing follows the entire process of human life, from birth to the process of death<sup>6</sup>, the communication of bad news is also part of the duties this team. Bad health news can be defined as any knowledge that causes a negative imbalance on the receiver.<sup>3,7,8</sup> Transmitting bad news is a very difficult task and the decision on how to share such news requires in-depth knowledge within each specific matter.<sup>7,8</sup> This decision must always be contextualized.

Thus, in Obstetrics, the news of death may be considered the most difficult to be transmitted. This situation, in general way, brings a reversal of expectations and incites mixed feelings,

because a care setting that used to mean life is reframed by death, bringing feelings of anxiety, sadness, helplessness, guilt and frustration for patients and for caregivers.<sup>8,9</sup> Transmission of bad news in Obstetrics is hard for this reason and becomes an even more complicated task when goes against the expectations of women, their families and professionals.

As motivation for the development of this reflection on the communication of bad news by nurses in the context of obstetrical care, two main reasons can be proposed: the difficulty of this assignment in the nursing care routine and the lack of specific scientific publications on this subject for the obstetric nursing staff.

When release of bad news in this area of activity occurs, questions such as what should be said, who should give the news, how and when and to whom they should be told, stand out. This is because the nature of the communication process requires that nurses constantly take decisions on these aspects, according to the uniqueness of each case.

These are some of the questions that nurses who deal with this task in their daily activities have to face, especially when they are the ones designated to deliver the hard news in an environment where life was expected, as in situations in obstetric emergency rooms or obstetric centers. Based on the above considerations, the purpose of this study is to perform a reflective analysis of the work of nurses in the process of communicating bad news in the context of obstetric care, to better understand the theme and propose some perspectives for nursing.

## METHOD

This work is a reflective study that seeks to perform a analysis about communicating bad news in order to contribute to the deepening of the theme in health, particularly in nursing. This study did not carry out a systematic literature search, but information was captured from the a broad array of published literature, giving priority for publications of the last five years. The goal was to bring the issue to the fore, contribute to the debate in question and arouse the interest of researchers to ex-

plore the theme, given the importance of this type of communication in nursing practice.

This study did not involve human beings and, therefore, was not forwarded to the Ethics Committee. However, ethical principles contained in the Resolution 466/12 of the National Health Council were respected.

## THE PROCESS OF COMMUNICATING BAD NEWS IN OBSTETRICS

Regardless of the training area, health professionals have human relations as the basis of their work. Constant improvement of skills, among them communication, is necessary.<sup>6</sup> Doctors, nurses, physiotherapists, psychologists and other specialists who work with human beings in situations of illness and suffering, especially those who experience extreme situations such as the possibility of death, need to know not only what to say, but when and how to say.

For nurses, communication is a constant learning process that takes place throughout their personal and professional life. These professionals participate in the intimate journey of each patient in need of care and their families, from the process of birth until death. In this journey, it is necessary to establish a therapeutic communication, as these professionals relate with people who are under stress: patients, in this case women, families and co-workers.<sup>2,5</sup>

Nurses should understand that the behavior per se is a source of communication, and that all sorts of communication influence the behavior is essential for the nurse-woman-family interaction. Communication skills in the health area helps maintaining effective relationships throughout the professional sphere and helps to provide ethical, legal, clinical, and humane care, as well as mutual help. When communication in Obstetrics is done inefficiently, this can lead to errors, threatening this way the professional credibility.<sup>5</sup>

In obstetrics, the conduct of nurses as professionals that provide comprehensive care to pregnant, parturient and puerperal women, when these women are in situations involving death, can be questionable. In this sense, some professionals, by not knowing how to deal with the women's reaction to what will be said, opt for lying or omitting facts for mercy's sake, showing with this a way to avoid dealing with the situation.

Academic nursing education has not focused on professional training to care of death or of the dying process. This would be necessary for comprehensive care. But nurses turn out to be limited to clinical and technical procedures, which makes it difficult their process of coping and acceptance and consequently the process of communication with patients.<sup>10,11</sup> Professional unpreparedness leads to difficulties in coping and adapting to death and to the dying process, impairing com-

munication and care practices. Effective communication requires professional awareness of the ambience of the receiver, knowing when to be quiet, replacing words by the affective touch, offering not only care, but also emotions, allowing the demonstration of human feelings that pervade care, as well as offering attention, becoming receptive and accessible to the real needs of women.<sup>4</sup>

Patients and families facing extreme situations, as in the case of women and companions who face the risk of imminent death in Obstetrics, either death of the woman or the child, may have different reactions to the news received. This is because different people exposed to the same situation can interpret and experience the moment in particular ways, depending on their experiences and culture.

