

EXPLORING ONCOLOGY NURSES EXPERIENCES REGARDING BREAKING BAD NEWS (BBN) IN TERTIARY CARE HOSPITAL LAHORE PAKISTAN: A QUALITATIVE

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Abstract- Breaking Bad News (BBN) is a sensitive topic for nurses as a member of healthcare team. To share the news of end-stage cancer with patient and family requires special knowledge and expertise such as effective communication skills, knowledge of the disease process and treatment plan. Nurses may perceive that they are not proficient to BBN that's why they avoid participating in BBN. Objective: To explore oncology nurses experiences regarding breaking bad news. Study Design: A qualitative phenomenological study design was used. Place & duration of the study. The study was conducted at the University of Health Sciences, Lahore. Data was collected from the oncology departments of Jinnah and Mayo Hospitals in Lahore, Pakistan. Duration of study was from July 2021 to March 2022 after approval of synopsis from synopsis review committee and Ethical Review Committee (ERC) dated 18th June 2021. Methodology: Semi-structured in-depth face-to-face interviews were conducted for data collection using an interview guide. Collected data were analyzed by using thematic analysis framework method. Results: The findings of the study revealed that nurses usually avoid BBN due to lack of competence, emotional intelligence, cultural limitations and ethical challenges. Conclusion: Capacity building and continues nursing education program for nurses must be arranged to equip them with sound knowledge and competence of BBN at institutional level.

Index Terms- Experiences, Bad news, Breaking Bad News,

I. INTRODUCTION

Breaking Bad News (BBN) is an essential component of clinical practice in every specialty (Bumb et al., 2017). Likewise in nursing practice, nurses are more frequently encountered with such kind of situations where they have to deal with the bad news. Bad news is any information given to patients or their guardian that has potential to negatively affect their lives or their outlook on the future (Baile and Blatner, 2014). In oncology department, bad news often comprises the following process: announcing a cancer diagnosis, providing information about relapse or metastasis based on the disease's prognosis, stating that there is nothing else medically that can be done, and finally informing the patient's family members of the patient's death (Anuk and Bahadir, 2020). Breaking news of a cancer diagnosis is a painful, unpleasant, and life-changing experience for an individual. The process of receiving and BBN is challenging and frightening for both who are receiving as well as for those who are delivering it (Bumb et al., 2017). Nurses are

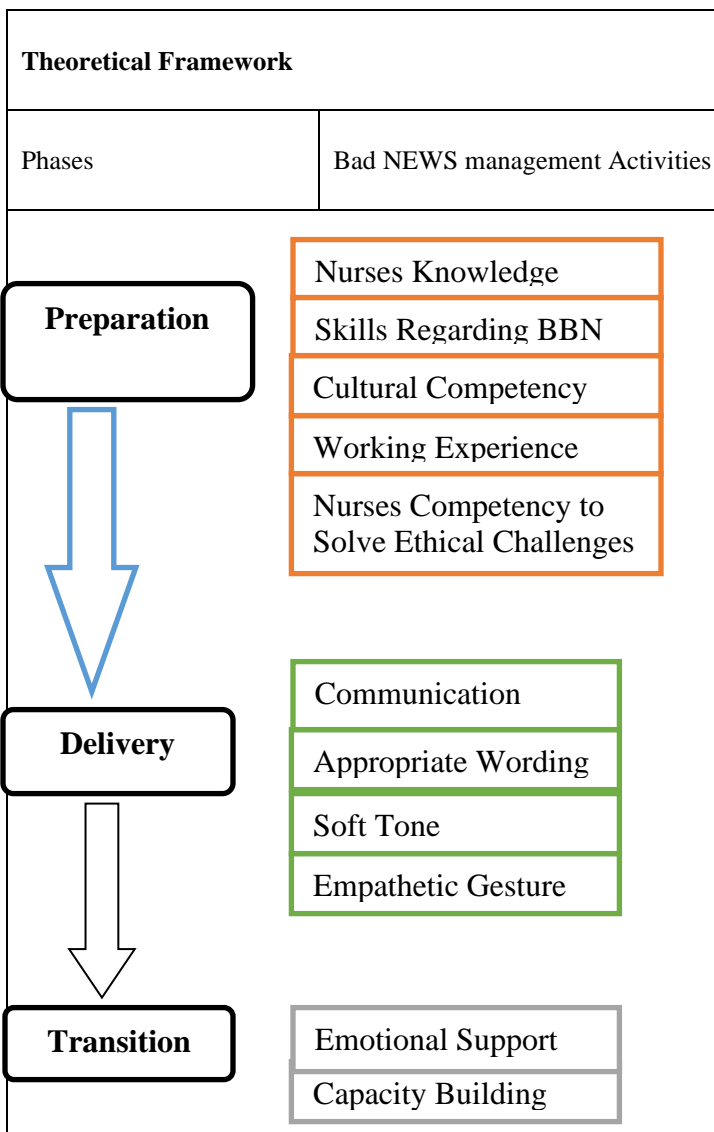
imperative members of health care team who plays a fundamental role for patient's curative and palliative treatment, planning and implementation in oncology department (Bousquet et al., 2015). Bad news delivery if equipped with sincere feelings, empathy and well-rehearsed can build morale of the patient (Mishelovich et al., 2016).

