NURSE'S ROLE IN BREAKING BAD NEWS

Literature review

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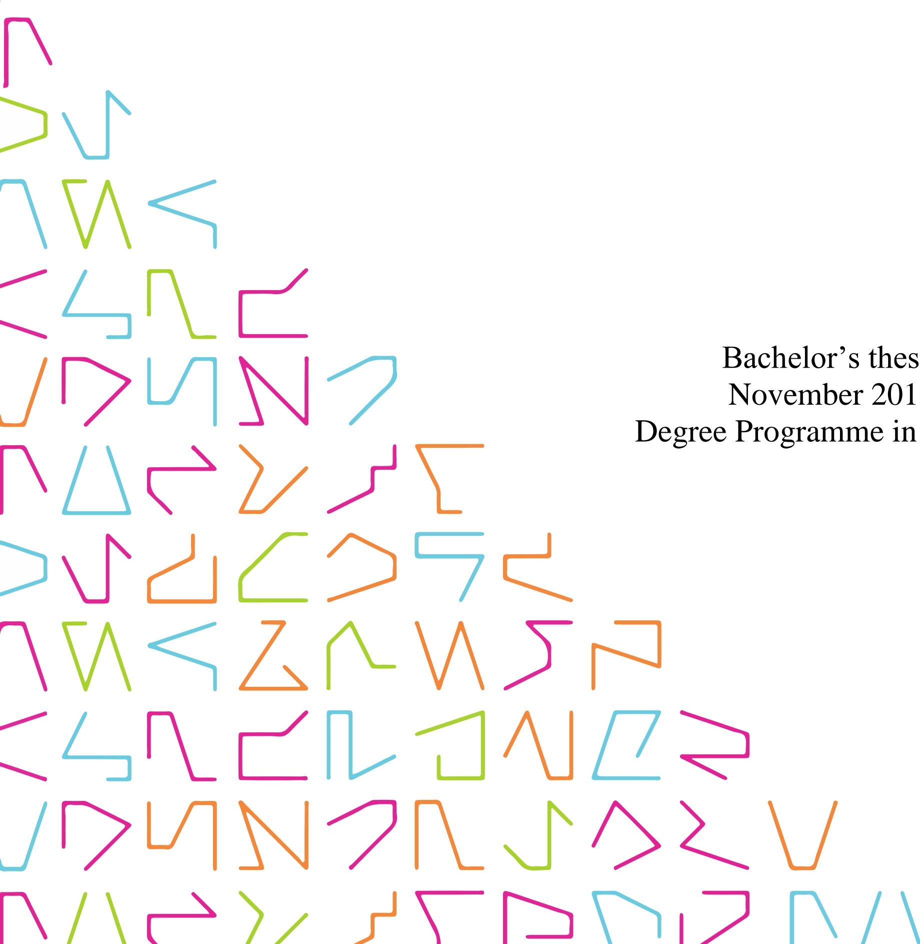

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ABSTRACT

Tampereen ammattikorkeakoulu
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Nurse's role in Breaking Bad News to Patients
A Literature review

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There are many ways to give bad news and some are more recommendable than the others. Breaking bad news in healthcare is traditionally seen as the instant when a physician gives the news to a patient. A nurse's role in breaking bad news is therefore often perceived less important. When examining breaking bad news more carefully a process has been recognized by many researchers. It starts before the patient receives the news and continues afterwards.

This thesis explores the moment more widely focusing on the nurse´s point of view and examines what needs to be considered when delivering the news. The purpose of this thesis was to conduct a literature review examining the topic. The objective was to give nurses and nursing students more detailed view of breaking bad news and offer issues which are good to consider before breaking the news. The ultimate goal of this thesis was to encourage to nurses and students to face these situations and improve patients´ experiences of receiving bad news.

Previous studies show that a nurse´s role is recognized as an important part of breaking bad news but giving the news is strongly considered as the physician´s responsibility. The findings indicated that a nurse´s role in breaking bad news includes giving information related to the news, preparing them for the news, supporting and helping them adjust to the news. When participating in giving the news there are numerous issues which need to be considered. From the previous literature time, environment, clear communication, individual approach and accepting emotional reactions emerged as the most important.

Key words: nurse, bad news, nurse´s role

TIIVISTELMÄ

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Terveydenhuollossa huonojen uutisten kertominen on nähty perinteisesti lääkärin tehtävänä. Hoitajan rooli on koettu usein vähemmän tärkeäksi. Kun huonojen uutisten kertomista tarkkaillaan lähemmin, monet tutkijat ovat tunnistaneet sen olevan pidempi kestoinen tapahtumasarja kuin yleensä on ajateltu. Se alkaa ennen kuin potilas kuulee huonot uutiset ja jatkuu sen jälkeen. Huonoja uutisia voi kertoa monilla tavoilla.