Bad news in Obstetrics is permeated with meanings that trigger diverse reactions, especially when the news is worsened by the inexorable presence of death. Every circumstance in the various moments can be complex and sensitivity from nurses is necessary in order to provide the best solutions for each situation, in the context of these women and their companions.<sup>4</sup>

When receiving difficult diagnoses, such as a pregnancy that develops an obstetric disease with possible severe prognosis, such as hypertensive disorder typical of pregnancy, or pregnancy with diagnosis of fetal malformation, or labor with unfavorable outcome for the newborn, the woman and her family may have a series of negative feelings, especially when death is confirmed. In these occasions, an inversion of expectations take place. The pregnancy that meant life now is transformed into uncertainty and this brings a cascade of negative feelings. The expected future becomes a distant reality.<sup>8,9</sup>

Currently, Brazil faces an epidemic with *Zika virus* and its relationship with the number of newborns with microcephaly.<sup>12</sup> Thus, pregnant women suffer with the risk of contamination and with the fear of the likely diagnosis and repercussion in the future of their child.<sup>12</sup> This situation is an example of how nurses accompanying prenatal should be prepared to provide support and guidance to these women.<sup>11</sup>

Overall, these women want to be understood as mothers who suffer, because besides the physical pain, they experience existential conflicts and have needs that the available drugs and technologies cannot meet. For the reasons described above, these women may express different reactions, whether sudden or delayed, usually related to negativity. Shock, anger, fear, denial, guilt, grief and possible aggression can be observed and associated with the process of loss and grieving.

Grieving and coping happen after breaking expectations in which reality goes against the plan that had been built during pregnancy. Feelings that emerge from the interruption of planning are common to the reactions that have been accurately described and conceptualized as stages of the grieving

process, which are: denial, anger, bargaining, depression and acceptance - not necessarily consecutive.<sup>6</sup>

These stages require emotional and theoretical support from nurses. They can serve as indicators of moment that the patient is experiencing, realizing which is the best way to approach it, and seeking harmony with the process that the woman and her family are living.<sup>2,4,8,12</sup> This will make it possible to assist the process of coping with the new situation caused by the breakdown of expectations of idealized life, replaced by the real situation that is presented to them, sometimes so hard to face.

Communication skills are very important in these moments. Skills will help deciding whether telling the news or not, how to tell. The lie moved by pity is replaced by prudent and progressive sincerity according to the emotional condition of the patient and the family.<sup>4</sup>

## PERSPECTIVES FOR NURSING

Nurses experience a kind of fear before bad prognosis in Obstetrics and on how the situation is faced, since diagnosis until the nursing care after the situation. This process includes the communication of difficult news and how nurses deal with the issue.

Especially when it comes to death and the dying process in an environment where the strong cry of a newborn and the loving lap of a mother were expected, nurses are not prepared during their academic training to deal with such situation.<sup>11</sup> This may cause negative effects not only to the nursing team, but to the woman and the family involved. Escape from reality can become common among professionals as a form of protection in this situation, deluding themselves that it is easier to trivialize the process of death and dying in Obstetrics than facing the situation.

The release of the news by nurses should happen in a clear and gradual manner, after perceiving the emotional state of the woman and her family, so that nurses may understand how far they can go at that moment. There is not a universal technique for transmitting bad news in Obstetrics, but this must be guided by ethical principles of justice, autonomy, beneficence and non-maleficence.<sup>4</sup>

The truth is the basis for trust in relations. Therefore, having the principles of bioethics as basis, we can argue that communicating a diagnostic truth to patients and their families is a great benefit to them, because this allows the active participation of all in the decision-making process.