However, it is also reported that nurses may also experience additional emotional burden when they have to keep information from the patient. It is challenging for nurses to overcome their emotions in front of patients and their families (Matthews et al., 2019). According to a qualitative meta-analysis, cancer patients desire to receive bad news in a comfortable setting that meet their individual preferences, as well as address their psychological needs.

Moreover, the way the bad news is delivered is an experience that the patient will never forget (Naseem, 2018). Conversely, one of the major complex aspects of BBN is addressing one's own feelings, particularly mortality concerns (Alshammari et al., 2017). Nurses require an empathetic and sensitive approach that considers patient's feelings (Matthews, 2019). From the nurses' perspective, developing self-awareness and a conscious approach to BBN will help to build a trust-worthy relationship between nurses and patients. Additionally, the nurses will be more satisfied, the patients and nurses will have less stress, and the patient's compliance with the treatment will be good (Dilek and BAHADIR, 2020).

The quality of BBN could be greatly improved if nurses are empowered and guidelines are established regarding their responsibility during BBN to the patients (Chen et al., 2021). There are very few practice guidelines available for how nurses should give bad news and support their patients (Kirca and Bademli, 2019). However, literature reveals that curriculum, and training courses/modules for BBN are available for physicians and medical residents. So present knowledge of other disciplines is used as a base for how to handle bad news in nursing practice (Bumb et al., 2017).

A framework for delivering bad news given by Robert J. Bies in 2013 was used in this investigation. Preparation, delivery, and transition are the three different but linked phases of this model. In a healthcare facility, this three-phase framework works as a theoretical principle for BBN as it identifies the strategic functions served by numerous bad news managerial decisions, as well as the number of difficulties confronted by nurses at the time of BBN.



study. Registered nurses refuse to participate in the study and Nurses working in critical care unit, cardiac care units excluded from the study. For this qualitative analysis, the researcher anticipated a sample size of 15 to 20, with further participation based on data saturation. However, data saturation started with 10 participants and three more people were interviewed to make sure no information was missing. Interviews with seven participants were conducted at Jinnah Hospital in Lahore, and interviews with six participants were conducted at Mayo Hospital.

The study additionally included two subjects who were interviewed during pilot testing. For the study, 15 participants were interviewed in total. Nurses working in oncology department were contacted from selected hospitals. Nurses who met the inclusion criteria were included in the study. A tool is a written test used by researchers to collect data. For a current study an interview guide was developed as a data collection tool. It was developed by primary researcher after extensive literature review and with the help of supervisor. It was also reviewed by two experts who had experience in nursing education and qualitative research. Descriptive statistics and thematic analysis framework were used to present data.