Opinnätetyössä tarkastellaan laajemmin hoitajan roolia ja sitä mitä on otettava huomioon kerrottaessa huonoja uutisia. Opinnäytetyön tarkoituksena oli tehdä kirjallisuuskatsaus aiheesta. Tavoitteena oli antaa sairaanhoitajille ja sairaanhoitajaopiskelijoille valmiuksia tilanteisiin, joissa huonoja uutisia kerrotaan ja tarjota asioita huomioitavaksi ennen huonojen uutisten kertomista. Keskeisimpänä tavoitteena oli antaa hoitajille ja opiskelijoille rohkeutta kohdata näitä tilanteita ja parantaa potilaiden kokemuksia huonojen uutisten saamisesta.

Aikaisimmat tutkimukset osoittavat, että hoitajan rooli tiedostetaan tärkeäksi osaksi huonojen uutisten kertomista, mutta niiden kertominen nähdään silti vahvasti lääkärin velvollisuutena. Tulokset osoittavat, että hoitajan rooliin huonojen uutisten kertomisessa kuuluu uutisiin liittyvän tiedonanto, potilaan valmisteleminen, tukeminen ja tilanteeseen sopeutumisessa auttaminen. Kun hoitaja osallistuu huonojen uutisten kertomiseen, on monia asioita, jotka täytyy huomioida. Kirjallisuudesta ilmeni, että aika, ympäristö, selvä kommunikaatio, yksilöllinen lähestyminen ja tunteiden hyväksyminen olivat tärkeimmät tilanteessa huomioon otettavat asiat.

Asiasanat: hoitaja, huonot uutiset, hoitajan rooli

SISÄLLYS

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INTRODUCTION

Nurses are likely to be encounter a situation where they take part in giving bad news to their patient. There are multiple ways to breaking the bad news of which some are more preferable than others and the task is often considered difficult (Rosenzweig 2012). In some cases, nurses and doctors avoid delivering the news which can be even more harmful than actually breaking the news. This can have a negative impact on the relationship between the healthcare staff and the patient and lead to lack of trust. For the healthcare team avoiding breaking bad news can cause stress and disagreements (Warnock, Tod & Foster 2010). According to Farrell (2002) patients often remember clearly the situation where the bad news was broken and how which highlights the importance of delivering the news.

Even though breaking bad news is quite common event, definition of nurse’s role in the event has been argued. More traditional representation of nurse’s role is that they assist in the event where the doctor gives the news. This view does not include the other ways that nurses participate in breaking bad news (Warnock et al. 2010). This bachelor’s thesis explores what has been researched about the topic, what is the nurse’s role in breaking bad news to patients and what is the best practice of delivering bad news. The thesis is done in co-operation with Tampere University of Applied Sciences.

1 PURPOSE, OBJECTIVES AND REASEARCH QUESTIONS

Purpose of this thesis is to conduct a literature review in order to examine the nurse's role when bad news is broken to a patient. Review is made in order to have a wider view on what is the best way of delivering bad news. Objective of the thesis is to give nurses and nursing student's possibility to broaden their view of giving bad news. The ultimate goal is to encourage nurses and students to face these situations with new ways to approach them and that way indirectly improve patients' experiences of receiving bad news.

The research questions of this thesis are:

1. What is the role of the nurse in breaking bad news?
2. What needs to be considered when delivering bad news in order to do it correctly?

2 THEORETICAL FRAMEWORK

2.1 Nurse- patient relationship

Nurse- patient relationship is the relationship between a nurse and a patient where the nurse cares for the patient and it often involves addressing patient's personal information (Griffith 2013). Good relationship and proper communication allow patients to express their fears and wishes and feel like they are taken seriously and treated with respect (Collins 2009). In a good nurse patient relationship nurse is completely present and available for the patient. (Jonsdottir, Litchfield & Pharris 2004).

When focusing on breaking bad news nurse-patient relationship highlight its meaning as Rosenzweig (2012) suggests that a good relationship can help the patient and their family to receive and take in bad news better. Stayt (2007) claims that close the nurse-patient relationship makes delivery of bad news more difficult for the nurse. Even though delivering bad news might be more difficult, Rosenzweig´s (2012) findings still support the importance of breaking the news.

