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COMMUNICATING BAD NEWS IN A CLINICAL SETTING: APPLICATION OF TRANSITIONS THEORY
A CASE STUDY

COMUNICAÇÃO DE MÁS NOTÍCIAS EM CONTEXTO CLÍNICO: APLICAÇÃO DA TEORIA DAS TRANSIÇÕES
ESTUDO DE CASO

COMUNICAR MALAS NOTICIAS EN UN ENTORNO CLÍNICO: APLICACIÓN DE LA TEORÍA DE LA TRANSICIÓN
UN ESTUDIO DE CASO

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Abstract

Introduction: Communicating bad news is one of the most complex and emotionally demanding interventions in nursing practice. It requires relational skills, empathy, ethical sensitivity, and technical proficiency, representing a critical moment in the interaction between the nurse, the individual, and their family. **Aim:** To analyze a clinical case involving the communication of bad news in light of Afaf Meleis's Transitions Theory, reflecting on the nurse's role in facilitating adaptation and supporting the family during the transition process. **Method:** A descriptive and reflective case study based on a real-life situation in a hospital setting, in which the Transitions Theory and the SPIKES communication protocol — complemented by the NURSE method — were applied. **Results:** The application of theoretical models made it possible to understand the emotional reactions of the individual and the family, identify support needs, and outline therapeutic nursing interventions centered on the health-illness transition and the emotional management of the situation. **Conclusion:** Effectively communicating bad news requires preparation, structure, and sensitivity. Integrating Transition Theory and communication protocols provides nurses with a solid conceptual framework for humanizing care and promoting healthy transitions, thereby reducing suffering and fostering psychological and social adjustment.

Keywords: Family; Health Communication; Nursing.

Resumo

Introdução: A comunicação de más notícias é uma das intervenções mais complexas e emocionalmente exigentes no exercício da enfermagem. Exige competências relacionais, empatia, sensibilidade ética e domínio técnico, constituindo um momento crítico na interação entre o enfermeiro, a pessoa e a sua família. **Objetivo:** Analisar um caso clínico de comunicação de más notícias, à luz da Teoria das Transições de Afaf Meleis, refletindo sobre o papel do enfermeiro na facilitação da adaptação e no apoio à família em processo de transição. **Método:** Estudo de caso descritivo e reflexivo, baseado numa situação real vivenciada em contexto hospitalar, no qual foi aplicada a Teoria das Transições e o protocolo de comunicação SPIKES, complementado pelo método NURSE. **Resultados:** A aplicação dos modelos teóricos permitiu compreender as reações emocionais da pessoa e da família, identificar as necessidades de suporte e delinear intervenções terapêuticas de enfermagem centradas na transição saúde-doença e na gestão emocional do momento. **Conclusão:** A comunicação eficaz de más notícias exige preparação, estrutura e sensibilidade. A integração da Teoria das Transições e dos protocolos de comunicação proporciona ao enfermeiro um enquadramento conceptual sólido para humanizar o cuidado e promover transições saudáveis, reduzindo sofrimento e favorecendo o ajustamento psicológico e social.

Palavras-chave: Comunicação em Saúde; Enfermagem; Família.

Resumen

Introducción: Comunicar malas noticias es una de las intervenciones más complejas y emocionalmente exigentes en la práctica de enfermería. Requiere habilidades relacionales, empatía, sensibilidad ética y pericia técnica, constituyendo un momento crítico en la interacción entre el personal de enfermería, el paciente y la familia. **Objetivo:** Analizar un caso clínico de comunicación de malas noticias, a la luz de la Teoría de las Transiciones de Afaf Meleis, reflexionando sobre el papel de la enfermera para facilitar la adaptación y apoyar a la familia durante el proceso de transición. **Método:** Estudio de caso descriptivo y reflexivo, basado en una situación real vivida en un entorno hospitalario, en el que se aplicaron la Teoría de las Transiciones y el protocolo de comunicación SPIKES, complementados con el método NURSE. **Resultados:** La aplicación de los modelos teóricos permitió comprender las reacciones emocionales del paciente y la familia, identificar las necesidades de apoyo y delinear las intervenciones de enfermería centradas en la transición salud-enfermedad y el manejo emocional del momento. **Conclusión:** La comunicación efectiva de malas noticias requiere preparación, estructura y sensibilidad. La integración de la Teoría de la Transición y los protocolos de comunicación proporciona a las enfermeras un marco conceptual sólido para humanizar la atención y promover transiciones saludables, reduciendo el sufrimiento y facilitando la adaptación psicológica y social.

