

## COMMUNICATION OF BAD NEWS IN HEALTH PROFESSIONAL TRAINING

Thiago Raphael Almeida Ribeiro<sup>1</sup>, Ana Paula de Oliveira Santos<sup>2</sup>, Dannyelle Ribeiro Almeida<sup>3</sup>, Raíssa Heineck<sup>4</sup>, Alessandra Silva Pereira<sup>1</sup>, Harley Medawar Leão<sup>2</sup>, Rosilaine Xavier da Silva<sup>5</sup>, Matheus Siega Nepomuceno<sup>6</sup>, Weslaine Lécia Gonçalves de Andrade<sup>7</sup>, Paulo Sérgio David de Castro<sup>8</sup>, Daniela Souza Santos de Sá<sup>9</sup>, Aline Guimarães da Silva<sup>2</sup>, Leandro de Jesus Santos Bandeira<sup>2</sup>, Otávio Henrique Oliveira Macedo<sup>2</sup>, Cássia Sabrina Cardoso<sup>10</sup>, Fabiola Lima Escobar<sup>2</sup>, Karinne Gondim Ribeiro<sup>1</sup>

<sup>1</sup>North Minas University Center. <sup>2</sup>Montes Claros State University. <sup>3</sup>FIPMOC University Center. <sup>4</sup>ATITUS Education College. <sup>5</sup>São João Del Rey Federal University. <sup>6</sup>North Paraná University. <sup>7</sup>Vassouras University. <sup>8</sup>Estácio de Sá College. <sup>9</sup>Monte Serrat University Center. <sup>10</sup>Ibituruna Faculty of Health and Humanities.

**Abstract:** The present study aims to understand the process of communicating bad news in the training of healthcare professionals. A theoretical-reflective study was conducted based on the concepts of health education and health promotion. It was evidenced that current training often provides limited theoretical support and few opportunities for simulated or supervised practice in handling the communication of bad news. This results in professionals who, although technically capable, feel insecure and unprepared to deal with the emotional burden and ethical implications of these interactions. The present study achieved its overall objective by understanding and analyzing the process of communicating bad news as addressed and experienced in the training of healthcare professionals. The findings highlight the critical importance of integrating this fundamental competency more systemically and thoroughly into the area's curricula.

**Keywords:** news; health training; healthcare professional.



## INTRODUCTION

The quality of the communication process is fundamental for health professionals, as it is bad news, both for the patient and for their family, considering the different reactions and behaviors of people in the face of a condition with the potential to cause suffering (Fontes et al., 2017). Health communication is a fundamental issue, as it is directly related to the general care of the user, whether at the beginning of the diagnosis or in the care at the end of life, always focusing on psycho-biological, psychospiritual and psychosocial well-being, in addition to satisfaction, quality and safety of the care provided (Gibello; Parsons; Citero, 2020).

In this sense, the communication of bad news is that which causes unpleasant sensations in one of its agents, especially those associated with the diagnosis and prognosis of diseases, which is a constant in the routine of health professionals (Borges; Freitas; Gurgel, 2012). In order for communication to be established in a satisfactory way, it must be improved in order to reduce the emotional and psychological impact on those involved and provide better assimilation of the new reality. Enabling the patient and family to access information about the current clinical condition allows them to experience this moment in a less painful way (Rodríguez, 2014).

The impact produced by bad news depends not only on the expectations and understanding of the user and their families, but also on their physical and emotional conditions, and the type of news that is transmitted. This does not necessarily have to be the communication of a death, it can be related to an invasive procedure, diagnosis of a chronic disease, terminal situations, painful and prolonged palliative treatments, among other information that implies a risk in the quality of life of those involved in this context (Bascañán, 2005).

In this communication process, the health professional is the first to receive the difficult news, the first recipient, and the one who has the difficult task of communicating it to the family members. These professionals are protagonists of difficult news, because, in addition to planning



and managing these moments, they have to manage their own fears and be prepared to accept the reactions of patients' families. Therefore, the act of communicating bad news requires time from health professionals for constant learning and training, which enables them to respond adequately to the effective needs of those to whom care is directed. In view of this, there is a need for professionals to question themselves as to how they will share this information with the people involved, as well as to inform themselves about what the patient's family member knows about the diagnosis and prognosis (Brasil, 2010). In this context, the present study aims to know the process of communication of bad news in the education of health professionals.

## **MATERIALS AND METHODS**

A theoretical-reflective study was conducted based on the concepts of health education and health promotion, that is, it proposes to think about the different dimensions that constitute it. To this end, Therrien's (2014) proposition was adopted about the pillars that constitute an investigation phenomenon: ontology, epistemology and methodology.

The study was carried out based on the identification of the theme, guiding question and the objective of the research; establishment of subject descriptors and databases, in addition to the criteria for inclusion and exclusion; definition of the information to be extracted and evaluation of the included studies; then, interpretation of the results and presentation of the review and synthesis of knowledge.