2.2 Communication

Communication is described to be a process of information sharing which includes verbal and nonverbal messages. In nursing communication is one of the most important skills. Properly performed it creates a solid base for successful nurse-patient relationship. (Bramhall 2014) Compared to most of the other healthcare professionals, nurses are considerably more in contact with patients, therefore it is their obligation to make sure patients communication needs are filled (Thakur, Venkateshan, Sharma & Prakash 2016). It is important that communication is performed clearly with simple language, avoiding medical terminology to in order to avoid frustration and misunderstandings (Kumar, Goyal, Singh, Pandit, Sharma, Verma, Rath, & Bhatnagar 2009). When communication is effective, patients are more likely to have more positive experiences about their care (Bramhall 2014).

According to Sarah Collins (2009) there are many good outcomes of proper communication with patients for example a patient might be able to voice their fear and feel like they

are taken seriously. Showing empathy toward patients is essential in communication between patient and a nurse it can give a sense of support and bring comfort of some level according to Bramhall (2014).

2.3 Breaking bad news

Bailea, Buckman, Lenzia, Globera, Bealea and Kudelkab (2000) have defined bad news as any information that can change person's view of the future for worse. When giving bad news nurses have to be aware that the news which are neutral to them can be considered as bad news by someone else. Bailea et al. (2000) emphasise that the effect of the news to the patient is individual and consists of many different issues, one might react more to a piece of news than others.

In literature delivering bad news to patients has been defined in various ways. One way to view the situation is that doctor gives news to the patient and nurse comforts and supports. Warnock et al. (2010) have brought up that breaking bad news is often seen as the moment when the doctor tells the negative news to the patient, which is in fact a narrow view the situation. Other way to view situation where bad news is broken to the patient is viewing the act itself as a longer lasting situation which starts before the news is given and continues after the news are broken, similar to a process, involving wider range of professionals (Croston & Roche 2014). This view allows a broader exploration to the subject and explains the actual process better and allows nurses supportive activities to be taken in consideration (Warnock et al. 2010).

3 METHODOLOGY

This thesis is a literature review. According to Polit and Beck (2012, 653) literature review is a method which can be used to search and analyse previous studies conducted about a topic with certain predefined manner. Literature review in a way creates a summary of previous evidence answering questions set by the researcher (Bettany-Saltikov 2012). In the beginning a topic is chosen. After the desirable and interesting topic is found research questions need to be carefully created in order to find specific evidence about the wanted subject (Polit & Beck 2012, 653). After selecting the topic and questions, databases for searching the literature are chosen and a strategy for searching is created (Polit & Beck. 2012, 96.). Search words and phrases are chosen and inclusion and exclusion criteria set to narrow down results of the search to relevant articles (Bettany-Saltikov 2012).

3.1 Inclusion and exclusion criteria

In order to find relevant articles in literature search inclusion and exclusion criteria were placed. Polit and Beck (2012, 274) mention that criteria for inclusion and exclusion need to be set. The criteria define which articles are included or excluded and why. Those articles which met the inclusion criteria and there was no reason for exclusion were chosen for this study. The writer set a requirement that the articles had to be written in English language to ensure that the data remains correct without translation or interpretation errors made in by the writer. Articles chosen had to be relevant to breaking bad news and focus mainly on the nurse’s or patients point of view. Other criteria for inclusion were that full text was available from the database and the article had to be a research article.

Reasons for exclusion were if the article was examining doctors or students, if the article was a research report or a review of previous literature. Literature reviews were excluded from the search because they are secondary sources. According to Polit and Beck (2012, 95) secondary sources do not provide enough information about the studies they have used as references and often reflect the writers own ideas, therefore are not completely objective.

The writer wanted to exclude children from this study. The reason behind outlining children is that according to Dighe, Marathe, Muckaden, and Manglani (2012) child patient

is experienced to be different from adult patients when giving bad news and giving bad news to children.

Inclusion criteria	Exclusion criteria
English language	Research review
Full text available	Research report
Research article	Children receiving the news
Relevant to breaking bad news from nurse's or patient's perspective	Focuses on doctors or students

TABLE 1. Inclusion and exclusion criteria

3.2 Literature search

Different databases provided by Tampere University of applied sciences were examined. From available databases (Cinahl), Pubmed and Medline (Ovid) were chosen for literature search. Polit and Beck (2012, 124) suggest that electronic databases are a good way to find references. Reason behind the selection of certain databases was that they had proper scientific journals in greater number than other databases and searches with chosen key words brought plenty of results.