Descriptores: Comunicación en Salud; Enfermería; Familia.

Introduction

Communication constitutes the fundamental axis of nursing practice and the therapeutic relationship between the nurse and the person receiving care. Communication enables the development of trust, the sharing of meanings, and the promotion of mutual understanding[1]. However, conveying bad news makes this skill particularly challenging. The manner in which information is conveyed can decisively influence the process of accepting the illness, psychological adjustment, and the person's engagement in their care[2].

Communicating bad news can be defined as conveying information that significantly and negatively affects the person's and/or family's perception of their future — particularly regarding significant changes in diagnosis, prognosis, or health trajectory[3]. This process involves not only the message's content but also its associated emotional dimension, requiring the nurse to adopt an empathetic, ethical, and humanized approach[4].

In clinical practice, nurses frequently encounter situations requiring them to communicate or participate in communication of bad news, whether in hospital settings or primary healthcare. Such experiences represent moments of vulnerability for both the person and the professional[5]. Therefore, it is essential to understand the strategies and models that can guide this practice in an ethical, competent, and person-centered manner.

Afaf Meleis's Transitions Theory (2010) serves as a theoretical framework for understanding the psychosocial and emotional changes individuals experience when facing events that disrupt their equilibrium and well-being[6–11]. This theory recognizes the nurse's role as facilitating adaptation to a new reality, thereby fostering a healthy transition process[6–11].

Integrating Meleis's theory with protocols for delivering bad news — specifically SPIKES[4] and NURSE[12] — enables a structured, reflective, and humanized approach that values both technical knowledge and relational and emotional competence.

This case study aims to analyze an instance of delivering bad news in a hospital setting by applying the principles of Transitions Theory and therapeutic communication protocols. It seeks to reflect on the nurse's role in managing this process and supporting a family facing an emotional crisis. Although the clinical situation stems from the health condition of a critically ill individual, the study's analytical and care-oriented focus centers on the family as the recipient of nursing care, considering their relational, emotional, and adaptive needs when receiving bad news.

Method

This case study was developed to describe and to analyze a real-life situation involving the communication of bad news in a hospital setting, using Afaf Meleis's Transitions Theory[6–11] as the theoretical framework. The choice of a single case study is justified by the unique, contextualized, and clinically relevant nature of the situation analyzed, allowing for an in-depth understanding of nursing intervention during a health-illness transition experience that had a significant emotional impact on the family.

The case was purposively selected based on the following criteria: occurrence in a real clinical setting; a situation involving the communication of bad news with direct family involvement; nurse participation in providing communication and emotional support; suitability for analysis using the SPIKES protocol, the NURSE method, and Transitions Theory; and the availability of sufficient information for an ethical, anonymized reconstruction of the episode[4,6–13].

The report follows the CARE Statement & Checklist model as a methodological guide for structuring case reports, taking into account its suitability for the available clinical and reflective elements[13].

Data collection was carried out through direct observation, clinical records, and structured reflection by the nurse involved in the episode. The case was reconstructed using a narrative and analytical approach, ensuring anonymity and confidentiality in accordance with the ethical principles of beneficence, non-maleficence, justice, veracity, and confidentiality[14].

The credibility and consistency of the interpretations were reinforced through triangulation between direct observation, clinical records, and the nurse's structured reflection. The analysis was guided by pre-defined frameworks — Transitions Theory, the SPIKES protocol, the NURSE method, and the International Classification for Nursing Practice (ICNP®) — thereby reducing interpretive subjectivity and fostering coherence among the collected data, clinical interpretation, and the care plan[4,6–13].

The analytical process involved three stages:

1. contextual and factual description of the clinical case, including the setting, the individuals involved, and the sequence of events;
2. application of the theoretical frameworks — SPIKES[4], NURSE[12], and the Theory of Transitions[6–11] — to the observed situation, identifying communicative, emotional, and therapeutic dimensions;
3. development of the nursing care plan based on ICNP®, centered on the family's relational, emotional, and adaptive needs.