The search was conducted in the second half of 2025 through the guiding question: How does the process of communicating bad news occur in the training of health professionals? The following descriptors were used: news; health and professional training with the help of Boolean operatives to help and refine the search for studies for analysis. The secondary databases for search were: Scientific Electronic Library Online (SCIELO), Catalog of Theses and Dissertations of the Commission for the Coordination for the Improvement of Higher Education Personnel (CAPES), as well as websites of agencies related to the object of study.



The inclusion criteria were: publications that addressed the analyzed theme, available online and with full text, in Portuguese, English or Spanish, without publication time cut. The exclusion criteria were: duplicate publications and works published only in annals of events.

After the analysis of the data from the selection and reading of the recovered publications, thematic content analysis was conducted, according to Minayo, which is carried out through three interdependent phases: pre-analysis, exploration of the material and interpretation of the results (Minayo, 2014).

## **DISCUSSION**

The communication of bad news is one of the most delicate moments in the practice of any health professional. It involves not only conveying difficult information, but also creating a space where suffering can be welcomed with empathy and respect. The impact of these words often carries with it a deep emotional charge that can shape the experience of grief and the way family members will face the future without their loved one. Therefore, preparing for this task is essential to ensure that the communication process is as humane and sensitive as possible (Santos, 2024).

Most health professionals report that they do not feel professionally prepared to communicate bad news. What usually happens, in their experience, is having to deal with the situation that presents itself with the resources that each one has available at the moment, both professional and emotional. It is considered that there is no single rule that understands and reflects all situations involving the communication of bad news. Each communication process requires an appropriate technique for its content, so the effectiveness of this process depends on the flexibility to use the appropriate technique in each situation (Campos et al., 2017; Silva, 2012).

It is perceived that the effectiveness of the process of communicating bad news will depend on the sensitivity and flexibility of the health professional in adapting a professional technique to each situation. However, it is worth remembering that each event is subject to cultural, social,



educational and family contexts. Thus, in this type of communication, health professionals are actors who act taking into account their own perceptions, conceptions and, therefore, define and determine intentionalities and practices in this context (Head; Sousa, 2017).

Sometimes, this type of communication occurs in a tense way and is seen by the informant as an unpleasant task, as well as a painful situation for the informed. It also happens that health professionals may not have received training and perform this difficult task based on their own life experiences; Therefore, what can occur are extreme and/or euphemistic speeches that mask the real information, or are intoned in a rude way. This aggravates the negative perception of the facts by the family and/or patient (Cavalcante; Vasconcelos; Grosseman, 2017).

Due to the lack of education of professionals to deal with and talk to their patients and families about difficult moments and decisions, researchers have created communication protocols with the objective of developing such skills, especially when it comes to bad news (Cavalcante; Vasconcelos; Grosseman, 2017).

Communication protocols are methodological guides for health professionals, mainly assisting in the so-called “Communication of Bad News”, favoring and strengthening the quality of the relationship between the health professional and the patient and helping to have sincere, honest, clear and empathetic communication. One of the most used protocols is SPIKES, which was specially designed to help physicians (and interdisciplinary teams) access and listen to patients’ expectations before sharing important and necessary information related to their illness and treatment (Konstantis; Exiara, 2015)

This protocol follows six steps and recommendations on how to organize care in an empathetic and effective way. The steps are as follows: Setting up: describes the moment before the consultation, in which the doctor prepares to communicate, studying the case and organizing a physical space; Perception: it is related to the observation of how aware the patient is of the situation; Invitation: seeks to perceive how much information the patient is able and willing to receive; Knowledge: represents the act of communicating bad news. It is recommended to start with introductory sentences that



induce the patient to perceive the arrival of bad news, avoid technical terms and delicately construct the information, so that it is not received abruptly; and confirm what has been understood; Emotions: reflects the empathetic moment, saved to welcome the patient's emotions and Strategy and summary: in this stage, the next steps of therapeutic follow-up and the situations that may arise are clarified (Baile et al., 2000).

The P-A-C-I-E-N-T-E protocol, based on SPIKES and adjusted to the Brazilian situation, consists of seven steps: P – Prepare, express the verification of the news and the finding of a physical environment with privacy and comfort; A – Evaluate how much the patient knows and wants to know; C – Invitation to the truth; I – Inform the news in quantity, speed and quality appropriate for understanding; E – Emotions, allow the patient to express themselves freely; N – Do not abandon the patient, make sure he will get medical help; T-E – Outline a Strategy, planning the next necessary care and therapeutic options (Pereira, 2010).

The CLASS protocol has five steps. The first concerns the environment of the conversation; the second aims at the aptitude and willingness to listen to the doctor; the third refers to the patient's emotions and empathy; the fourth is a delineation of strategies, presenting in an understandable way the therapeutic recommendation and its stages; and, finally, to make a synthesis of the topics discussed during the conversation, checking for doubts (Calsavara; Scorsolini-Comin; Corsi, 2019).

