Assessment Nurses Knowledge and Practice about Breaking Bad News in ALmek Nimer University Hospital 2025

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Abstract: Background: Breaking bad news is an important aspect of healthcare that requires communication and empathy. Many healthcare providers struggle with delivering such news.. **Objectives:** To evaluate the nurse's knowledge and practice about breaking bad news. **Method:** This was descriptive study cross sectional conducted in Elmak Nimer hospital University, 80 nurse were participated, the data was collected by questionnaire, checklist, and analyzed by statistical Package for Social Sciences (SPSS) version 23.**Result:** Less than two third (61%) of study group had good knowledge about definition, type, important, and (40%) of them aware about role of nurse in breaking bad news. Also majority (73%) of study group had good practice about breaking bad news. **Conclusion:** Study group had good knowledge and practice about breaking bad news and that less than two third of study group had Lack of proper training and education about breaking bad news. **Recommendations:** It was recommended that the hospital manager, head nurse and nurses have provide and encourage educational program through workshop and training to breaking bad news to improve quality of patient care.

Keyword: Assessment, bad news, Knowledge, Nurse, Practice.

ملخص الدراسة

الخلفية: يعد توصيل الأخبار السيئة جانبا مهما من الرعاية الصحية، ويتطلب مهارات في التواصل والتعاطف. يواجه العديد من مقدمي الرعاية الصحية صعوبة في إيصال مثل هذه الأخبار.

الأهداف: تقييم معرفة وممارسة الممرضين فيما يتعلق بتوصيل الأخبار السيئة.

الطريقة: أجريت هذه الدراسة الوصفية المقطعية في مستشفى المك نمر الجامعي، وشارك فيها ٨٠ ممرضا. تم جمع البيانات من خلال استبانه وقائمة تحقق، وتم تحليلها باستخدام برنامج الحزمة الإحصائية للعلوم الاجتماعية (SPSS) الإصدار ٢٣.

النتائج: أظهرت الدراسة أن أقل من ثلثي أفراد المجموعة (61%) لديهم معرفة جيده حول تعريف الأخبار السيئة وأنواعها وأهميتها (40%)منهم لديهم معرفه بدور الممرضين في توصيل الاخبار السيئه .واغلبهم (73%) لديهم

ممارسة جيدة فيما يتعلق بتوصيلها.

الخلاصه: خلصت الدراسة إلى أن غالبية المشاركين لديهم معرفة وممارسة جيده في توصيل الأخبار السيئة. كما أظهرت أن أقل من ثلثي المجموعة (63%) يعانون من نقص في التدريب والتعليم المناسب .

التوصيات: أوصت الدراسة بضرورة أن يقوم مديرو المستشفيات ورؤساء التمريض والممرضون بتوفير وتشجيع البرامج التعليمية من خلال ورش العمل والتدريب على مهارات توصيل الأخبار السيئة، وذلك لتحسين جودة رعاية المرضى.

الكلمات المفتاحية:التقييم, الاخبار السيئه, المعرفه, الممرض, الممارسه.

Introduction:

Breaking bad news is one of the most challenging tasks faced by nurses in their daily practice. Presenting knowledge with compassion and respect calls for strong communication abilities as well as a thorough comprehension of the proper methodologies. Additionally, enhancing nurses' abilities in this area lessens the possibility of emotional exhaustion when handling delicate and challenging circumstances. Nurses who have the right training are better able to handle these situations, which lowers psychological stress and enhances professional performance. The SPIKES model, which has six distinct processes, is one of the most well-known models for breaking bad news. This approach assists nurses in organizing the process, starting with conversation preparation, determining the patient's comprehension, breaking the news to them in a kind and straightforward manner, and ending with continuing support [(1)] .Studies have shown that specialized training in this area significantly improves nurses' ability to handle such challenging situations [(2)]They face difficulties in applying effective communication techniques, which can result in patients feeling isolated or experiencing increased anxiety[(3)]Finally, assessment supports the application of ethical and professional principles, such as respecting human dignity and patients' rights to receive clear and accurate information about their health [(4)]Through needs-based training informed by assessment, a balance can be achieved between meeting patients' needs and safeguarding nurses' well-being. The challenge of effectively breaking bad news in healthcare is a significant issue worldwide, as it impacts the quality of care and the emotional well-being of both patients and healthcare providers. Globally, studies have shown that many healthcare professionals, including nurses, feel inadequately prepared to communicate bad news due to a lack of formal training and cultural sensitivity[(1)] For instance, a study conducted by the WHO revealed that only 40% of healthcare workers in developing countries receive training in breaking bad news, which hinders their ability to provide compassionate and patient-centered care [(5)]in Africa, the problem is even more pronounced due to resource constraints, cultural diversity, and limited access to training programs. A review of healthcare systems in Sub-Saharan Africa found that nurses often bear the primary responsibility for communicating with patients, yet many lack the necessary skills and tools to deliver bad news effectively [(6)]. This gap in communication contributes to misunderstandings and mistrust between patients and healthcare providers, further complicating the delivery of care [(1)]in Sudan, the issue is particularly critical due to cultural norms and the stigma associated with discussing life-threatening conditions. A study conducted in Sudanese healthcare settings revealed that 65% of nurses reported difficulty in breaking bad news to patients and their families due to a lack of formal training and fear of emotional repercussions [(7).] Furthermore, healthcare institutions in Sudan often face challenges such as limited resources and inadequate support systems, which exacerbate the problem [(8).] Addressing this issue is essential for improving the

