

Communicating difficult news in the Brazilian context: a scoping review

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Abstract

The aim of this study was to summarize the main findings on the communication of difficult news in the Brazilian health context. The scoping review method was used to analyze 14 studies. Privacy and professional training were cited as facilitators of the process. It was found that patients are interested in knowing the truth about their condition and participating in decisions. Health professionals show care for the bond and objectivity of communication, demonstrating concern for the quality of the process, but report difficulties, as well as feelings of fear, guilt and anxiety about the reactions of patients and family members. This reality underscores the need for training on the subject from the undergraduate level to promote proper communication, with a good bond, respecting the patient dignity.

Keywords: Health communication. Physician-patient relations. Nurse-patient relations.

Resumo

Comunicação de notícias difíceis no contexto brasileiro: revisão de escopo

O objetivo deste estudo foi sumarizar os principais achados sobre comunicação de notícias difíceis no contexto da saúde brasileira. Utilizou-se o método de revisão de escopo, realizado por meio da análise de 14 estudos. A privacidade e a capacitação profissional voltada a esse tipo de atuação foram citadas como facilitadores do processo. Constatou-se que pacientes têm interesse em saber a verdade sobre sua condição e participar de decisões. Profissionais de saúde mostram cuidado com o vínculo e a objetividade da comunicação, evidenciando preocupação com a qualidade do processo, mas referem dificuldades, além de sentimentos de medo, culpa e receio das reações de pacientes e familiares. Essa realidade ressalta a necessidade de capacitação voltada ao tema desde a graduação, para promover uma comunicação adequada, com bom vínculo, respeitando a dignidade do paciente.

Palavras-chave: Comunicação em saúde. Relações médico-paciente. Relações enfermeiro-paciente.

Resumen

Comunicar noticias difíciles en el contexto brasileño: revisión del alcance

El objetivo de este estudio fue detallar los principales hallazgos sobre la comunicación de noticias difíciles en el contexto sanitario brasileño. Se utilizó el método de revisión del alcance mediante el análisis de 14 estudios. Los elementos que facilitan el proceso fueron la privacidad y la formación profesional centrada en este proceso. Se encontró que los pacientes están interesados en conocer la verdad sobre su condición y participar en las decisiones. Los profesionales de la salud muestran atención con el vínculo y la objetividad de la comunicación, y se preocupan por la calidad del proceso, pero reportan dificultades, además de sentimientos de temor, culpa y miedo a las reacciones de los pacientes y sus familias. Esta realidad pone de manifiesto la necesidad de una formación en el tema desde la graduación para promover una comunicación adecuada, con un buen vínculo, respetando la dignidad del paciente.

Palabras-clave: Comunicación en salud. Relaciones médico-paciente. Relaciones enfermero-paciente.

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Communication in the healthcare context is fundamental to the smooth functioning of the relationship between professionals, patients and their families. It is an important working tool and helps healthcare professionals to share relevant information. In the hospital environment, due to the challenges faced by staff, patients and family members, communication has specificities in the areas of oncology and palliative care¹⁻⁴.

Well-structured communication can help in a good professional-patient relationship, influencing recovery from illness, decision making and patient adherence to treatment^{5,6}. The physician is responsible for giving the patient the necessary information about the diagnosis, prognosis and treatment possibilities⁷, considering that communication problems can be psychologically damaging to patients⁸.

In life-threatening situations, such as oncology and palliative care, the communication of difficult news faces many adversities, such as the fear of death in patients and their families⁹ and the team's fear of the reaction of the family and the patient¹⁰, as well as legal concerns related to decision-making¹¹. Communicating news in the healthcare context is not usually an easy task for the people involved, especially in the case of difficult news, which involves situations with a complicated prognosis or terminality.

Information communicated by health professionals that can destabilize the patient's physical and psychological well-being and limit their choices about the future is considered difficult news¹². As this is a task that requires training and an appropriate environment, many professionals still struggle to carry it out properly¹³. Some aspects, such as deficits in professional training, personal characteristics and negative feelings experienced by professionals when communicating difficult news in previous situations, can interfere with the transmission of information relevant to the treatment of patients¹⁴.

Attention and empathy are fundamental components that facilitate this task, as they help to form a bond and improve understanding of the personal aspects of patients and their families. To this end, some verbal techniques, such as asking the patient for feedback, contribute positively to good communication^{5,12}. Other

aspects can facilitate effective and empathetic communication, such as consistent professional training^{2,15}, adequate space^{4,11}, embracement^{14,16} and family support¹⁴⁻¹⁸.