The qualitative data was analyzed and described in terms of themes generated by inductive thematic analysis framework method. Thematic analysis (TA) is a technique of data analysis commonly used in qualitative research designs. By the process of inductive thematic analysis, extensive subjective data from every participant is squeezed into conclusions (Castleberry and Nolen, 2018). To ensure rigor of the study four important criteria-credibility, conformability, dependability and transferability were (Gunawan, 2015).

RESULTS:

Part-1: Demographic Profile Results

Table 4.1: Demographic characteristics of the participants (n=15).

Demographic Characteristics	Categories	Results
Age	26-40years	100%
Gender	Female	100%
Years of work Experience	3-5 years	75%
	6-10years	14%
	11-15years	11%
Education	Post RN	70%
	Generic BSc.Nursing	30%
	Diploma Nursing	0%

Table 4.1 reveals that all the participants were female, working as charge nurses in the oncology departments of public sector hospitals. All participants fall between 26 and 40 years of age. 75% of the participants had 3 to 5 years of clinical experience, while 14% of the participants had 6 to 10 years of experience, and another 11% had 11 to 15 years of experience in the oncology department. Charge nurses in this study were 70% post-RN (B.Sc. Nursing) and 30% generic (BSc. Nursing).

Part -2: Qualitative Findings of Study:The data from in-depth interviews conducted for this study was evaluated, and the results

METHODS:

It was a qualitative study that adopted a phenomenological method to fully explore and understand the phenomenon.

The present study was conducted in two tertiary cares teaching hospital of Lahore, Pakistan: one was Jinnah hospital Lahore and second was Mayo hospital, Lahore with the collaboration of University of Health Sciences Lahore, Pakistan. In the current study, participants were registered nurses who met the inclusion and exclusion criteria and worked in Lahore public sector tertiary care hospitals. Duration of study was from July 2021 to March 2022 after approval of synopsis from synopsis review committee and Ethical Review Committee (ERC) dated 18th June 2021. Nurses' working in oncology department of selected hospital and non-probability purposive sampling was used to include the participants in the study.

It is the set of criteria used to select and recruit study participants (Hahne et al., 2020).

Registered nurses (Both male & female), Registered nurses (both B.Sc. degree and General nursing/diploma holder nurses) working in oncology department and Nurses participating in breaking bad news since one year and more included in the

were presented by categorizing and thematically grouping them. To enhance the credibility of the thematic analysis, verbatim were carefully chosen from the researcher's recorded interviews. Themes reflecting nurses' perspectives of BBN in cancer departments emerged from the qualitative analysis of the participant interviews. The themes and subthemes have been derived from the data. The table 4.2 provides a full summary of the study findings.

Table 4.2: Themes and subthemes emerged from data.

Sr #	Themes	Subthemes	Condensed Meaning unit	Example of Participants quotes
1	Meaning of bad news		<ul style="list-style-type: none"> Negative impact Unpleasant information Unlikable experiences Significant loss Untreatable problem 	"Bad news is considered to be any information which is related to the significant loss of an individual's life, whether it is physical loss or life lost." It is difficult and unpleasant to share with family, but it is needed, especially when there is no care method or when the patient has difficulty admitting the reality. "(P-03,06)
2	Lack of Competence in Skills:	Lack of communication skills Lack of knowledge Lack of experience	<ul style="list-style-type: none"> patient satisfaction lack of confidence lack of preparedness lack of expertise appropriate method of 	"In the healthcare system, nurses are the main pillar of care provision." Good communication is crucial for patient satisfaction."

