ABSTRACT
Objective: to examine whether the strategies for communicating bad news for health professionals to the adult patients and their family are appropriate. Method: research based on international databases (EBSCOhost, CHINHAL, SciELO), yielding ten articles published between 2005 and 2011. We intend to answer the guiding question: Are the strategies for communicating bad news for health care to adult patients and their families adequate? Results: ten articles were analyzed and it was found that there is no standard to communicate bad news, because each person has their characteristics and the health professionals' performance must be appropriate for every situation. Conclusion: it was evident that the communication of bad news is one of the most difficult tasks in clinical practice of health professionals, including nurses. Due to the interpersonal relationship developed between nurse and patient, the nurses has a very important role when communicating bad news. Descriptors: Communication; Bad News; Nursing; Adult Patient.

RESUMO
Objetivo: analisar se as estratégias de comunicação de más notícias pelos profissionais de saúde ao paciente adulto e sua família são adequadas. Método: pesquisa realizada em bases de dados internacionais (EBSCOhost, CHINHAL, SciELO), obtendo-se dez artigos publicados entre 2005 e 2011. Pretendemos responder à questão de pesquisa << Será que as estratégias de comunicação de más notícias pelos profissionais de saúde ao paciente adulto e sua família são adequadas? >> Resultados: foram analisados dez artigos e constatou-se que não existe uma norma para comunicar más noticias, pois cada pessoa tem as suas características e a atuação dos profissionais de saúde deve ser adequada a cada situação. Conclusão: a comunicação de más noticias é uma das tarefas mais difíceis na prática clínica dos profissionais de saúde, incluindo os enfermeiros. Devido à relação interpessoal desenvolvida entre o enfermeiro e o paciente, este desempenha um papel muito importante no momento de comunicar uma má notícia. Descritores: Comunicação; Más Noticias; Enfermagem; Paciente Adulto.

RESUMEN
Objetivo: examinar si las estrategias para la comunicación de malas noticias para los profesionales de la salud para el paciente adulto y su familia son las adecuadas. Método: encuesta de bases de datos internacionales (EBSCOhost, CHINHAL, SciELO), dando diez artículos publicados entre 2005 y 2011. Tenemos la intención de responder a la pregunta guía: son las estrategias para la comunicación de malas noticias para el cuidado de la salud a los pacientes adultos y sus familias son los adecuados? Resultados: Diez artículos fueron analizados y se encontró que no existe un estándar para comunicar una mala noticia, porque cada persona tiene sus características y funcionamiento de los profesionales de salud deben ser apropiados para cada situación. Conclusión: era evidente que la comunicación de malas noticias es una de las tareas más difíciles en la práctica clínica de los profesionales de la salud, incluyendo enfermeras. Debido a la relación interpersonal se desarrolló entre enfermera y paciente, esta juega un papel muy importante al comunicar malas noticias. Descriptores: Comunicación; Malas Noticias; Enfermería; Paciente Adulto.
INTRODUCTION

Communication is a basic human activity, a condition of human life and social order. It is the basic element of social life from which they constitute and legitimate social relations, the knowledge available in the interactions and the socialization process that generates individual identities.1

Etymologically, communication is becoming common. Communication is defined as "an interaction where two or more people send and receive messages and, during the process, both present and interpret each other".149 Thus, when interacting, people communicate with each other by exchanging information, which requires a transmitter and a receiver, the latter causing modifications which will influence the transmitter and condition. Thus, when we communicate we not only exchange information but we also determine behaviors and attitudes.1

Communication is a process of creation and recreation of information, exchanging, sharing and putting in common feelings and emotions between people. It is transmitted consciously or unconsciously by verbal and nonverbal behavior, and more generally, by the way of acting of the actors. Through it, we got each other to learn and understand the intentions, opinions, feelings and emotions felt by another person and, as appropriate, to create significant ties with it.2

Communicating is a very complex process, described as the attempt to create a bond of reciprocity between two people. But we must not forget that these people are very different, each one has his/her biography, personality, needs, trends and particular problems. Communicating is evidently to express themselves and allow the other to do it. We must not only see, hear and listen to the other, but we also learn what is happening inside of ourselves, identify the emotions, thoughts or reactions of the words arouse in us.2

The ability to communicate is a fundamental aspect in the whole process interactive, because it allows the individual to enrich their knowledge, to obtain satisfaction of their needs as well as convey feelings and thoughts, clarify, interact and learn what others think and feel. Thus, the skills to carry out basic interpersonal communication result to provide quality care in health services.1