quality of healthcare services and fostering better relationships between healthcare providers and patients. Good communication builds trust in healthcare providers by ensuring that patients and their families get understanding, respect, and compassion [1]. Enhancing Nurses' Skills: Identifying knowledge gaps and obstacles enables for customized training programs, helping nurses to feel more secure and competent in handling challenging conversations[1].Strengthening Ethical Practice: Delivering terrible news in a tactful and moral way is consistent with nursing's basic values and guarantees that patients' information rights are upheld. [4]. Improving Organizational Standards: Knowledge gained from these evaluations aids in the creation or improvement of institutional policies and procedures, guaranteeing uniform and excellent communication practices among medical teams [2]. Reducing Stress on Nurses: Giving nurses the tools they need lessens their emotional load, increasing job satisfaction, and lowering the risk of burnout [1].When it comes to delivering bad news to patients and their families, nurses are essential. Although doctors may usually give the diagnosis, nurses are frequently the ones who offer ongoing emotional support, explain medical facts, and assist in managing the patient's or family's reaction. To help patients deal with the news, nurses must approach the assignment with understanding, compassion, and excellent communication skills [9].Since bad news has a significant impact on patient outcomes as well as the emotional health of patients and their families, nurses' ability to deliver it properly is crucial in healthcare settings. Evaluating nurses' training, communication abilities, protocol compliance, and comprehension of emotional and cultural variables are all part of assessing their knowledge and practice in this area [10]. Most Common Challenges Nurses Face in Breaking Bad News: Emotional Discomfort and Anxiety[11] , Lack of Training and Education[1] , Managing Patients' Emotional Reactions [12] , Cultural Sensitivity Issues [13] , Time Constraints [14] ,Lack of Support and Guidance [15].

Methodology

Study design :This was descriptive, hospital based study, done to assess nurses knowledge and practice about Breaking bad news in Almak Nimer university hospital .**Study duration:** This study was done during the period which extended from December 2024 to February 2025. **Study area**: this study was done in Sudan river Nile state shendi town. **Study setting :**this study was conducted ALmek Nimer university hospital which consist of several department **.Study population:** The study included all nurses in Almak Nimer hospital who working at the hospital three shifts, totaling 260 nurses. with Inclusion criteria:

- Male ,Female
- Nursing well to participated

Exclusion criteria:

- nurses that have no desire
- nurses in holiday

Sampling and sampling techniques: The study was simple random sampling calculated by equation.

n =N ÷) N +1)(d2) .

N is the population size.

d is the population proportion .

of all the nurses working at the hospital in all units in three shifts with various.

Sample size: 80 nurse were participated

Data collection tool: The date was collected by questionnaire, consisting of three parts; the first part is personal data. The second part consist of knowledge questions. The third part consist of Practice checklist adopted from [(1)] about spike model(setting ,perception ,invitation/information ,knowledge ,empathy and strategize) .**Data collection techniques:** The date was collected by participants take 3-5 minutes. **Data analysis:** The date was collected and coded and analyzed by using SPSS (statically package for special science) program version23 and presented in form of table and figure. **Scoring system:** Scoring knowledge of nurse about breaking bad news the following Scoring was used , the knowledge was estimated as good (75%), satisfy (50%) , poor less than(50%).**Ethical consideration:** The proposal approved for scientific commented board and then permission was taking from general hospital manager and the head nurse to conduct the research. The purpose of the study has been explain verbally clearly to participate and their information should be used for the purpose of study only.