		ence	<ul style="list-style-type: none"> disclosure lack of information unacceptance lack of experience alternative solutions lack of involvement 	(P-03) "Despite the experience in the oncology department, it is routine practice to break bad news, but I do not know the appropriate method of disclosure of bad news"(P-08) "No specific training was provided to us. We have gained this expertise through our own or other colleagues' experiences" (P-10). "In our health care system, physicians do not involve us during breaking bad news, so we have a lack of experience"(P-14).
3	Emotional Response	Patients and family emotional responses Nurses emotional instability	<ul style="list-style-type: none"> Self-belief Hope Emotions Reaction to problem Stress and anxiety Difficulty in communication Obsession Fixation 	"Dealing with the patients and their families' emotional state is the most difficult point of breaking bad news; an example is if patients are receiving

				<p>chemotherapy or radiation, they may believe they are getting better." They might want to know if their therapies are safe. "It is really difficult for us to express the seriousness of the condition at that time." (P-05)</p> <p>"Most of the time, it's uncertain for us how patients will respond in such a critical situation. How can we control our emotions in front of patients?" (P-06)</p>			<p>information to their families once the patient has given consent." (P-07)</p>
					<p>5</p> <p>Ethical Challenges faced by the nurses</p> <ul style="list-style-type: none"> • Hide information from patient • Partial or fabricated disclosure 		<p>"There was a young patient in our department with a nasogastric tube and a "Nothing by mouth" order. His guardian brought mixed solution from their hometown in the hopes of aiding in the treatment of their patient. They decided that the admixture should be provided and that, due to his medical condition, the patient should not be given anything by mouth. We had no choice but to inform the rest of the family at some point" (P-04).</p>
4	Cultural Limitations		<ul style="list-style-type: none"> • Cultural problem • Family involvement • Avoidance • False Decision making 	<p>"It's essential to identify that the family's individual responsibility varies per culture." Professionals are expected by various cultures to speak with patients first and then present consistent</p>			

4.2.1: Theme: Meaning of Bad News: Bad news is an important concept in clinical practice, it is critical that nurses understand and apply it in their clinical practice. Nurses are equipped enough to know the definition of "bad news," like what it is and what kind of information is considered bad news. The current study also revealed the concept of bad news in such a way: Any

information that has a negative impact on a person's perception of the future is considered bad news. As verbalized by participants,

"Bad news is considered to be any information which is related to the significant loss of an individual's life, whether it is physical loss or life lost." It is difficult and unpleasant to share with family, but it is needed, especially when there is no care method or when the patient has difficulty admitting the reality."(P-03,06)

"Breaking Bad news is an ongoing process in which patients and their families require clarification as needed."(P-05)

"A cancer diagnosis is an unexpected, traumatic, and life-changing experience. It is the worst event of life."(P-12)

"When I was watching patients with end-stage cancer, I realized the cancer was extremely lethal. I was truly frightened because it is a significant loss. I think end stage cancer diagnosis is an extremely serious medical condition. Patients and their families do not expect this incurable disease."(P-03)

4.2.2 Theme: Lack of Competency in Skills:Professional competency is essential for nurses in their everyday practices. However, lack of professional competency leads to negative impacts on patients' outcomes and level of satisfaction with nursing care. The result revealed that nurses lack professional skills related to communication and professional knowledge regarding BBN. Furthermore, a lack of professional experience leads to discomfort while delivering a bad news. The following are the subthemes that emerged from interviews:

"In the healthcare system, nurses are the main pillar of care provision."Good communication is crucial for patient satisfaction."(P-03)

"Effective communication is the main component of developing a good relationship between nurse and patient." But unfortunately, due to a lack of good communication skills, nurses are unable to build therapeutic relationships with patients and communicate disease severity. (P-06&12)

"We were not adequately prepared to communicate with patients and their families in death and dying situations. These shortcomings lead to professional dissatisfaction. (P# 05)

"Despite the experience in the oncology department, it is routine practice to break bad news, but I do not know the appropriate method of disclosure of bad news"(P-08)

"Unfortunately, due to a lack of resources and workload in our clinical setting, we did not participate during patients' counseling sessions. Therefore, we do not know how to skillfully deliver bad news" (P-10, 13)

"No specific training was provided to us. We have gained this expertise through our own or other colleagues' experiences" (P-10).