Thus, it is essential to develop communication skills in health professionals to trigger interpersonal relationships with quality. Interpersonal relationships are part of health professionals' daily life, a unique relationship with people in need of someone to care for and treat, ie, that meet their needs. But when we meet the needs of others, we have to rely on the fact that both patient and health professional are people with different values and beliefs, which should consider and respect.13

Communication is a part of daily work of nursing, which is considered an essential basic tool used by nurses, either in patient care, family care, or in relations with the staff. Communication is present in all activities of nurses, such as: interview, physical examination or planning assistance made thus constitutes the common denominator of all nurse's actions, decisively influencing the quality of care provided for who needs care.3

All these aspects become important when we consider the communication of "bad news" in health. "Bad news" means "any information which involves a drastic and negative in person's life and the prospect of the future."134 In fact, communication of bad news in health remains a gray area of great difficulty in the patient / family / health care, becoming one of the most difficult and complex issues in the context of interpersonal relationships. These are situations that cause disruption, whether the person who receives the news, whether the person who transmits by the communication of this type of news it is considered a difficult task for all health professionals, not only for fear of facing the emotional reactions and physical patient or family, but it is also by the difficulty in managing the situation.13

What is the better way to convey bad news? What are the words, gestures and attitude to keep before, during and after the act of communication? What strategies could be used to facilitate the communication of bad news? These are some questions that may arise before this theme. However, it is important to be aware of what is said and how it is done, because it may mark the patient and family who receive such news and nurses 'will always be able to do something else for someone to help someone, contribute to their well-being for their serenity, even in very desperate situations.134

Thus, we have prepared the following guiding question for this study: Are the strategies for communicating bad news for health professionals to adult patients and their families adequate? As the population - the adult patient and his family, intervention - strategies for communicating bad news for health professionals and the result - whether
it is appropriate. Thus, we define the objective: to analyze the strategies for communicating bad news for health professionals to the adult patient and his/her family are appropriate.

**METHOD**

A systematic literature review is particularly useful for integrating information from a number of separate studies on a particular therapy or intervention, which may have conflicting results and / or matching, as well as identifying issues that require evidence, assisting in guiding future research. A systematic literature review is to "deepen certain aspects of the subject of study and take stock of the situation on their contribution to the advancement of knowledge in organizing information and compose it." 8,109

This literature review involved the work of two reviewers who independently assessed the methodological quality of each item selected. It was done without meta-synthesis and no meta-analysis. We adopt as a methodological strategy to "rigorous research that allows them to group primary studies extracting the best scientific evidence." 9,29 Thus, we included primary studies that define the objectives, the object of study, based methodology, and present their results.

Thus, for the realization of this literature review we made an exhaustive search of information on the subject under study in scientific databases, concerning the last five years (2007-2012). Given the paucity of relevant information on the subject under investigation was necessary to extend the search period for the last seven years (2005-2012). The research was conducted from February to March 2012, in the languages of Portuguese, English and Spanish.

In this systematic review of literature studies we tried to find qualified studies with relevant, reliable and updated information about the communication of bad news, the nurse's role in communicating bad news, as well as strategies that facilitate communication to the patient and family. In this sense, in order to find information about the subject under study, we selected descriptors as "communication", "bad news", "nursing", "adult patient", "communication", "bad news", "nursing" and "adult patient," and the Boolean operators " and " and " or ".

Initially we conducted our search in EBSCOHost, which allowed us to search in other databases as CHINHAL Plus with Full Text, and MEDLINE with Full Text and Cochrane Database of Systematic Reviews. In these ones, we preceded 70 articles, having selected 6 articles from CHINHAL Plus with Full Text. Later, we have addressed our research in the ScIELO database, which gave us access to 86 articles, 3 of which we selected. Although we perform our research in the Journal of Nursing UFPE On Line (ReuoL), which gave us access to 54 articles, of which we selected one. In order to enrich our research, we also feel the need to include the same two Classics Communication in Nursing, in particular the work of Margot Panheuf and Doctoral Dissertation of Maria Aurora Pereira.

The articles included in the studies were related to communicating bad news to the adult patient and his family. We excluded animal studies and studies on newborns, children, adolescents, pregnant and postpartum women. During the selection of studies, evaluation of the title and summary analysis, allowed us to identify whether the articles met the inclusion and exclusion criteria set for selection. When the title and abstracts of the studies were not enlightening, proceeded to read the entire article not to run the risk of losing important studies for the realization of this systematic review. But many of these items were not available in full-text¹, so it could not be considered. A second reading deeper and more systematic than the first full article allowed us to determine whether they answered the question that guides this review and further develop certain aspects of the topic. Thus, this systematic review is supported by 10 scientific articles and two classics of nursing.