Due to the difficulties faced by healthcare professionals when transmitting information to patients, protocols such as SPIKES¹⁹ and BREAKS²⁰ have been developed. These parameters are used to assist and facilitate the communication of difficult news in a systematic way by describing each stage of the proposed communication process. However, factors specific to the professional-patient relationship, as well as specific diagnoses, can influence a particular situation, in which, even with protocols, communication can have deficits, as is often the case in brain death situations¹¹.

As it is a complex component, communication is not just about exchanging information, as it involves culture, expectations, experiences and individual principles. In the health context, these aspects encompass all the individuals involved in communication: doctors, the multidisciplinary team, patients and their families¹².

In Brazil, the Unified Health System (SUS) advocates comprehensive patient care, highlighting autonomy, comfort, conditions for recovery, care provided by a multi-professional team and increased quality of communication as rights. In addition, the National Humanization Policy²¹ offers guidelines on patient care and proposes training related to thanatology. In this way, professionals could be prepared to deal with situations of death and the moment when difficult news is communicated in the best possible way, even communicating in a way that prepares patients and their families for a time of loss.

The National Cancer Institute (INCA)²² highlights the lack of preparation on the part of health professionals in terms of communication and support offered to patients when they are diagnosed with an advanced stage disease, which would jeopardize the therapeutic relationship and the recovery of these patients. Therefore, valuing and qualifying professionals are important conditions for developing the quality of communication of difficult news and the welcome provided in the hospital environment.

Therefore, it is necessary to identify obstacles and facilitators to communicating difficult news from the perspective of the people involved, as well as strategies adopted and potential barriers to the transmission of information for adequate communication, which would help with treatment adherence and patient recovery¹. The aim of this study was to summarize the main findings and draw up a descriptive overview of the data by means of a literature review on the communication of difficult news in the Brazilian health context.

Method

This is a scoping review, a type of research commonly used to present a wide range of evidence on a particular emerging subject²³. This type of review allows to map key concepts and identify gaps in an area of research, bringing together emerging topics in the scientific field²⁴. With this method, difficulties and potential

facilitators for communicating difficult news can be identified.

This research followed the procedures recommended by the Joanna Briggs Institute—definition of title, objectives, definition of inclusion and exclusion criteria, search strategies, data collection and presentation of results²⁵—and used the PRISMA protocol for the collection, extraction and selection of articles²⁶. At first, exploratory readings were made on the subject of “Communication of difficult news in the health context,” which guided the descriptors used to search for articles.

The database search included the Boolean operators “and” and “or” to effectively filter out the most relevant results, and the descriptors used were: “notícias and (saúde or difíceis or más)”; “más and notícias”; “news and (difficult or bad)”; “health and news”. The data collected was entered and systematized in the StArt software²⁷ to create PRISMA (Chart 1).

Chart 1. Search strategies with descriptors and databases

Database	Descriptors	Filters
SciELO	(notícias and (saúde or difíceis or más)) or ((difficult or bad or health) and news)	Year of publication: 2018, 2019, 2020, 2021, 2022, 2023 Type of literature: Article
LILACS	notícias and (saúde or difíceis or más)) or ((difficult or bad or health) and news)	Full text Database: LILACS Year of publication: 2018, 2019, 2020, 2021, 2022, 2023 Document type: Article
PePsic	Notícias and difíceis Más and notícias bad and news difficult and news notícias and saúde health and news	PePsic does not have a filter system, but the same criteria were applied manually.

The acronym PCC (population, context, concept)²⁴ was used to define the research question: the target concept was the communication of difficult news; the population studied was adults and the elderly; and the context was healthcare. This leads to the research question: “What has been researched and evidenced about the communication of difficult news in the health context?”.

The following inclusion criteria were used: year (2018 to 2023); language (Portuguese, English and Spanish); context (health); age group (adults and older adults). The exclusion criterion

was that the text was not peer-reviewed, which includes letters to the editor, organizational contexts, books or book chapters, reviews, literature reviews, commentaries, points of view and editorials. Also excluded were texts related to bad news unrelated to the health context, such as those published by the press, media outlets and economic or financial areas, as well as studies carried out with students or in a pediatric context.