Case report

Description of the Clinical Situation

During a shift in the Medical-Surgical Emergency Department, a 54-year-old male patient was admitted following a massive stroke, with a guarded prognosis. The medical team informed the family of the situation's severity, with the nurse assuming the role of mediator and communication facilitator.

His wife and two children exhibited high levels of anxiety and visible emotional distress. The news was delivered by the attending physician in the presence of the nurse, who remained attentive to the family's reactions, validating their expressed emotions and offering support.

The setting was private, quiet, and ensured confidentiality, in accordance with the first step of the SPIKES protocol — Setting up the interview[4].

Application of the SPIKES Protocol

The SPIKES protocol structures the communication of bad news into six steps: *Setting*, *Perception*, *Invitation*, *Knowledge*, *Emotions*, and *Strategy/Summary*[4].

- S — Setting: The nurse ensured a private, uninterrupted space, sitting close to the family members and maintaining eye contact and welcoming body language.
- P — Perception: Before delivering the news, the family's prior perception of the situation's severity was assessed. The wife stated: “We know he is in bad shape, but we believe he can still recover.”
- I — Invitation: The physician asked if they wished to know all the details regarding his clinical condition. The family expressed a desire to know the truth, however painful.
- K — Knowledge: The physician explained — gradually and in simple language — that the prognosis was bad and the chances of neurological recovery were limited. The nurse offered supportive remarks, using pauses and reiterating their availability to provide further clarification.
- E — Emotions: When tears and silence ensued, the nurse employed the NURSE method strategies — Naming, Understanding, Respecting, Supporting, and Exploring[12] — by saying: “I realize this is a very difficult moment, and it is normal to feel scared.”
- S — Strategy/Summary: Following the conversation, the nurse summarized the key information and reaffirmed the team's commitment to the patient's comfort and dignity, while planning the next steps of care with the family.

Application of the Theory of Transitions

This situation falls within the scope of a health-illness transition, characterized by an abrupt disruption in health status and the need for the family to undergo emotional and social adaptation[6–11].

According to Meleis, transitions are complex processes that require the nurse to act as a facilitator of adaptation and a promoter of positive meanings in the face of change. In this situation, the nurse focused on:

- Raising awareness of the new reality, helping the family recognize their loved one's irreversible condition;
- Active involvement, fostering open communication between family members and the team;
- Emotional and educational support, providing clear information, reinforcing realistic hope, and encouraging shared decision-making.

The **facilitating conditions** identified included the continuous presence of the family, a pre-existing bond of trust with the nursing team, and the nurse's emotional availability. **Inhibiting conditions** notably included the initial shock and the difficulty in accepting the irreversibility of the clinical condition.

Results and Discussion

Applying the SPIKES protocol and the NURSE method, integrated with the principles of Transitions Theory, proved fundamental to understanding and addressing the family's emotional reactions during the process of delivering bad news.

Observed Results

Initially, the family exhibited shock, denial, and emotional confusion, manifested through silence, tears, and repetitive questioning. Following the structured, empathetic communication intervention, there was a progressive acceptance of the situation and a greater willingness to participate in decisions regarding palliative care.

The nurse played a pivotal role in facilitating the family's emotional transition from a state of crisis and disorganization to one of understanding and adaptive reorganization. This progression confirms Meleis's premise that nurses, by supporting awareness, engagement, and coping, contribute to a healthy transition[6–11].

Empathy and active listening served as core therapeutic interventions. Through non-verbal communication (eye contact, a gentle tone of voice, open body language) and verbal communication (validating emotions and using simple language), the nurse reduced anxiety and fostered trust. Therapeutic communication is a cornerstone of the nurse-family relationship and the humanization of care[1].

The use of adaptive coping strategies — such as encouraging emotional expression and the sharing of feelings — enabled the family to gain a greater sense of control over the situation, facilitating the assignment of new meaning to their experience.