4.2.3 Theme: Emotional Responses:Breaking bad news is very difficult for nurses during their clinical practice. While doing so, patient age and emotional response matter, and nurses should have to deal with them. Likewise, these study results revealed this by the following quotes from participants:

"When a nurse has had a long-standing relationship with a patient, especially when the patient is young, bad news is more difficult to deliver."In this situation, the family is hoping for a good outcome, which leads to emotional behavior."(P - 08)

"Most of the time, it's uncertain for us how patients will respond in such a critical situation. How can we control our emotions in front of patients?" (P - 06)

"Nurses are worried about provoking an emotional response, being blamed for the bad news, and expressing their feelings during practice." (P -05)

"It is always particularly tough to inform families, which is part of the mental stress of delivering bad news, especially to communicate to a mother that her child's condition is critical, that he is about to die or has died"(P-03).

"Informing patients about their diagnoses and treatments raises stress on the whole department team including doctors and nurses. When a patient asks if I have all the information, I just answer that I don't know and that the physician will explain everything to them as soon as possible" (P-08)

4.2.4 Theme: Cultural Limitations:Cultural factors are critical and must be considered by health professionals when communicating with patients. Likewise, its sensitivity increased while BBN to the patient. A current study revealed that nurses encounter some cultural limitations while BBN. One of the study participants shared their views in such a way:

"Cancer is stigmatized in some cultures and families may be shamed if a family member is diagnosed with or treated for cancer." In this type of situation, it becomes more critical to change their cultural and social beliefs for the betterment of patients."(P -08)

4.2.5 Theme: Ethical Challenges Faced by Nurses:In any nursing practice, ethical responsibility is essential. A professional code of ethics guides nursing principles and obligations. Most of the time, patients' cultural myths are against the hospital policies due to which nurses face ethical dilemmas in their practices. Study participants expressed their views as:

"There was a young patient in our department with a nasogastric tube and a "Nothing by mouth" order. His guardian

brought mixed solution from their hometown in the hopes of aiding in the treatment of their patient. They decided that the admixture should be provided and that, due to his medical condition, the patient should not be given anything by mouth. We had no choice but to inform the rest of the family at some point "(P- 04).

DISCUSSION: This chapter discusses the current study's findings in light of the literature. Moreover, this study finding compares and contrasts with the other studies that have been conducted on the same phenomena of interest.

5.1 Demographic Details of study Participant: The demographic details of the current study were consistent with other studies, such as all participants being female nurses with a degree. Also, their working experience was more than one year in the oncology department (Hahne et al., 2020).

5.2 Theme: Meaning of Bad News: The current study brings to ponder that bad news is any event in which there is a feeling of helplessness, a concern for an individual's physical and emotional health, a possibility of altering a person's existing lifestyle, or a statement imparting limited chances in one's life. It's also revealed that BBN is any information that has a significant loss or negative impact on an individual's future outcomes.

Study Reciprocates to the study conducted by (Gold and Gold, 2021). Every individual perceives information according to his/her own thought process. By meaning bad news, the thing that first comes to mind is that it may negatively impact on one's future. Therefore, similar perceptions regarding bad news were recorded in the current study.

5.3 Theme: Lack of Competence in Skills: Current study indicated that nurses are not welcomed in breaking bad news within the healthcare team, and their role in breaking bad news is not acknowledged. The main reason is professional discrimination. However, nurses may play a vital role in this regard, providing insights and supporting patients in preparing for receiving, comprehending, and dealing with bad news. Similar findings reported by (Kirkpatrick et al., 2017). Moreover, it is revealed by the current study and supported by the literature that nurses lack competence in such specialized skills as critical thinking, problem solving, and communication (Kirkpatrick et al., 2017).