**RESULTS AND DISCUSSION**

By analyzing the works selected they were identified three major areas that help us to answer our question: the concept of bad news on health, strategies that facilitate the communication of bad news and the role of nurses in communicating bad news.

- **Concept of bad news in health**

  The "bad news is any news that drastically and negatively alters the idea that the patient makes his/her future. The greater the distance between the patient's expectations and the medical reality, the news looks worse.⁶,¹⁵ "It is associated typically at a loss situation, defined as the removal or absence of an object or subject important in the life of an individual.¹

  The bad news is a message that has the potential to destroy hopes and dreams, leads to a change of the person's lifestyle and a different future.¹⁰ It is agreed that bad news
is always the one that adversely affects the expectations of the person's life due to a situation experienced directly or with someone close. \textsuperscript{5,11}

The patient's reaction to the news depends primarily on his biography and his way of life, and who gets bad news, "amounts to inform him of the loss of their health reserves, his progressive deterioration, receiving a marginal status the loss of social value." \textsuperscript{6,15} It is easy to cause suffering to break the news badly, with poor communication, it is the major cause of complaints against the doctors and nurses. When done badly, the experience of being given bad news can psychologically affect the patient and his family for a long time, even after termination or recovery situation. Patients often experience denial and anger when they receive bad news. \textsuperscript{10}

Thus, the communication of this kind of news on health is one of the most difficult and complex in the context of interpersonal relationships with the patient / family / health care professional. \textsuperscript{1,11}

The main protagonists of bad news are the providers of care, because they plan and manage these moments, and they must also control their own fears and they must be prepared to accept the natural hostility of the patient and family. \textsuperscript{3,6,10}

Thus, the communication of this type of news is a difficult task for all health professionals, nobody likes to be the bearer of bad news, bad news for broadcast is always a difficult task that requires much diplomacy. These moments cause disruption either to the person who receives or transmits to the person generating the professionals and survivors, fears, anxiety, feelings of worthlessness, discomfort and disorientation. These fears are associated mainly: the fear of being blamed or responsibilities, fear of expressing an emotional reaction, fear of not knowing all the answers posed by the patient and family and / or significant others, personal fears about the disease and death, and fear of the reactions of the patient and family. \textsuperscript{3,6,10}

These issues often lead to avoidance maneuvers in professional and due to fear of being verbally abused, they often communicate in a less careful and less friendly way. \textsuperscript{1,3}

On the other hand, professionals sometimes face these stories as a synonym for failure in a society where there has been a great technological and scientific progress in health sciences, coupled with an increase in life expectancy which instills an idea of immortality. This same trend leads professionals to appreciate more and more technically advanced interventions related to treatment losing sight of the psychosocial dimension of the patient, ie, the development of science and compartmentalization of knowledge, the medical disciplines were empowering themselves, gaining and losing precision and technology in mysticism. However, the mystical aura remains and will remain around the man and about all that concerns him because beyond the man is a material body he is also a spiritual body. More importantly than the treatment of disease, configured in the consciousness of the subject, it is the treatment of disease awareness. \textsuperscript{1,3}

In this context, communication is affected because the communication processes are empty of content, triggering mechanisms of escape, use of euphemisms, for not to take risks of lack of transparency and oversight. All this might have effects on the grieving process of the patient and family, confirming that effective communication reduces the uncertainties, fears and it constitutes a fundamental help in accepting the disease and active participation in the process of treating / caring. \textsuperscript{1,3}

Some nurses become emotionally attached to certain patients or relatives, which can cause a dependency that is not beneficial to the patient or a nurse, becoming the process of communicating bad news difficult. \textsuperscript{10}

Thus, it is necessary that health professionals seize their difficulties and representations, as referred to the mechanisms of escape are often associated with their own fears and concerns considered in the face of difficult situations. Then comes the so-called "sense of the mirror," ie, the image of themselves in the same situation, preferring to rule out the problem for not living in this way, we become incapacitated and vulnerable to our own emotions, unable to necessary support. \textsuperscript{1,3} Although communicating bad news is sometimes difficult, it is a skill that can be developed by nurses and can be improved with experience. \textsuperscript{10}

There is no doubt that information is fundamental to help people to cope and deal with pathological conditions associated with a severe threat. Currently, in Portugal the need for information to the patient and family is recognized as a right and a duty of health professionals in their practice, and that is enshrined in the Basic Law on Health (Lei de Bases da Saúde) (Law n. ° 48/90 of 24 August)

\textbf{English/Portuguese}

Pereira ATG, Fortes IFL, Mendes JMG.