Results

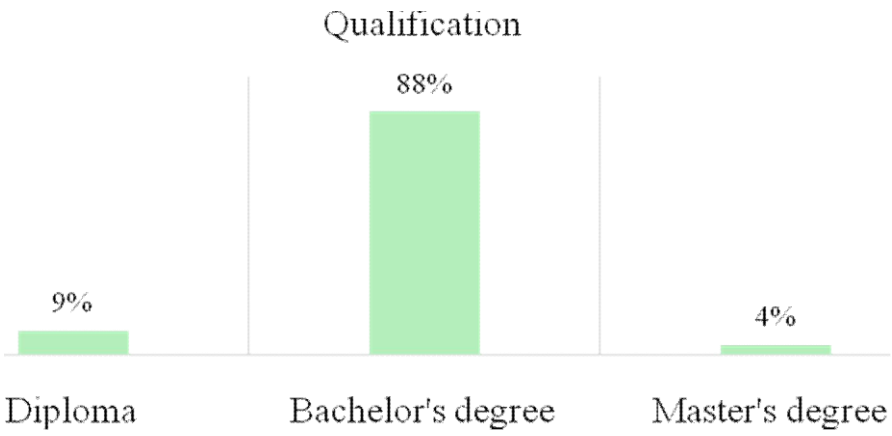


Figure No (1): Distribution of the study group according to th eir qualification.

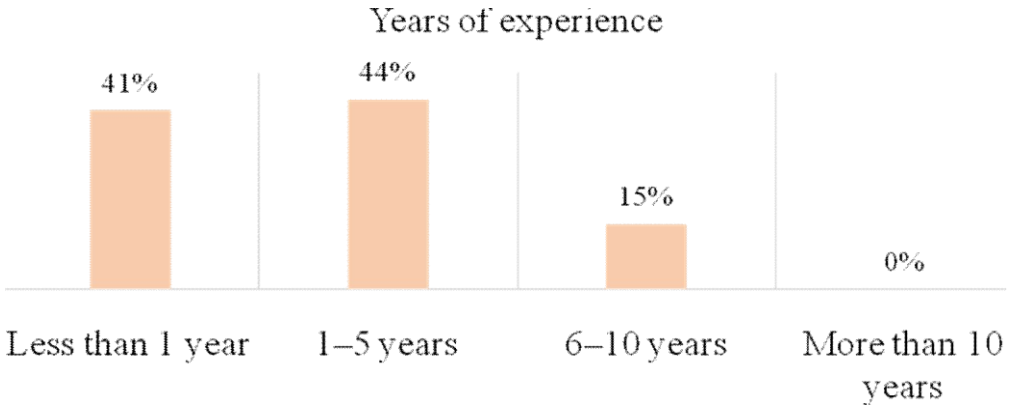


Figure No (2): Distribution of the study group according to their years of experience.

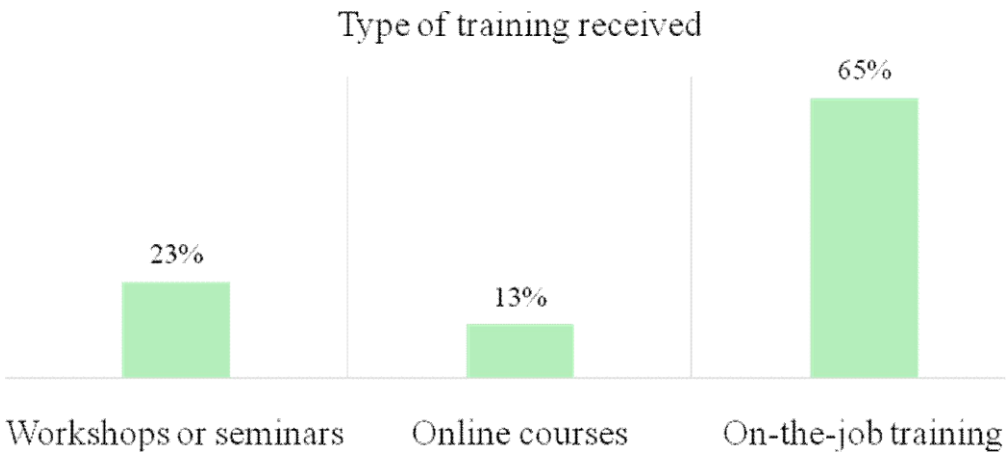


Figure No (3): Distribution of the study group according to the type of training received.

Table No (1): Distribution of the study group according to their knowledge about breaking bad news

Level of knowledge	Frequency	Percentage
Poor Knowledge	11	14%
Satisfy Knowledge	20	25%
Good Knowledge	49	61%
Total	80	100%

Above table showed that (61%) had good knowledge, (14%) had poor knowledge.