It is also identified that the way of delivering bad news to end stage cancer patients may negatively impact the patient's potential life. The reason could be that nurses lack communication skills, including a lack of specific vocabulary that is needed for the breaking of bad news and a lack of knowledge about the disease process and its outcomes. As a result, they are unable to deliver bad news to patients and their families in an effective manners (Yazdanparast et al., 2021). It was highlighted by one of the current study participants that nurses were unprepared for BBN to the patients and their families. The highlighted deficiencies can be overcome by

designing a communication skills training program for nurses at the department level or hospital level. This study identified that nurses do not show any interest in BBN. Nurses' assumption is that delivery of bad news is a doctor's responsibility, so we do not take part in this session. Contrary to these results, literature reported that the nurses participated in breaking bad news actively and met the patients' needs effectively with a positive attitude (Nickels and Feeley, 2018). The contradiction between literature and current study result reason is the contextual differences.

5.4 Theme: Emotional Responses:

The findings of current study highlighted that bad news has a significant emotional impact on both the receiver and the sender. Whenever nurses break bad news, their personal emotions like stress, agitation, burnout, and anxiety come into it. Nurses carry the supplementary burden of emotional instability along with their hectic routine duty. Similar findings in the literature (Kim et al., 2019; Matthews et al., 2019) indicate that nurses bear an additional burden of emotional instability.

Similarly, it is evident from the current study that not only patients and their family face emotional instability challenges, but also nurses express their emotions in various ways, such as denial, crying, anger, and anxiety. It is also reported in literature (Warnock et al., 2017, Theobald et al., 2016). The reason of showing emotional instability could be low emotional intelligence (EI) that is the ability to recognize, express, comprehend, and use emotions whereas they were not strong enough to control their emotions in front of patients. Findings also indicated that nurses' behavioral skills are influenced by EI like communication skills. Contrary to this, studies conducted in United Kingdom, USA, Spain, Korea, and Turkey, revealed that nurses are emotionally intelligent (Cerit and Beser, 2014). Contradictory results may be due to difference in cultural context, nursing education and training system.

5.5 Theme: Cultural Limitations: Current study found that cultural context has strong influence on breaking bad news to patient. Patients have the power and understanding to decide for themselves in regard to their treatment without discussing it with their family members. They have the ability to make decisions about their treatment, surgery, palliative care. It is also reported in literature (Tsoussis et al., 2013, Zamanzadeh et al., 2013)

However, in some cultures, breaking bad news is not preferred. In China, for example, doctors are less likely to tell the truth to patients with life-threatening illnesses like cancer (Hahne et al., 2020). Moreover, according to current study culture findings, the patient's guardian makes all decisions concerning his or her treatment and full disclosure of the disease.

It is also contrary to the literature as patients' fundamental right to know about their diagnosis has been confirmed globally (Tan Kiak Min, 2017, Al-Ajarmeh et al., 2021).

5.6 Theme: Ethical challenges faced by nurses: This study identified that the integration of ethics into nursing practice is very important. Nurses face many ethical challenges in their routine practice, especially when they are working in critical areas. These ethical challenges may be between doctor's orders and family preferences as some patients and their families use home remedies or bring some mixture of solution for patient who is not good for patient and prohibited in their current health status. Moreover, it is also against hospital policies. In this case, nurses feel challenge as they are primary care taker of patients and they cannot take decision whether to follow doctor's order or respect patient and their family values.

However, in the current study context, families, culture, If nurses refuse to comply with their requests, they threat them and state that they will not keep their patient in that hospital. It's critical to identify that nurses should encouraged participating in ethical decision-making or not. This study result shows similarity with literature (Coats et al., 2018, Hopia and Heino-Tolonen, 2019).