The chosen databases were searched using different search words. According to Polit and Beck (2012, 124) use of specific key words is a way to find desired results. Chosen search words were "role of the nurse", "nurse's role, "bad news" and "communication". Boolean operators "AND" and "NOT" were used in order to find wanted results and limit certain groups from searches. To exclude children and medical students from found literature NOT "child*" and NOT "medical student" were also used. Depending on the database limitations were also made to the searches. Some databases had better options for limiting searches than others. In CINAHL limitations to search were that the article had to be in English language and full text had to be available. TABLE 2 presents the literature search in more detail describing used search words and reasons for exclusion on each phase of the search.

Polit and Beck (2012, 124) notify that references found from databases should be examined to find relevant information. Found results from each database were examined carefully and headlines of all found articles were read and evaluated. If article's headline appeared to describe the wanted phenomenon the article was saved for later examination. After going through all found articles from the chosen databases the saved articles' abstracts were read to determine if they were suitable. Many articles were excluded during examination of abstracts. There were multiple reasons for exclusions in this phase for example some of the studies were focusing on physicians' or students' perspective and some studies were not describing breaking bad news in the least. In closer examination some articles were discovered to be research reports.

After separating suitable articles from undesirable ones and excluding duplicates, there were eleven articles. They were carefully read and assessed in order to find the final articles for the review. Even in this phase some articles were excluded because they focused mainly on physicians' point of view. Few articles were excluded because they were literature reviews. When all exclusions were made, five articles were chosen for the review