The databases chosen were SciELO, LILACS and PePsic. The choice is justified by the

multidisciplinary relevance of the first two platforms, which cover the main psychology and health journals published in Brazil. PePsic is an Ibero-American platform focused exclusively on the field of psychology.

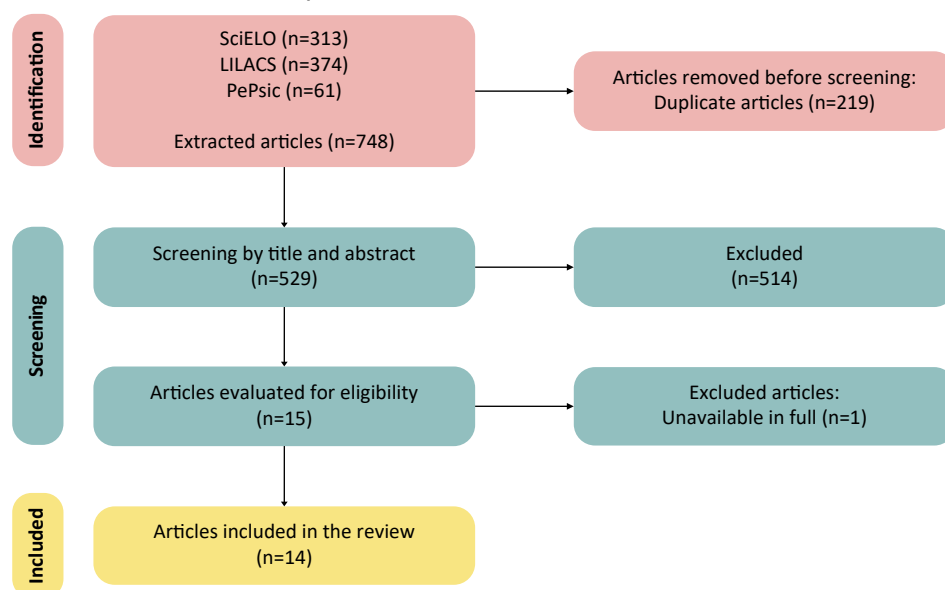
The following information was submitted to bibliometric analysis²⁸: year, instruments, sample size, age, gender, type of study, clinical context and protocols cited. The main results related to the research question were submitted to content analysis²⁹ and were therefore qualitatively analyzed and organized into four categories: elements

that facilitate communication, communication obstacles, patient preferences, and strategies adopted by professionals.

Results

The search resulted in 748 articles, of which 219 were excluded due to duplication, leaving 529, whose abstracts and titles were read. After this stage, 15 articles remained, but one of these was not fully accessible, so 14 articles were chosen for the study (Figure 1).

Figure 1. Flowchart with PRISMA steps



Bibliometric analysis

Most of the articles were from 2018 (n=6), followed by 2022 (n=3), 2020 (n=2), 2019 (n=2) and 2021 (n=1). All articles were in Portuguese (n=14) and five were also in English (n=5). With regard to the sample, six studies involved patients, seven involved doctors and health professionals, and one involved both.

The sample consisted of 902 patients and 149 doctors, with the smallest number consisting of 30 nurses and 20 general practitioners. Five articles did not report the gender of the participants and, in the other nine, the majority of the sample was female (76.05%). Three studies did not report the age of the participants and one reported the age range, allowing the mean to be

estimated from the midpoint; the mean age in the other ten articles was 44.2 years. The articles were aimed at professionals (n=7), patients (n=6) and both (n=1) (Chart 2).

With regard to the type of method, eight articles used qualitative methods, four quantitative methods and two articles used both. The semi-structured interview was the most used instrument (n=9), followed by closed questionnaires (n=4) and open questionnaire (n=1). Ten articles referred to protocols in their introduction, discussion or both, with Spikes being the most cited protocol (n= 8). As for the clinical context, five articles were written in oncology, three in general hospitals, two in primary care and two in palliative care,

followed by brain death (n=1) and bone marrow transplantation (n=1). All the articles dealt with psychological aspects of patients or team members.