Conclusion:

Current study identifies that nurses' perceptions regarding BBN to end-stage cancer patients are greatly deficient. This varies according to their experience and knowledge related to disease prognosis and its outcomes. As it was discussed in discussion chapter, the ability of a nurse to BBN affects the ability of a patient to tolerate the bad news. When breaking bad news in clinical practice, evidence-based education and training will improve effective communication. Ineffective bad news communication can have long-term consequences for nurses, patients, and family members.

One thing that demands a high level of skill and attention and that must be developed and shaped to become an intrinsic factor in health professionals' performance is that they should approach each patient as a unique individual with distinctive biopsychosocial traits embedded in a specific setting regardless of the fact that health professionals use regular and adequate method to deliver bad news. The current study concludes that nurses face challenges due to a lack of professional skills, cultural differences, and a lack of resources to improve their knowledge or expertise.

Embedded with these deficiencies like shortage of resources, manpower, lack of professional skills and cultural diversity, the major scenarios that a nurse has to reciprocate are not the ones regarding the disease or a course of a disease. In the Pakistani scenario, nurses are more likely to deliver bad news about disease poor prognosis and its end stage of their patients' family members/guardians than patients themselves. Whereas dealing with the grieving process needs great attention to be polished for the practicing nurses.

References

- Al-Ajarmeh, D. O., Rayan, A. H., Eshah, N. F. & Al-Hamdan, Z. M. 2021. Nurse–Nurse Collaboration And Performance Among Nurses In Intensive Care Units. *Nursing In Critical Care*.
- Alshammery, S., Hamdan, A., Saleem, L. A., Ratnapalan, S. & Duraisamy, B. 2017. Physicians' Perceptions Of Breaking Bad News To Cancer Patients And Family. *Journal Of Health Specialties*, 5, 192-192.
- Anuk, D. & Bahadir, G. 2020. A Challenging Issue For Both Patients And Physicians: Breaking Bad News In Oncology. *Turkish Journal Of Oncology/Türk Onkoloji Dergisi*, 35.
- Baile, W. F. & Blatner, A. 2014. Teaching Communication Skills: Using Action Methods To Enhance Role-Play In Problem-Based Learning. *Simulation In Healthcare*, 9, 220-227.
- Bousquet, G., Orri, M., Winterman, S., Brugière, C., Verneuil, L. & Revah-Levy, A. 2015. Breaking Bad News In Oncology: A Metasynthesis. *Journal Of Clinical Oncology*, 33, 2437-2443.
- Bumb, M., Keefe, J., Miller, L. & Overcash, J. 2017. Breaking Bad News: An Evidence-Based Review Of Communication Models For Oncology Nurses. *Clinical Journal Of Oncology Nursing*, 21, 573-580.
- Castleberry, A. & Nolen, A. 2018. Thematic Analysis Of Qualitative Research Data: Is It As Easy As It Sounds? *Currents In Pharmacy Teaching And Learning*, 10, 807-815.
- Cerit, E. & Beser, N. G. 2014. Levels Of Emotional Intelligence Of Nursing Students. *International Journal Of Caring Sciences*, 7, 936-945.
- Chen, S. H., Chen, S. Y., Yang, S. C., Chien, R. N., Chen, S. H., Chu, T. P., Fujimori, M. & Tang, W. R. 2021. Effectiveness Of Communication Skill Training On Cancer Truth-Telling For Advanced Practice Nurses In Taiwan: A Pilot Study. *Psycho-Oncology*, 30, 765-772.
- Coats, H., Bourget, E., Starks, H., Lindhorst, T., Saiki-Craighill, S., Curtis, J. R., Hays, R. & Doorenbos, A. 2018. Nurses' Reflections On Benefits And Challenges Of Implementing Family-Centered Care In Pediatric Intensive Care Units. *American Journal Of Critical Care*, 27, 52-58.
- Dilek, A. & Bahadir, G. 2020. A Challenging Issue For Both Patients And Physicians: Breaking Bad News In Oncology. *Turkish Journal Of Oncology*, 1.
- Gold, R. & Gold, A. 2021. The Experience Of Speech–Language Therapists And Audiologists When Delivering Bad News: A Qualitative Analysis. *International Journal Of Language & Communication Disorders*, 56, 402-414.
- Gunawan, J. 2015. Ensuring Trustworthiness In Qualitative Research. *Belitung Nursing Journal*, 1, 10-11.
- Hahne, J., Liang, T., Khoshnood, K., Wang, X. & Li, X. 2020. Breaking Bad News About Cancer In China: Concerns And Conflicts Faced By Doctors Deciding Whether To Inform Patients. *Patient Education And Counseling*, 103, 286-291.
- Hopia, H. & Heino-Tolonen, T. 2019. Families In Paediatric Oncology Nursing: Critical Incidents From The Nurses'