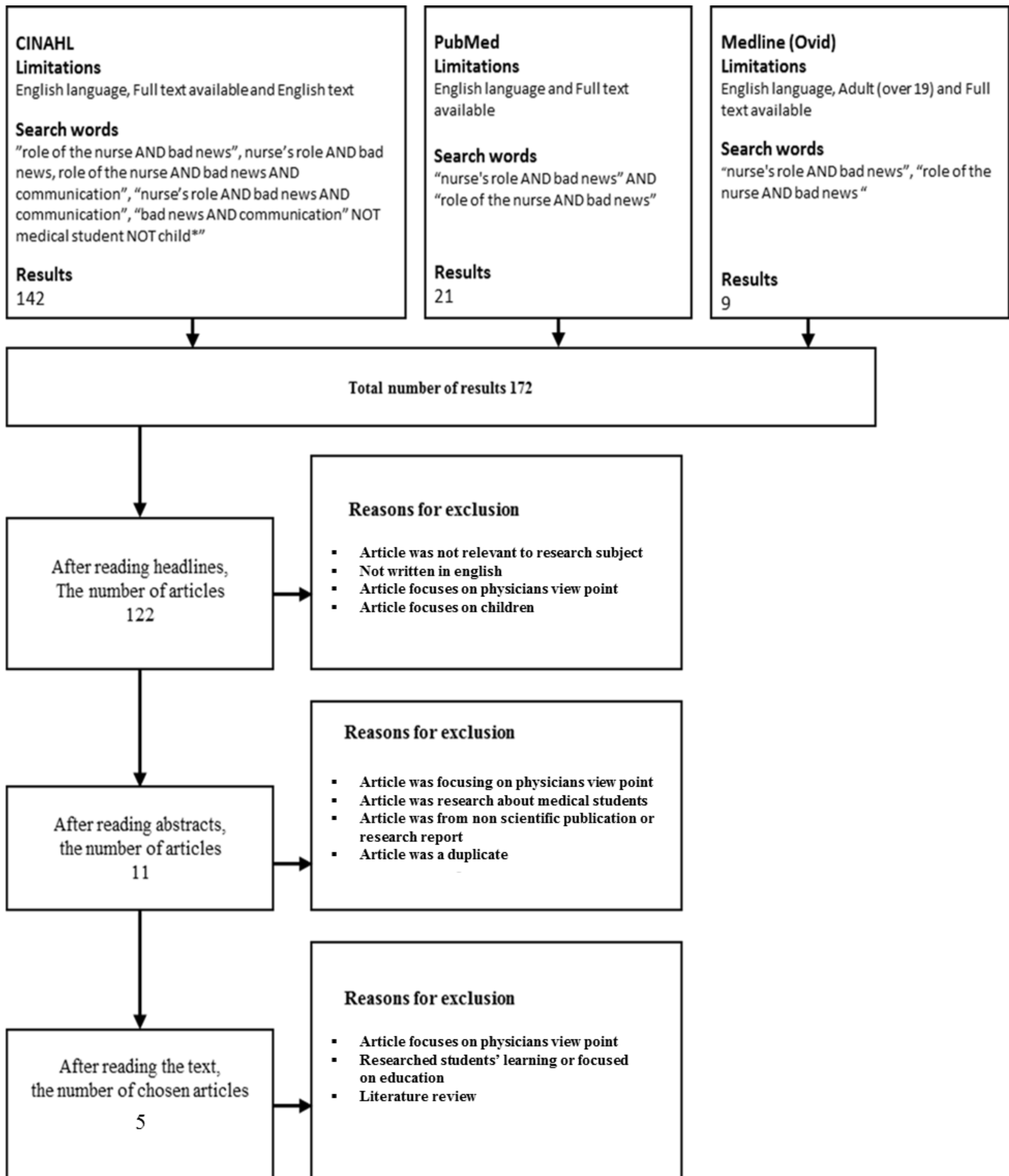

TABLE 2. Literature searches and selection of articles

3.3 Data analysis

Data analysis began by exploring the chosen articles. Articles were examined carefully and a matrix was created to summarise the key features of the articles. These features are presented in Appendix 1. Polit and Beck's (2012, 109) table of methodological features was used as a base for this matrix and modified by the author to adapt for presenting these features. After the brief examination of the articles they were looked into more deeply and critically appraised using critical tool adapted from Polit and Beck's (2012, 115-117) critiquing questions and Caldwell, Henshaw and Taylor's (2005) critiquing questions table. Critical appraisal tool is presented in appendix 2 and appraisal of articles is visible from appendix 3. In order to find the truth and describe it accurately only evidence of the best quality needs to be used. Evaluating critically articles and the quality of evidence in them to ensure that only good quality evidence is used which can enhance trustworthiness (Polit & Beck 2012. 174-175).

Some articles were of better quality than others. It was possible to find all parts of proper research article in most of the chosen articles and evaluate the quality of found parts. Few had some critical parts missing, for example one article did not have a proper abstract. Only one article had throughout explanation of ensuring trustworthiness and objectivity, others were lacking consideration of those. Overall articles were of good quality, they had good logical conclusions of their findings and presented them clearly. Three of the articles mentioned which ethics board had they applied for study approval.

There are multiple ways to analyse data. Thematic analysis was chosen and used in the data analysis of this thesis. Thematic analysis process begins with observing the articles for similarities in order to find common themes (Polit and Beck 2012, 119). The articles were read thoroughly exploring content in them. The research questions were considered when reading the articles and themes were found for both questions. After closer examination was made similarities started to emerge. Those similarities were collected summarized and presented in form of two tables, one for each research question. TABLE 3 presents the findings related to the first research question and TABLE 4 presents the findings concerning the second research question. Findings are presented and explained in the next chapter.

Common themes for research question 1.	Abbaszadeh, A. et al. 2014	Brown, V. et al. 2011	Croston, M. & Roche M. 2014	Griffiths, J. et al. 2015	Rassin, M. et al. 2013
Giving information and facts	X	X		X	X
Preparing patient for the news	X		X	X	
Helping to adjust to the situation			X		X
Seen more as phycicians duty	X	X	X	X	X

TABLE 3. Themes related to research question "What is the role of the nurse in breaking bad news"

Common themes for research quetion 2.	Abbaszadeh A. et al. 2014	Brown V. et al. 2011	Croston M. & Roche M. 2014	Griffiths J et al. 2015	Rassin, M. et al. 2013
Environment	X		X	X	X
Time		X	X	X	X
Clear communication			X	X	X
Individuality	X	X	X	X	
Emotional reactions	X		X	X	X

TABLE 4. Themes related to research question "What needs to be considered when de-livering bad news in order to do it correctly?"

4 FINDINGS

Findings of the thesis are presented and explained in depth in this chapter. The findings are extracted with data analysis from the chosen articles.

4.1 Nurse's role in breaking bad news

Themes were found relating to the first research question "What is the role of the nurse in breaking bad news". Nurse's role in breaking bad news appeared to be defined quite broadly and only few articles defined it narrowly. All articles pointed out that breaking bad news is considered to be the physician's responsibility.

4.1.1 Giving information

Providing information and facts was brought up in many articles as an important part of the nurse's role in breaking bad news. Abbaszadeh, Ehsani, Begjani, Kaji, Dopolani, Nejati and Mohammadnejad (2014) describe nurses as essential part of therapeutic team as they give clarifying information to patients and their loved ones and discuss about the news. They highlight importance of discussion and exchange of information and describe it as crucial part of breaking bad news.

Brown, Parker, Furber and Thomas (2011) examined patients' preferences and noticed that there is variation in preferences when receiving bad news. Most patients want to have information concerning their condition, some are satisfied with as little information as possible. There are differences in both which type of information they prefer and amount they desire to know Brown et al (2011) point out. Brown et al. (2011) found that patients rated honesty and being told as quickly as possible as one of the most important features when being told bad news alongside with enough time to ask all questions that rise.