Table No (2): Distribution of the study group according to their knowledge about type of breaking bad news

Level of knowledge	Frequency	Percentage
Poor Knowledge	10	13%
Satisfy Knowledge	21	26%
Good Knowledge	49	61%
Total	80	100%

Above table showed that(61%)had good knowledge ,(13%) had p oor knowledge.

Table No (3): Distribution of the study group according to their knowledge to important of breaking bad news in health care

Level of knowledge	Frequency	Percentage
Poor Knowledge	11	14%
Satisfy Knowledge	20	25%
Good Knowledge	49	61%
Total	80	100%

Above table showed that (61%) had good knowledge ,(14%) had p oor knowledge.

Table No (4): Distribution of the study group according to nurse's role in breaking bad news:

Role of nurse	Frequency	Percentage
offer ongoing emotional support	11	14%
explain medical facts	20	25%
managing the patient's or family's reaction	0	0.0%
Compassion	17	21%
excellent communication skills	16	20%
Active Participation in Delivering the News	16	20%
Total	80	100%

Above table showed that (32%) Saied excellent communication skills, (0.0%) managing the patient's or family's reaction

Table No (5): Distribution of the study group according to their challenge that face nurses when delivering bad news

Level of knowledge	Frequency	Percentage
Lack of Training and Education	51	63%
Time Constraints	17	21%
Lack of communication	12	15%
Managing Patients' Emotional Reactions	0	0.0%
Total	80	100%

Above table showed that (15%) were Lack of communication ,(63%)were Lack of Training and Education.

Table No (6): Distribution of the study group according to th eir performance

Level of practice	Frequency	Percentage
Poor Knowledge	5	6%
Satisfy Knowledge	17	21%
Good Knowledge	58	73%
Total	80	100%

Above table showed that (73%) had good practice, (6%) had poor practice.

Table (7): Relationship between knowledge & Qualification

Qualification	Level of Knowledge			Chi-Square Tests P-value
	Poor Knowledge	Satisfy Knowledge	Good Knowledge	
Diploma	0	5	2	0.036
Bachelor's degree	10	15	45	
Master's degree	1	0	2	

There was statistical significant relationship between knowledge of study group & Qualification p value ~(0.036)

Table (8): Relationship between practice & Qualification

Qualification	Level of Practices			Chi-Square Tests P-value
	Poor Practices	Satisfy Practices	Good Practices	
Diploma	1	4	2	0.018
Bachelor's degree	3	13	54	
Master's degree	1	0	2	

There was statistical significant relationship between practice of study group & Qualification p value ~ (0.018)

Discussion:

The proper delivery of bad news enhances trust between patients and nurses, reduces psychological distress, and improves the quality of healthcare. The present study showed that, less than half (44%) of study group had (1-5) years of experience, and (88%) majority of them had bachelor. Regarding knowledge about breaking bad news the study explained that less than two third (61%) of study group had good knowledge about definition ,type , important ,role about breaking bad news. Our study finding better result than study done by Yazeed and etal(23%) had which stated that only 16% had good level of knowledge. also disagree to study done in Palestinian critical care By Moath Rayyan [(3)]. which showed that the (average knowledge level for communicating bad news among intensive care unit nurses was poor (62.3%), and nearly 70% of the study participants had an average knowledge level of between 52% and 72% on the issues of communicating bad news). There was statistical significant relationship between knowledge of study group & Qualification p value ~(0.036) .The study represented that majority (73%) of study group had good practice about breaking bad news. This result was disagree to study done by Jameel et al., which showed that (Pakistan's postgraduate healthcare providers was poor practice about Breaking Bad News process)[(17)]. There was statistical significant relationship between practice of study group & Qualification p value ~ (0.018) .

The present study showed that less than two third (63%)of study group had Lack of proper training and education ,21 % had lack of time ,15% lack of communication about most common barrier This result was agree with study done by Yazeed and etal [16]67% of Jordanian critical care nurses stated that they face barrier during breaking bad news process, in which major barrier to nurses (73%) was not having time ,also agree with Warnock et al[18] stated that the major barrier is lack of privacy in the area of practice, accounting for 22%.The least barrier in this study was barrier of communication (language, dysphasia…etc.to do it .Regarding nurses role in breaking bad news the study represented that less than one third (32%) of study group were Saied explain medical facts(25%),(20%) were said active Participation in Delivering the News,(14%)were said offer ongoing emotional support and (20%) were said excellent communication skills, this result agree with result agree with study done by Yazeed and etal [16]reported that the results of the current study showed that most of the Jordanian critical care nurses contributed to breaking bad news and they were involved in different roles in this process. The most three roles undertaken by nurses included:“ Breaking bad news individually (2.83±1.03),”“Explaining doctor’s words in layman’s language (2.77±0.97),” and “Emotional support for patient family (2.67±1.02)”respectively. On the other hand, the roles that were carried out least often were “preparing patients and their family to hear bad news” (2.65±1.03) and “helping patients and their family come to terms with bad news”(2.60±1.04).