- Perspective. *Journal Of Pediatric Nursing*, 44, E28-E35.
- Kirca, N. & Bademli, K. 2019. Relationship Between Communication Skills And Care Behaviors Of Nurses. *Perspectives In Psychiatric Care*, 55, 624-631.
- Kirkpatrick, A. J., Cantrell, M. A. & Smeltzer, S. C. 2017. Palliative Care Simulations In Undergraduate Nursing Education: An Integrative Review. *Clinical Simulation In Nursing*, 13, 414-431.
- Matthews, T., Baken, D., Ross, K., Ogilvie, E. & Kent, L. 2019. The Experiences Of Patients And Their Family Members When Receiving Bad News About Cancer: A Qualitative Meta-Synthesis. *Psycho-Oncology*, 28, 2286-2294.
- Mishelmovich, N., Arber, A. & Odelius, A. 2016. Breaking Significant News: The Experience Of Clinical Nurse Specialists In Cancer And Palliative Care. *European Journal Of Oncology Nursing*, 21, 153-159.
- Naseem, S. 2018. "Breaking Breast Cancer News" With Ethnic Minority: A Uk Experience. *Journal Of Multidisciplinary Healthcare*, 11, 317.
- Nickels, B. M. & Feeley, T. H. 2018. Breaking Bad News In Veterinary Medicine. *Health Communication*, 33, 1105-1113.
- Tan Kiak Min, M. 2017. Beyond A Western Bioethics In Asia And Its Implication On Autonomy. *The New Bioethics*, 23, 154-164.
- Theobald, M. R., Santos, M. L. D. M. D., Andrade, S. M. O. D. & De-Carli, A. D. 2016. Perceptions Of The Cancer Patient About Care. *Physis: Revista De Saúde Coletiva*, 26, 1249-1269.
- Tsoussis, S., Papadogiorgaki, M., Markodimitraki, E., Delibaltadakis, G., Strevinas, A., Psyllakis, M., Tabakaki, K., Drossitis, I., Kabourakis, A. & Papadimitraki, E. 2013. Disclosure Of Cancer Diagnosis: The Greek Experience. *J Buon*, 18, 516-26.
- Warnock, C., Buchanan, J. & Tod, A. M. 2017. The Difficulties Experienced By Nurses And Healthcare Staff Involved In The Process Of Breaking Bad News. *Journal Of Advanced Nursing*, 73, 1632-1645.
- Yazdanparast, E., Arasteh, A., Ghorbani, S. & Davoudi, M. 2021. The Effectiveness Of Communication Skills Training On Nurses' Skills And Participation In The Breaking Bad News. *Iranian Journal Of Nursing And Midwifery Research*, 26, 337.
- Zamanzadeh, V., Rahmani, A., Valizadeh, L., Ferguson, C., Hassankhani, H., Nikanfar, A. R. & Howard, F. 2013. The Taboo Of Cancer: The Experiences Of Cancer Disclosure By Iranian Patients, Their Family Members And Physicians. *Psycho-Oncology*, 22, 396-402.

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