Rassin, Dado and Avraham (2015) focus more on examining on what is important in communication when giving bad news. Rassin et al. (2015) suggest based on their study that nurse's communication, when giving bad news, should focus on showing empathy and compassion. It should bring information according to the patient's or family's needs. Information that is given should be clear and reliable, the amount of information that the patient requires should be asked from themselves. (Rassin et al. 2015)

After receiving the information there should be enough time to process it quickly, when the shock of receiving the news has eased confirmation of understanding should be made in order to avoid misunderstandings Rassin et al. (2013) suggests. If needed, information should be repeated and simplified. Griffiths et al. (2015) mention that physicians often fail to make sure their patients have understood correctly the news they have been given.

Griffiths et al. (2015) brought up the importance of clear communication. When using medical terminology and avoiding the subject patients might misunderstand the message and make false assumptions based on those misunderstandings. Griffits et al. (2015) emphasise if there is misunderstanding, nurses might have to translate the news in order that the patient and their family can understand the meaning. Rassin et al. (2013) support this view as they describe translating bad news to patient´s family as part of the nurse´s role when delivering bad news.

4.1.2 Preparing patient for the news

Croston and Roche (2014) suggest that it is important to prepare the patient for the news but also prepare for the situation as a professional by giving information in a planned manner and preparing the environment in addition. Griffiths, Ewing, Wilson, Connolly and Grande (2015) propose that nurses play an important role preparing not only patients for bad news but also their loved ones. Abbaszadeh et al. (2014) agrees that patient should be prepared for receiving bad news but disagrees with Griffiths et al (2015) by stating that when breaking bad news patient’s close ones should not be present. Sometimes patients do not want their family to know about their life-threatening condition, in these situations nurses often try to persuade the person to share the information Griffiths et al. (2015) suggests.

4.1.3 Helping patients to adjust to the situation

After bad news are given patient can be in a shock, the information given might take while to be completely understood. (Rassin et al. 2015) Patients might need clarification of information and help with adjusting to the situation afterwards which is seen as part of breaking bad news according to Croston and Roche (2014). In their study Croston and

Roche (2014) brought up that making a follow up phone call after breaking bad news would be good practice and could make the patient feel cared for and not alone with the newly received information.

Rassin et al. (2013) describes that nurse´s role as supporting patients, being available and providing continuity that physicians are not able to give, making nurse essential when breaking bad news. Both Griffiths et al (2015) and Rassin et al (2013) mentioned providing support as important part of nurse’s role when breaking bad news.

4.1.4 Physician´s duty

All studies recognised breaking bad news as physician’s responsibility even though most studies recognised breaking bad news as long lasting situation similar to a process. Abbaszadeh et al. (2014) reported that nurses considered giving bad news and physicians duty and therefore often avoided answering patients’ questions about their condition. Brown et al (2011) and Griffiths et al. (2015) agree that delivering bad news is physicians responsibility. Croston and Roche (2014) support the view by describing breaking bad news to be physician’s role based that they make the decisions about care. Rassin, Dadom &Avraham (2013) mention that traditionally breaking bad news is physician’s role but also acknowledge other healthcare workers as more or less important part of it depending on the situation.

Even though Croston and Roche (2014) have presented the traditional view of the situation, they recognize breaking bad news as a multidisciplinary activity which involves more healthcare professionals delivering the news. Griffiths et al (2015) agrees that literature presents breaking bad news often as a situation where physician breaks the news but they consider it as a process, where nurses take part over time. Griffiths et al. (2015) discovered that sometimes there is no contact to a doctor who could break news and therefore nobody to discuss the bad news. In these situations, nurses sometimes take the role because they spend the most time in contact with patients. Nurses often try to avoid patients’ reactions and legal consequences by answering that they do not know according to Abbaszadeh et al. (2014).

4.2 Considerations before breaking bad news

After examination of nurse's role, breaking bad news was looked into more carefully. There were five themes that emerged from the explored literature; environment, time, clear communication, individuality and emotional reactions. Preparation was brought up as important before breaking bad news, these five categories rose up as important to consider before taking part in giving bad news.

4.2.1 Environment

Environment was one of most commonly found themes. According to Abbaszadeh et al. (2014) patient should be prepared for bad news, one way is to accompany them into quiet environment with privacy where the bad news can be told. Croston and Roche (2014) support Abbaszadeh et al (2014) view by remarking that one of the key issues what needs to be considered when breaking bad news is the environment where bad news is given. It was rated as third important by healthcare professionals in Croston and Roche (2014) study.