Chart 2. Article information

Author; year	Objective	Sample (% female), mean age	Instrument	Main results
Amorim and collaborators; 2021 ¹	To find out how nurses communicate difficult news in primary care.	15 nurses (not shown), not shown.	Semi-structured interview	Professionals find it difficult to communicate with older and younger users. The use of unfamiliar terms hinders the communication process. Professionals reported that they try to deliver difficult news in a private environment.
Diniz and collaborators; 2018 ²	To compare physicians' and patients' perception regarding the communication of bad news.	200 patients (71.5%), 34.9 years old. 100 physicians (49%), 43.4 years old.	Closed questionnaire	32.3% of physicians reported that the most difficult task was talking about palliative care. 92.5% found it difficult to talk about death with patients' relatives. 61.2% did not feel comfortable dealing with patients' reactions.
Ribeiro, Silva, Silva; 2020 ³	To understand how the communication of bad news has emotional repercussions on the physicians who carry it out.	Seven physicians (not shown), not shown.	Semi-structured interview	Telling the patient the truth is an important part of communicating bad news. Most of the interviewees expressed feelings of sadness and anguish when the news was told to a young patient.
Lobo, Leal; 2020 ⁹	To analyze the process of disclosure of diagnosis and psychosocial consequences in cancer patients and to describe the communication process.	Ten patients (40%), 51.5 years old.	Semi-structured interview	The interviewees were diagnosed according to the SPIKES protocol. Three reported welcoming care and two reported not having been welcomed.
Neumayer and collaborators; 2018 ¹⁰	To know the effect of the cancer diagnosis on the patient and their suggestion on how to communicate the diagnosis.	30 patients (66.7%), 61.5 years old.	Semi-structured interview	Patients considered the communication to be adequate, with clear and calm speech. The establishment of a bond and the knowledge shown by the physician were also considered positive. Associating cancer with the reality that everyone will die one day was considered inappropriate. The excess of information given by the physician had a negative effect.

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Table 1. Continuation

Author; year	Objective	Sample (% female), mean age	Instrument	Main results
Meneses, Castelli, Costa; 2018 ¹¹	To evaluate the perception of health professionals in the diagnosis of brain death and to identify the psychosocial variables of the professional-family relationship at the time of communication.	20 professionals (not shown), 42.7 years old.	Semi-structured interview	There is no homogeneity in the procedures for carrying out interviews to obtain consent for organ donation from brain-dead patients. Only seven of the 20 interviewees (35%) indicated the need for health professionals to be trained in communicating bad news in cases of brain death.
Jorge and collaborators; 2019 ¹³	To understand the preferences of elderly people about their limited life span in a situation of serious illness, with less than a year to live.	400 elderly participants (60.3%), 70 years old.	Closed questionnaire	In the event of a serious illness with less than a year to live, 74% of older people stated that they would like to know about their limited time to live. However, this preference was lower than wanting to know about the symptoms and problems arising from the illness (89.3%) and the options available for healthcare (96.3%).
Ferraz and collaborators; 2022 ¹⁴	Evaluate the dynamics of communicating bad news and identify aspects of communication in the physician-patient relationship.	12 physicians (58.3%), 38.4 years old.	Semi-structured interview	The majority of professionals reported having had little or no discussion about communicating difficult news and protocols during their academic training. The professionals complained about the lack of adequate space and time.
Haas, Brust-Renck; 2022 ¹⁵	To understand how physicians perceive the process of communicating bad news and to identify the factors in this process.	15 physicians (80%), 37.3 years old.	Closed questionnaire	60% of physicians reported concern about the communication environment. 80% respect the patient's privacy. 66.7% reported an inability to deal with patient/family feelings. 60% stated that the situation becomes more difficult when the diagnosis is sudden and unforeseen.
Oliveira-Cardoso and collaborators; 2018 ¹⁶	To understand how patients receive the diagnosis of a life-threatening disease.	17 patients (not shown), 31 years old.	Semi-structured interview	Physicians find it difficult to communicate the diagnosis clearly, contributing to referrals being made without proper explanation of the disease. Many patients reported the use of technical terms as an obstacle to understanding their diagnosis.

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Table 1. Continuation

Author; year	Objective	Sample (% female), mean age	Instrument	Main results
Mattias and collaborators; 2018 ¹⁷	To understand women's feelings and perceptions when they are diagnosed with breast cancer.	11 patients (100%), 50.5 years old.	Open questionnaire	The participants had feelings of surprise and apprehension. The will to live and the hope of a cure were evident. Family support favored adherence to treatment. They all reported seeking spiritual support during the diagnosis period.
Melo and collaborators; 2022 ¹⁸	To evaluate the quality of the communication of bad news in the physician-patient relationship from the perspective of patients in the process of finitude and patients in palliative care and dysthanasia.	234 patients (56%), 60.4 years old.	Closed questionnaire	The participants negatively evaluated the support received by the physician when communicating bad news. Physicians carried out the task of communicating without regard for prior knowledge. Dysthanasia patients had more opportunities to express their feelings, although the physicians of palliative care patients were more participative in the therapeutic decision with the family.
Amorim and collaborators; 2019 ³⁰	Knowing the barriers and facilitators to communicating difficult news in primary health care.	15 nurses (100%), not shown.	Semi-structured interview	A space of privacy facilitates communication and fosters acceptance and bonding. The high demand for users and activities makes the communication process difficult. Prior knowledge of communication strategies helps the process.