From both technical and ethical standpoints, the nurse's actions adhered to the principles of the Order of Nurses[15] and the recommendations of the Directorate-General of Health[16], both of which underscore the importance of communication grounded in truth, compassion, and respect for the autonomy of the individual and the family.

Theoretical Discussion

Integrating Transitions Theory with therapeutic communication models offers a holistic, evidence-based approach that fosters person-centered care.

The nature of transition encompasses dimensions of change, difference, and time; it is crucial to recognize that each individual experiences the process in a unique way. In the case analyzed, the transition experienced by the individual's family manifested as a shift from a state of hope to one of anticipatory loss[6–11].

Regarding personal conditions, the meaning attributed to the illness and the family's cultural beliefs stood out, influencing their perception of severity and acceptance of the diagnosis. Social conditions included the emotional support provided by the healthcare team, which facilitated adjustment[8].

Response patterns observed — such as emotional expression, seeking support, and family reorganization — correspond to healthy process indicators described by Meleis as signs of progress within the transition.

In terms of communication, the SPIKES protocol proved effective by allowing the nurse to structure the interaction while balancing the objective delivery of information with emotional support. Using this model helps reduce professional anxiety, build confidence, and improve the recipient's understanding of the message[4].

The NURSE method complemented the process by providing practical tools for verbal empathy[12]. By naming and validating emotions, the nurse facilitated acceptance and dialogue. Studies confirm that explicitly acknowledging an emotion ("I realize this is difficult") is one of the most effective ways to strengthen the therapeutic alliance[12].

Transitions Theory enabled the nurse to understand the phenomenon beyond its clinical dimension, integrating the psychological, social, and spiritual aspects of the experience of loss. This holistic perspective grounds nursing practice in both science and humanism, promoting meaningful and healthy transitions[6–11].

The goal of nursing care is to help the individual emerge from a transition not merely adapted but strengthened — an outcome observed in the family following ongoing support and communication interventions[7].

The results of this case reinforce the importance of continuous training for nurses in therapeutic communication and the application of theoretical models that underpin clinical practice. A lack of structure or adequate training can lead to communication errors, increased suffering, and a negative perception of care[2].

Finally, the approach described confirms that delivering bad news — when carried out in an empathetic, structured, and ethical manner — constitutes a genuine therapeutic act, in which the nurse plays an irreplaceable role in facilitating human adaptation to illness and loss.

Care Plan

In the scenario at hand, the focus of nursing care is the family rather than the critically ill individual; consequently, the identified foci reflect the family's relational, emotional, and adaptive needs upon receiving bad news. The identified foci include the corresponding nursing diagnoses, expected outcomes, nursing interventions, and theoretical justification based on Transitions Theory and literature on therapeutic communication. The plan was developed using the International Classification for Nursing Practice (ICNP®) terminology.

Nursing focus

Focus 1 — Anxiety of family

ICNP® Diagnosis: (Family) Anxiety present — Family experiencing anxiety related *to uncertainty regarding the prognosis and fear of the imminent loss of their loved one.*

Expected Results:

- The family demonstrates — verbally and non-verbally — a reduction in anxiety levels;
- To express a realistic understanding of the clinical situation;
- To report feeling emotionally supported by the nursing team.

Nursing interventions:

- To assess signs of family anxiety, both verbally and non-verbally;
- Establish therapeutic communication based on active listening and empathy (NURSE[12] model);
- To explain information provided by the medical team clearly and gradually;
- Foster a calm and private environment for conversations;
- To reiterate the team's continuous presence and availability to answer questions.

Justification: Reducing anxiety is essential for initiating a healthy transition[6]. Empathetic communication and emotional support are facilitating factors that help the family reorganize in the face of the new reality[1,2].

Focus 2 — Family Adaptation to Illness

ICNP® Diagnosis: Family Adaptation to a Compromised Health Situation — Family *with compromised adaptive capacity related to the emotional impact of bad news and the need to redefine roles and expectations.*

Expected results:

- Family demonstrates adaptive coping behaviors;
- Verbalizes progressive acceptance of the situation;
- Participates in decisions regarding the family member's care.

Nursing interventions:

- To identify beliefs, values, and meanings attributed to the illness;
- To facilitate emotional expression and dialogue among family members;
- To reinforce the importance of mutual support;
- To propose individual and collective coping strategies (spiritual, social, or psychological support);
- To involve the family in care planning.