Environment where bad news was broken in Griffiths et al (2015) study was home which the interviewed nurses considered challenging for many reasons. They reported that there was a lack of privacy, when the family is present. Home also has other distractions including television, pets and telephone ringing making breaking bad news more challenging. Rassin et al. (2015) discovered that bad news is often broken in a place where is no privacy, which they described to be unfortunate. According to Rassin et al (2015) it is suggestable that bad news is given in an environment which guarantees privacy, receivers of bad news are be given a seat and healthcare professionals keep eye contact when breaking the news.

4.2.2 Time

Both patients and professionals considered adequate amount of time important when breaking bad news. Brown et al. (2011) discovered that patients rated having enough time to ask all questions that come to mind as one of their highest preferences while Croston and Roche's (2014) found out that healthcare professionals rated having enough time for the patient as the most important issue when breaking bad news. Rassin

et al. (2015) suggests as well that there should be enough time reserved to break bad news because time is required for taking in shocking information and patient should have enough time to process the news and ask questions. Griffiths et al (2015) found that amount of information and timing of conversations which include bad news is difficult and requires careful consideration, if discussions are held too early the amount of information can be painful or confusing.

4.2.3 Clear communication

Clear communication was brought up often. Healthcare professionals rated usage of clear language and avoiding medical terms important when giving bad news in Croston and Roche's study (2014). Listening to patient and letting them discuss their worries was also seen as important by the healthcare professionals, mainly because it can help the patient adjust to the situation.

Griffiths et al. (2015) brought up also that usage of medical terminology can cause misunderstandings and even give false hope. Even if the patients had been given bad news, they still might be unaware of the meaning of the news. Rassin et al (2015) brought up similar finding that usage of medical terminology can cause the patients feel angry or confused and should therefore be avoided.

4.2.4 Individuality

The fact that all patients are individuals with their own preferences and situations came up in these articles. Abbaszadeh et al. (2014) state that all patients have unique situations which require different strategies for breaking bad news. Croston and Roche (2014) have similar notes as they remind that every patient reacts differently when receiving bad news. Brown et al (2014) found that all patients have individual experiences but not all are good. Most of the bad experiences in Brown et al. (2011.) study were related to simple communication failure such as appearing disinterested or avoiding answering questions.

5 DISCUSSION

Nurses participation in breaking bad news appears to be focusing on before the information has been given to the patient as preparing them and the environment and after the patient has received the news as supporting and helping with coming terms with the information. The physician's role seems to be clear, it is strongly seen as their duty to give bad news, but the definition nurse's role seems a lot broader and not well defined when examining these results. There were similarities in literature but the definition of breaking bad news appeared to make a difference who was considered to take part in incident. Croston and Roche (2014), Griffiths et al. (2015) and Rassin et al. (2013) had all defined breaking bad news as a process including time before and after the situation which reflected in the findings, they all had similar issues they brought up.

When examining breaking bad news, education was brought up in most studies. Rassin et al. (2013) mention that nurse and doctors report being unprepared for breaking bad news. Few participants in Croston and Roche (2014) brought up that some nurses think breaking bad news as a skill which cannot be taught, but can be learned through trial and error. Some on nurses the other hand would appreciate education and some even would be open to a list of suggestions how to break bad news (Croston & Roche 2014). Abbaszadeh et al. (2014) claim that breaking bad news is a skill which is composed of education, communication and behavioural skills.

5.1 Trustworthiness and Limitations

In order to ensure trustworthiness, the writer has strived to make their thesis transparent and easily approachable. Methodology and findings are described throughout which adds creditability of the thesis. Dependability is taken into consideration which Polit and Beck (2012, 175) suggest is needed to conduct research in nursing. Dependability is achieved by careful and rigorous presentation of found information. (Noble & Smith 2015) describe careful keeping of record and clear and consistent interpretations of data as ways to ensure trustworthiness, which have been follow throughout the thesis.

As all research this thesis has its limitations. One remarkable limitation of this thesis is that the amount of literature is quite small, making it impossible to draw conclusion from accurately. Databases brought their limitation on this thesis as well. Some articles found

in searches had only headline or abstract available, causing them to be excluded even if they could have had excellent information for this thesis.

5.2 Ethical considerations

This thesis is a literature review and data used for the review was published by the writers and therefore available for use. All articles were critically appraised, if there would have been problems in ensuring anonymity of participants the articles would have been excluded based on their quality. According to Polit and Beck (200, 150) rights of humans taking part in research are required to be protected. All studies used reported having informed consent of their participants. In this thesis other researchers work was used. The writer used resource markings throughout the thesis to point out other researcher's findings. The resource markings were made as accurately as possible keeping their content and plagiarism was avoided

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APPENDICES

Appendix 1. Methodological matrix.