Content analysis

Elements that facilitate communication

All the articles addressed aspects that facilitate the communication of difficult news (n=14), the most frequently mentioned being privacy (n=8) and professional training for this type of work (n=8). With regard to privacy, the studies highlighted the importance of a suitable and private environment for communication between patient and professional^{1,4,9,11,14,15,18,30}, which could even be an exclusive space for this purpose^{11,15}. With regard to professional training, they pointed out that having contact with the communication of difficult news during their undergraduate studies or in later courses facilitated interaction between team and patient^{1,2,4,10,11,13,15,30}, mainly due to

knowledge of tools that facilitate the approach to the patient and the communication of news in such situations^{11,13,14,30}.

As for strategies, ten articles mentioned the use of communication protocols, with SPIKES being the most commonly used (n=8)^{2,4,9-11,14,15,18}. Five of the articles that cited protocols mentioned the advantages of using these tools, such as reducing the anguish and fear of professionals when communicating difficult news^{2,14,15}, making it easier to adapt protocols to certain contexts and needs¹⁴ and the possibility of having an organized and didactic way of communicating difficult news^{4,9,14,15}. One article also mentioned that protocols help patients adhere to treatment⁹.

However, two articles have discussed the disadvantages of using protocols to communicate

difficult news. According to these studies, protocols do not take into account the complexity of some specific cases in the healthcare environment, such as brain death¹¹, and their so-called fixed rules may not be in line with the individuality of patients¹.

Welcoming and bonding, mentioned in six articles, proved to be crucial in establishing relationships between professionals and patients, contributing to better communication^{4,9,10,14,16,30}. In addition, four articles mentioned the importance of respecting patients' emotions in establishing a good communication relationship^{3,9,10,18}. According to three articles, professional experience leads to better communication of difficult news, as professionals become familiar with the best way to communicate in a given context^{3,4,11}.

Family support was mentioned in three articles as a facilitator in communicating difficult news^{10,17,18}. In addition, patients often want to ask questions related to treatment, support and health system mechanisms that are part of their recovery process, so knowledge of the health network also proved to be a facilitator during communication^{1,30}. Only one article reiterated the importance of multi-professional action for good communication and patient relations³⁰.

Communication obstacles

Thirteen articles discussed the obstacles faced by professionals and patients when communicating difficult news^{1-4,9-11,14-18,30}. Eight of them mentioned professionals' personal characteristics as obstacles.

Feelings of fear and guilt experienced by professionals when communicating difficult news have a negative impact on communication. Therefore, in order to avoid bad feelings, many professionals create defense mechanisms, such as trying not to show feelings to patients or not getting attached to them^{1-4,14-16,30}. Some patients have even reported a lack of sensitivity on the part of the professional when communicating difficult news^{3,10} and little trust in the professional communicator^{2,10,14}.

This is confirmed by the fact that eight articles discussed the fear of the reaction of patients and their families that professionals experience when giving difficult news about a diagnosis^{2,3,10,11,14,15,30}. This communication difficulty can also be observed when professionals have to communicate a difficult diagnosis to young or elderly patients^{1,3,11,14}.

Patients' personal characteristics were mentioned as an obstacle to communication in eight articles, because the way patients receive difficult news, especially when their first reaction is to deny their diagnosis, hinders the communication process^{1,2,4,9,14,15,17,30}. This difficulty can also be observed in some of the patient's relatives, who may not take the difficult news positively. They end up letting their negative feelings affect the patient, creating barriers to communication and interfering in the patient's relationship with the professional^{2,4,11,14,15}.

Deficits in professional training were mentioned in six articles and many professionals reported that the subject of communicating difficult news was not covered during their undergraduate studies, so that some of them learned to communicate difficult news through experience gained in professional practice^{2-4,14,16,30}. Professionals reported high patient demand and activities in the hospital environment as an obstacle to communication in three articles^{4,14,30}. The lack of professional experience was mentioned in two articles as a positive point for professionals to communicate difficult news^{15,30}.