Consequently, bad news can drastically and negatively alter the perspective of the patient and/or his family members in relation to his future, threatening his physical or mental state, with risks to the quality of life. It is understood that it is of fundamental importance to value and use strategies for the communication of bad news (Cruz; Riera, 2016).

## CONCLUSION

The process of communicating bad news is not just a technique, but a process that requires empathy, active listening, and clarity, and is essential for building a relationship of trust and ensuring



the patient's autonomy. Its relevance transcends specialties, being a pillar of person-centered care. The adoption of structured models (such as the SPIKES protocol or similar) in training has proven to be an effective way to offer a practical framework that guides the professional in moments of high emotional complexity.

Health education needs to evolve to treat the communication of bad news not as an annex, but as a core component of clinical competence. It is suggested the incorporation of active methodologies, such as role-playing with simulated actors and the use of structured feedback, to transform theoretical knowledge into practical and reflective skill. Finally, investing in the improvement of this process in training is investing in the humanized quality of care, ensuring that the health professional not only delivers information, but also offers support, dignity and welcome at the moment of the patient's greatest vulnerability.

## REFERENCES

BAILE, W. K. et al. SPIKES – a six-step protocol for delivering bad news: application to the patient with cancer. *Oncologist*, v. 5, n. 4, p. 302-311, 2000.

BASCUÑÁN, M. L. Communication of truth in medicine: contributions from a psychological perspective. *Revista Médica de Chile*, v. 133, n. 6, p. 693-698, 2005.

BORGES, M. D. S.; FREITAS, G.; GURGEL, W. The communication of bad news in the view of health professionals. *Revista Eletrônica Tempus Actas de Saúde Coletiva*, v. 6, n. 3, p. 113-126, 2012.

BRAZIL. General Coordination of Care Management; Education Coordination. Communication of difficult news: sharing challenges in health care. Rio de Janeiro: Instituto do Câncer, 2010.

CABEÇA, L. P. F.; SOUSA, F. G. M. Qualifying dimensions for the communication of difficult news in the neonatal intensive care unit. *Online Journal of Research Care is Fundamental*, v. 9, n. 1, p. 37-50, 2017.



CALSAVARA, V. J.; SCORSOLINI-COMIN, F.; CORSI, C. A. C. The communication of bad news in health: approximations with the person-centered approach. *Journal of the Gestalt Approach*, v. 25, n. 1, p. 92-102, 2019.

CAMPOS, C. A. C. A. et al. Challenges of communication in the Neonatal Intensive Care Unit for professionals and users. *Saúde em Debate*, v. 41, n. 2, p. 165-174, 2017.

CAVALCANTE, M.; VASCONCELOS, M.; GROSSEMAN, S. The communication of bad news by medical students: a case study. In: CIAIQ – ACTAS DE INVESTIGAÇÃO QUALITATIVE EM SAÚDE. v. 2. [S.l.: s.n.], 2017. p. 1642-1653.

CRUZ, C. O.; RIERA, R. Communicating bad news: the SPIKES protocol. *Diagnosis & Treatment*, v. 21, n. 3, p. 106-108, 2016.

FONTES, C. M. B. et al. Communicating bad news: an integrative review of the nursing literature. *Brazilian Journal of Nursing*, v. 70, n. 5, p. 1089-1095, 2017.

GIBELLO, J.; PARSONS, H. A.; CITERO, V. D. A. The importance of communicating bad news in the Intensive Care Center. *SBPH Journal*, v. 23, n. 1, p. 16-24, 2020.

KONSTANTIS, A.; EXIARA, T. Breaking bad news in cancer patients. *Indian Journal of Palliative Care*, v. 21, n. 1, p. 1-10, 2015.

MINAYO, M. C. S. (ed.). *Social research: theory, method and creativity*. 18. ed. Petrópolis: Vozes, 2014.

PEREIRA, C. R. *Communicating bad news: PATIENT protocol*. 2010. Thesis (Doctorate) – São Paulo State University “Júlio de Mesquita Filho”, Botucatu, 2010.

RODRIGUEZ, M. I. F. Silenced farewell: medical team, family, patient – accomplices of the conspiracy of silence. *Psicologia Revista*, v. 23, n. 2, p. 261-272, 2014.

SANTOS, I. P. Finitude and bioethics at the end of life: ethical challenges and practical considerations in the care of terminal patients. *Cedigma Magazine*, v. 2, n. 3, p. 81-94, 2024.

SILVA, M. J. P. Communication of bad news. *The World of Health*, v. 36, n. 1, p. 49-53, 2012.



TERRIEN, J. New contexts of graduate education In: ENCONTRO DE PESQUISA EDUCACIONAL DO NORTE E NORDESTE (EPENN), 22., 2014, Brazil. Annals [...]. Brazil: [s.n.], 2014.