The trustful relationship between nurses and mothers/parturients will only be established if grounded on truth and objectivity, fostered by honesty, free from punitive communication, omission or lies.<sup>1,4,9,13,14</sup> We want to emphasize that the communication process can be influenced by language mannerism, leading to distortions caused by different cultures and forms of expression and interpretation.<sup>4,14</sup>

To avoid misinformation, the release of knowledge must be clear to the recipient's language, but with the necessary time and details to enable the understanding by the woman and her family. Probably all forms of communication from the transmitter, verbal or non-verbal, will be faithfully remembered by the receivers.<sup>3,7,9,14</sup>

Harmonious and effective conversation focused on the needs of pregnant women/parturients and their families is a strong ally in the control of physical symptoms. It makes it possible to host the emotional and spiritual distress, thus reducing suffering. This way, nurses can help women and their families to realize that the process of living is intimately linked to death as a natural process, although painful for them and out of their plans.<sup>4</sup>

The findings make it clear that communication of difficult or bad news in Obstetrics should not be the task of a single professional, but of all, provided harmony exist among professionals and depending of the course of events.<sup>15</sup> Professionals involved must be in accordance, and they must release information in a homogeneous manner. This is backed by international literature on the subject.<sup>5,13,15</sup> These attitudes can promote the best adaptation of the involved ones who suffer the pain of loss and the new reality imposed.

However, some barriers to effective dialogue about the difficult news in Obstetrics can be observed. When dealing with the sudden feelings provoked by the tragic news that dramatically sets birth and death close to each other, the professionals involved are also shaken. They have insecurities and conflicts between being a person and being a professional.<sup>11,14,15</sup> The difficulties of nurses when dealing with loss and to express their own feelings regarding that situation, that is, before women and their family members, can be interpreted as banality and selfishness, passing the idea that they are simply professionals dealing with a nursing procedure and not beings endowed with compassion.<sup>11,15</sup>

The women and their families need to feel cared, supported, comforted and understood by nurses and by whom assist them. Expressions of empathy, compassion and affection in the communication and in the care provided bring the assurance to these women and their relatives that they are an important part of a whole. This results in the sense of protection and comfort, in addition to providing inner peace in a situation of so much pain and suffering.<sup>1,9,13</sup> This demonstration for women and caregivers are not seen as flaws, but they are perceived and accepted as comfort and humanization from the part of the professional, who shows to be sensitized by the situation.<sup>1,2,7,14</sup>

After the establishment of communication, when death becomes a partner of the walk and of dialogue, the path to followed becomes less painful when the finitude is accepted and understood as part of the process of human living, although premature. When nurses deal well with death, they become better professionals, prepared to manage the feelings that emerge from helplessness in face of death in a more serene and sensible way.

Part of this knowledge is linked to the experiences and to the culture of each individual, whether the nurse or the woman or family members who pass through the process of loss in Obstetrics. Their personal history and educational background little prepare them to face death and the dying process. Furthermore, there are the individual concepts of life, death, finitude, permanence and impermanence on the world and concepts about the awareness that every being is an active participant in the development of acceptance and of dealing with this issue and to facilitating this journey.

## FINAL CONSIDERATIONS

The communication practiced by nurses, in order to be effective in Obstetrics, should go through stages ranging from careful and humanized listening to the women and the family in sorrow, up to showing an attentive eye, observing the eyes, faces and expressions, hands and posture. During the communication of difficult news, the body language is sometimes ignored or mistakenly interpreted by the nurse. Several unsaid pieces of information remain hidden between the lines of verbal silence, but are shouted in each gesture of the mother and her family undergoing such a desperate situation. By observing their gestures, nurses may have the necessary *feedback* to decide if they must continue to communicate the information or not.

Communication of difficult news causes a cascade of emotions that can leave women and their families unable to hear the rest of the conversation. It is important to take this fact into account. A good deal of information will need to be repeated several times, as people in shock cannot hear or understand all the information until the first information are overcome. But the hosting and the preparation time are more important than the repetition of information.

There is a gap in scientific research in this field regarding the role of nursing as communicator of bad news on health and also as supportive on this hard process. Furthermore, the training of health professionals, in general, does not include learning about death and the process of dying with biopsychosocial and spiritual approach. Death ends up limited to the processes of diagnosis and drug treatments.

In any case, it is essential that the communication of bad news in health be grounded in scientific knowledge and, above all, that this communication be clear, humane and harmonious. When women know what is happening with them and with their children, they are given the opportunity to take responsibility for their lives and for coping with the loss and grieving process.

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