In three studies, the lack of interest on the part of professionals in finding out about the patient's previous knowledge and individual characteristics that could contribute to communication and ease the difficult news was mentioned as an obstacle to communication^{9,16,18}. Patients reported that it is more difficult to accept their diagnosis when it is sudden and unforeseen^{9,15} and when professionals don't give them the space they need to listen^{9,16}. In two articles, some patients complained about the excessive amount of information given to them^{1,16}, and the technical language used by professionals when communicating difficult news also hinders understanding¹⁰, as patients reported not clearly understanding the diagnosis communicated¹⁶.

Patient preferences

Patient preferences were discussed in five articles^{9,10,13,16,18}, one of which worked only with older adults¹³. Three of them reported that patients prefer to know the truth about their diagnosis and limited life span^{9,13,18} and two articles mentioned that patients want to participate directly in medical decisions related to their health^{13,18}.

Two other studies reported that patients prefer difficult news to be communicated directly to them. Patients also stated that they felt safer when the professional communicated the difficult news in a way that conveyed a sense of hope, and that they appreciated the willingness of professionals to listen when communicating difficult news^{10,16}.

Strategies adopted by professionals

Eleven articles discussed the strategies adopted by professionals when communicating difficult news to patients^{1-4,10,11,13-15,18,30}. Eight emphasized the concern of professionals with the quality of communication and six reported that professionals try to identify the prior knowledge of patients or family members and their individualities before breaking difficult news^{1,3,4,11,14,15}. Six articles discussed the type of communication used and clarified that professionals observed improved communication when using simple, objective and sincere language^{2-4,11,14,15}.

In four articles, professionals argued about attempts to develop a bond with patients in order to facilitate communication^{1,4,10,15}, and three studies discussed the decision of professionals to include family members in communication^{3,11,18}. In two articles, professionals argued that communication becomes easier when patients' privacy and choices are respected^{13,15}. Finally, in one article, professionals mentioned that body expression and some subtle actions when communicating difficult news can make it easier for the patient to understand¹⁵.

Discussion

All the studies addressed aspects that facilitate the communication of difficult news, with an emphasis on privacy and the need for an appropriate and private environment. Although the communication of difficult news deals with aspects of illness or treatment, information and decision-making often involve personal issues, which explains the emphasis on privacy^{1,30}.

A suitable environment is capable of providing physical safety and psychological tranquility in the professional-patient relationship, facilitating communication and reflection on the diagnosis,

so that the patient is more comfortable in showing their feelings and is more participative. These factors can help with treatment and recovery³¹. This demonstrates the need to provide specific spaces for communicating difficult news and family conferences, especially in sectors characterized by borderline situations^{11,15}.

Previous contact with news communication issues through disciplines and training courses was also highlighted as an important facilitator when communicating. One of the major problems related to communicating difficult news, which interferes with the quality of information transmission, is the lack of experience and appropriate training on the subject. Many professionals have problems communicating news due to a lack of skills and appropriate training.

This deficit in training is found mainly in the undergraduate courses of these professionals, as the topic of communicating difficult news is still little explored and discussed in health courses, including nursing and medicine^{32,33}. This scenario highlights the need to address issues related to crisis intervention and the communication of difficult news in the curricula of health courses, so that professionals in the field are able to approach patients and their families in an effective and humanized way in these contexts.

Communication protocols have been cited for their importance in reducing the anguish and fear of professionals when communicating difficult news¹⁴ and for helping patients to adhere to treatment⁹. However, their limitations have also been highlighted in relation to specific situations, such as the complications of brain death, as well as their failure to take into account all the individualities and specific characteristics of patients^{1,11}. These advantages demonstrate the role of communication protocols as organizers of the process, but the limitations and difficulties highlight the need for continuous training, so that the principles of action can be understood and forms of flexibility adapted to each context.

Welcoming, bonding and respecting patients' emotions were cited as the main ways of facilitating communication. These elements are related to qualified listening, an important tool for humanizing health promotion practices^{1,34}.

For the professional-patient bond and commitment to be achieved during the welcoming

process, the patient must be listened to carefully. In addition to words, attention must be paid to gestures and expressions, which can tell a lot about the patient's feelings. This makes it easier for the professional team to identify the complexity and individuality of the demands and needs brought by the patients^{1,34}.