Recommendations:

According to the result and conclusion of this study the study showed that:

-Hospital manger, head nurse have provide and encourage educational program through work shop, conference committee.

-The staff nurses should be oriented to have good skill for communication with delivering breaking bad news through standardized communication tools to reduce psychological stress to improve quality of patient care.

-They need more research on breaking bad news.

Conclusion : According to result of this study the study was concluded that less than two third of the study group had satisfy knowledge about breaking bad news, there was Statistical relationship between knowledge and Qualification about breaking bad news, lack of proper training and education was the most common challenge faced by nurses in breaking bad news.

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References:

1. Meridith Bumb et al , Breaking Bad News An evidence-based review of communication models for oncology nurses(2017) CLINICAL JOURNAL OF ONCOLOGY NURSING, VOLUME 21, NUMBER 5,p573-578.
2. Warnock, C., & Tod, A. Breaking bad news in inpatient clinical settings: Role of the nurse. Journal of Advanced Nursing (2014), 70(7), 1573-1584.
3. Moath Rayyan ,knowledge and awareness of Palestinian critical care nurses about communicating bad news,2022,43-51.
4. Arezoo Ebn Ahmady, et al. A Suitable Model for Breaking Bad News: Review of Recommendations (2014), JMED Research, DOI: 10.5171/2014.776618.
5. World Health Organization. A Global Perspective: Training Healthcare Providers in Communication Skills (2020),14(7),65-80.
6. Hannon, B., et al. Africa palliative Medicine: Challenges in delivering bad news in Sub-Saharan Africa Palliat ive Medicine (2017), 31(5), 475-486.
7. Ahmed, E. M., & Hassan, S. M. Barriers to effective communication of bad news in Sudanese healthcare settings. Sudan Journal of Medical Sciences(2019), 14(3), 210-219.
8. Elshiekh, S. A., & Osman, A. R. Improving healthcare communication in Sudan: Current challenges and future directions. Sudanese Medical Journal (2021), 57(1), 33-40.

9. Leape, L. L.Patient safety and medical errors. The Journal of Patient Safety (2015), 11(3), 146-152.

10. Vandekieft, G. K. American Family Physician:Breaking bad news (2001), 64(12), 1975-1978.

11. Johnson, R. B. The role of the nurse in delivering bad news. Journal of Clinical Nursing(2023), 18(5), 680-685.

12. Johnson, A., & Brown, L. Nursing Education Today: The role of education in breaking bad news (2021), 21(3), 110-115., 34-38.

13. Smith, J., Jones, M., & Taylor, K. Communication skills in nursing: Breaking bad news. Journal of Nursing Practice (2019), 32(7), 45-52.

14. Wilson, T., Green, S., & Carter, R. Emotional challenges for nurses in oncology: Breaking bad news. Cancer Nursing Journal (2020), 42(2), 120-128.

15. Lee, C., & Matthews, H.Cultural competence in nursing: The importance of understanding cultural diversity in healthcare. Journal of Nursing Education (2021), 28(4), 215-222.

16. Thompson, R., & Williams, L. Improving nurse communication skills: A review of the evidence. Journal of Nursing Practice (2019), 35(8), 200-206.

16.Yazeed M.Alkhawaldeh,Salam M.Abufeddeh, Khaled Izzeldeenn , Critical Care Nurses' Involvement, Feeling, Perception and Barrier for Practice Breaking Bad News in Jordan American Journal of Nursing Research, ,(2018), 6,(3), 87-93.

17. Jameel ,A.,Noor,S.M.,& Ayub,S.(2012) survey on perceptions and skill amongst post grand residents regarding breaking bad new at teaching hospital in pehawar ,Pakistan .JPMA journal of Pakistan medical association ,62(6),585-589.

18. Warnock, C., Tod, A., Foster, J., & Soreny, C. (2010). Breaking bad news in inpatient clinical settings: role of the nurse. Journal of Advanced Nursing, 66(7), 1543-1555.