Justification: Adaptation is an indicator of progress in the transition. The nurse acts as a facilitator, helping the family to rebuild internal balance and a sense of continuity in the face of disruption[6].

Focus 3 — Family communication

ICNP® Diagnosis: Ineffective Family Communication — *A pattern of ineffective family communication related to fear, uncertainty, and difficulty expressing feelings in the face of a loved one's serious illness.*

Expected results:

- The family communicates openly among themselves and with the healthcare team;
- Demonstrates the ability to verbalize feelings and questions;
- Reports feeling understood and involved in the decision-making process.

Nursing interventions:

- To use therapeutic communication techniques (reflection, validation, reframing);
- To encourage the sharing of feelings in a safe environment;
- To facilitate family meetings mediated by the nursing team;
- To promote consistency of information between the medical team and the family;
- To reinforce active listening behaviors among family members.

Justification: Clear and open communication facilitates a healthy transition[10]. By modeling empathetic communication, the nurse helps reduce misunderstandings and strengthens the family bond and the sense of trust in the team[12].

Focus 4 — Hope (and Meaning)

ICNP® Diagnosis: Compromised hope — Family *with compromised hope related to a guarded prognosis and uncertainty about the future.*

Expected results:

- The family expresses realistic hope and finds positive meaning in the care provided;
- Demonstrates involvement in decisions and rituals regarding farewells or support;
- Reports feeling spiritual and emotional comfort.

Nursing interventions:

- To explore the family's spiritual values and beliefs;
- To promote conversations that help redefine the meaning of the situation (“What is important to you right now?”);
- To validate emotions of loss and suffering;

- To facilitate support from spiritual leaders or support networks;
- To reinforce the family's role in upholding the dignity of care and honoring the memory of the loved one.

Justification: Hope, when realistic, is an essential adaptive force during transitions[6]. The nurse helps transform despair into meaning, supporting the family's emotional reconstruction and acceptance of the loss[2,5].

Conclusion

Delivering bad news is one of the most sensitive and complex tasks in nursing practice. The way a nurse manages this process directly influences the family's perception of care, their trust in the healthcare team, and their ability to adapt to the new reality.

Analysis of the presented case demonstrates that the combined use of the SPIKES protocol, the NURSE method, and Afaf Meleis's Transitions Theory offers a conceptual and practical framework that enhances communication effectiveness and the humanization of care. These frameworks enable the nurse to understand the experience of the person undergoing a transition, support the construction of new meanings, and foster emotional and social adjustment.

When grounded in theory and guided by ethical and empathetic principles, nursing practice transforms the delivery of bad news into an act of therapeutic care. The nurse moves beyond being a mere conveyor of information to become a mediator of meaning, a facilitator of adaptation, and a promoter of well-being.

From a clinical practice perspective, this study reinforces the need to establish the communication of bad news as a core nursing competency, particularly in emotionally complex contexts. It is recommended that both initial and continuing professional education incorporate systematic training in therapeutic communication, emotional management, clinical simulation, and interprofessional education to boost nurses' confidence and reduce the stress associated with these situations.

Regarding implications for nursing management and research, the study highlights the importance of promoting institutional policies focused on humanized communication, developing tools to assess nurses' communication competence, and generating evidence on the effectiveness of communication interventions in helping individuals and families adapt to health-illness transitions.

A key strength of this study is that it allows for an in-depth analysis of a real-life scenario involving the communication of bad news, integrating frameworks of therapeutic communication, Transition Theory, and ICNP® terminology within family care. Limitations include the fact that it is a single case study — reconstructed from direct observation, clinical records, and professional reflection — without longitudinal assessment of the family or formal collection of their perspective following the event. Consequently, the findings cannot be generalized; rather, they should be interpreted as a reflective and clinical contribution toward improving nursing practice in similar contexts.

In summary, communicating bad news is an act of caring. When guided by theoretical models and conducted with empathy, respect, and honesty, this process becomes an essential therapeutic intervention that fosters healthy transitions and enduring relationships of trust between nurses, individuals, and their families.

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