This reinforces the importance of humanized training for health professionals, so that they are able to welcome patients in their difficulties. Government projects, such as the National Humanization Policy, have protagonism, co-responsibility and the autonomy of individuals and groups among their pillars. This requires proper communication of the news so that users and their families can make better decisions and engage in their health-disease and treatment processes²¹.

Although some articles claim that family interference in communication is an obstacle^{4,11}, family members are important in the process of communicating difficult news. The presence of someone from the family at the time of diagnosis can have a calming effect, and the patient may feel more comfortable in the presence of someone who is part of their family and understands their needs, and may even provide emotional support³⁵. This makes it imperative for health professionals to pay attention to the family, seeking to include them in the communication and decision-making processes, as well as referring them to psychology teams when necessary.

Most of the articles cited obstacles, highlighting the personal characteristics of professionals who have to communicate difficult news. Feelings such as fear and guilt culminate in the avoidance of communication or in cold and rapid communication, without paying due attention to the patient's needs, which happens mainly with younger or elderly patients^{11,14}.

In addition, the quality of communication is affected by precarious working conditions. The constant irregularity of infrastructure and resources in the public health context makes it difficult for professionals to act and, with the lack of investment in increasing health teams and low salary incentives, work becomes exhausting and disorganized, which can make it difficult to carry out humanized actions³⁶.

In addition, healthcare professionals constantly have to deal with stressful and borderline situations

in the hospital environment due to the high demand from patients and activities. Thus, humanizing care and communication also requires care for the healthcare team. It is therefore necessary to have a sufficient number of professionals, so as not to overburden them, and to pay greater attention to their mental health^{14,30}.

The moment of communication is delicate, as the news can bring several changes to the patient's life, and the fear of the patient's reaction that professionals feel when communicating difficult news was another relevant obstacle mentioned in most of the articles. The diagnosis can cause feelings of anger, fear, anxiety and sadness expressed by the patient when faced with all the implications of the treatment, the symptoms and the possible limitations in their life³⁷. As such, health professionals need to be prepared not only for the clinical management of the illness, but also to deal with patients' possible reactions and even the possibility of imminent death in the face of a diagnosis³⁵.

Patient preference for knowing the truth about their diagnosis and their desire to participate in decisions made by physicians were highlighted^{9,18}. This desire is in line with the SUS guidelines and reinforces them, since autonomy in health is advocated as a patient right²¹. The truth must be available to patients in an empathetic and respectful way, so that they can participate in the planning and decisions related to their diagnosis and treatment.

Among the main strategies adopted by physicians and nurses when communicating difficult news were trying to understand patient individualities and their prior knowledge of the diagnosis and developing a bond. These two strategies are appropriate and promote a good therapeutic bond³⁴ and are related to communication facilitators. Finally, most of the articles that discussed strategies reported that professionals are concerned about the quality of communication^{3,30}, which endorses the importance and feasibility of training aimed at communicating difficult news.

Final considerations

When communicating difficult news to patients and their families, professionals face different

obstacles, such as feelings of guilt and fear, concerns about the patient's reactions and, often, a lack of experience and familiarity with the subject. Communication protocols can help with this task, being important tools that organize the process step by step and facilitate the transmission of information. However, these protocols may not cover the complexity of health situations encountered in hospital environments, requiring training to adapt them to the most varied contexts.

A suitable environment and a welcoming atmosphere were described as the main facilitators of communicating difficult news. These elements provide the comfort and privacy necessary for the patient to receive the news in the most appropriate way. In addition, good professional training, both at undergraduate level and through courses on communication, is essential if difficult news is to be communicated in a humanized way,

respecting patient participation and autonomy in decisions relating to diagnosis and treatment.

The limitations of this study include the possibility of excluding articles that did not meet the selection criteria. In addition, this research was limited to Brazil, understanding its results as valid only for the Brazilian context. This was necessary mainly because of the cultural and legal differences that directly impact the process of communicating difficult news in each country.

It is hoped that this work will contribute to broadening the debate on the communication of difficult news and help future research on the subject. Communicating difficult news requires courage, empathy and compassion for patients and their families. Through the care and training of health professionals, it is possible to promote autonomy and acceptance, which can be essential for well-being and adequate therapeutic adherence.

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Samantha Oliveira and Walter Lisboa conceptualized the research, collected and analyzed data, and developed the final draft and revision.

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