Author, year, country	Title, Journal	Study methodology and data collection	Sample size	Main Findings
Abbaszadeh A. Ehsani S. Begjani J. Kaji M. Dopolani F. Nejati A. & Mohammadnejad E. 2014, Iran	Nurses' perspectives on breaking bad news to patients and their families: a qualitative content analysis, Journal of Medical Ethics and History of Medicine	Qualitative, semi structured interviews	19 participants (nurses)	Five major categories were found, communication, preparation, minimizing negative images, helping in decicion making and giving responsibility of breaking bad news to doctors.
Brown V. Parker P. Furber L. & Thomas A. 2011, United Kindom	Patient preferences for the delivery of bad news – the experience of a UK Cancer Centre, European Journal of Cancer Care	Quantitative, questionares	244 (patients)	More than half were pleasead with how bad news was given, Patients are pleased with: more sympathetic approach, giving hope realisticly and giving information
Croston M. & Roche M. 2014, United Kindom	Breaking bad news: the HIV experience, Hiv Nursing	Qualitative, questionaires with open questions	178 participants (103 doctors, 58 nurses 17 other healthcare professionals)	Issues which are concidered important when breaking bad news, time, easy language, environment. Feelings and education of healthcare staff examined.
Griffiths J. Ewing G. Wilson C. Connolly M. & Grande G. 2015, United Kindom	Breaking bad news about transitions to dying: A qualitative exploration of the role of the District Nurse, Palliative Medicine	Qualitative, video interviews	40 participants (district nurses)	Breaking bad news was difficult for district nurses but important for patients. Four main challenges for breaking the news response of patient, timing, willingness of the nurse and lack of preparation
Rassin M., Dado K. & Avraham, M. 2013., Israel.	The Role of Health Care Professionals in Breaking Bad News about Death: the Perspectives of Doctors, Nurses and Social Workers, International Journal of Caring Sciences	Quantitative, questionaires	115 (51 nurses, 38 doctors, 26 social workers)	Nurses, doctors and social workers belived that it is doctors duty to give bad news about death, all three groups agreed that nurses participation is essential. Creditability, content and clarity are important when giving bad news. Preparation, privacy and confirmation of understanding are important when informing about death.

Appendix 2. Critical appraisal tool.

Critical appraisal tool modified from Polit and Becks (2012, 112-117) critiquing questions which are developed for evaluating the quality of quantitative and qualitative research articles and from Caldwell et al. (2005, 50) table of critiquing questions.

Qualitative/ Quantitative studies:

1. Is title describing the study accurately?
2. Does the abstract give brief and clear overall picture of the study?
3. Are the research problem and aims of the study presented clearly?
4. Is previous literature from the topic introduced?
5. Have key concepts been defined well?
6. Can research questions be found in the article?
7. Was the sample of the study mentioned and described in depth?
8. Was the data collection method explained clearly?
9. Did the writers take ensuring trustworthiness and objectivity into consideration?
10. Was the method of data analysis described and was it reliable?
11. Are main findings clearly described and presented in the text?
12. Are study's limitations mentioned?
13. Had an ethics board reviewed the study to ensure that participants rights and anonymity are taken into consideration?

In addition, for Quantitative studies:

14. Is the are conclusions made from the data logical?
15. Are the findings presented in text and with clear tables?

Appendix 3. Critical appraisal table.

Article	Croston M. & Roche M. 2014	Gallangher et al. 2010	Abbaszadeh A. et al. 2014	Brown V. et al. 2011	Rassin, M. et al. 2013
Question 1. Title	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Question 2. Abstract	No	**Yes**	**Yes**	**Yes**	**Yes**
Question 3. Problem, aims	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Question 4. Theoretical framwork	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Question 5. Key concepts	No	**Yes**	**Yes**	**Yes**	**Yes**
Question 6. Research questions	No	No	No	No	**Yes**
Question 7. Sample	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Question 8. Data collection	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Question 9. Trustworthiness, objectivity	No	No	**Yes**	No	No
Question 10. Data analysis	No	**Yes**	**Yes**	**Yes**	**Yes**
Question 11. Main findings	**Yes**	**Yes**	**Yes**	**Yes**	**Yes**
Question 12. Limitations	No	**Yes**	No	**Yes**	**Yes**
Question 13. Ethics	No	No	**Yes**	**Yes**	**Yes**
Quantitative research					
Question 14. Conclusions from data	-	-	-	**Yes**	**Yes**
Question 15. Tables	-	-	-	**Yes**	**Yes**
	6/13	**9/13**	**11/13**	**13/15**	**14/15**