\textbf{J Nurs UFPE on line., Recife, 7(1):227-35, Jan., 2013}
and the Code of Nurses’ Practice, Código Deontológico do Enfermeiro, Article 84 - Patients have the right to informed consent, which is essential before any intervention to ensure the capacity and autonomy to decide on their own.¹

However, it seems to say that the main issue of health professionals is not to inform patients, but how, when and how much they should reveal that information given, especially if this is bad news, as the case of diagnostic a serious illness. The act of informing is not simple, being an ethical dilemma for health professionals. This should be based on four fundamental principles of bioethics: the principle of beneficence, principle of autonomy, a principle of justice and the principle of non-maleficence, applied according to the specificity of each situation, the implicit values in each of them and respect for human dignity human and their autonomy.²

Pereira, in 2005, presents data obtained from an exploratory study conducted by the author in order to know the representations of bad news for health professionals and other citizens. By carrying out semi-structured interviews of 12 nurses, 3 doctors and 8 people found that the bad news is almost always associated with disease, especially severe disease with no cure, cancer illness and death. From the data obtained, it can be said that, both for health professionals, both for citizens the bad news is almost always associated with death. There is no doubt that death is still taboo in our time and culture, people in general, including health professionals are not prepared to face it. Maybe that’s why it is difficult to communicate and receive this bad news or others that its severity can lead quickly to the end of life. Data analysis was also realized that the impact of this news varies according to several factors, including the impact it has on quality of life and human suffering, as well as the target of the bad news, revealing the young age and family structure and even the way the bad news is communicated.³

- **Strategies that facilitate the communication of bad news**

Communicating bad news to the patient or the family is never easy.¹² There is no standard to communicate bad news, because each person has the characteristics and professional’s performance must be appropriate for every situation.⁶

The news should be given gradually, clear and open, adapted to the will, personality, understanding, and need to know, as manifested by the patient and family and their ability to actively participate in decisions. The health professional should have sensitivity and insight to respond to what the patient wants to know and talk about what this seems to be prepared to listen, not childish, without euphemisms, without trivializing the time without removing hope.⁶,¹²

In 1994, Buckman has created an action protocol for transmission of bad news. This protocol describes important considerations to help in relieving the anxiety for both patients receiving the news, and for health professionals that share it. The protocol SPIKES comprises six steps, each step representing a letter sequence. The main components of this protocol include the demonstration of empathy, recognizing and validating the patient’s feelings, exploring their understanding and acceptance of bad news, and provide information on possible interventions.⁶,¹²,²⁻³

The first strategy consists in “Setting up the Interview”, ie, preparing the environment so as to provide privacy, comfort and availability. To convey bad news it is necessary to provide a quiet and private environment and without the possibility of interruptions. Health professionals should be alert to the patient’s family situation and take into account the particular needs of the family according to their cultural and religious backgrounds. The presence of one family member generally serves to support and assistance to the patient. Just at this time they should include family members if patients so wish. Although you should try to break the news sitting without a barrier (eg a table) between health professionals and patients. Although health professionals feel anxious to share information, they should avoid showing it in their body language. The person who is communicating the bad news should maintain eye contact with the patient and use touch appropriately. Thus, they should show empathy, respect for the patient, listening to their concerns in a calm and attentive.⁴,⁶,¹¹,³

Before beginning a description of the plan of care to patients and their families, it is important to understand what they know and what are their perceptions about their clinical situation. In this sense, the second strategy SPIKES protocol corresponds to the “Perception”, that is, to check the perception of the situation. The extent of knowledge and feelings of the patient can be evaluated through open questions. Patients may not be awake to the seriousness of the situation or may be in denial. If so, they should address

---

English/Portuguese

the patient gently, before reporting the bad news. The strategy “Invitacion” is to obtain information about the desire for information. This is the stage where patients and their families are asked directly about what they want to know. Their learning styles are taken into account during this difficult step. Some patients may want to know every detail about their situation, while others may not want certain information.

The strategy “Knowledge” is the phase in which the information is adequately provided to patients and their families. The bad news must be shared with softness. The use of statements like “Sorry, I have a serious story to tell,” suggests to patients that something bad is happening. So, to preface the story with statements like “Unfortunately, I have bad news to share” allows prepare the patient psychologically. Information about the severity of disease and care plan should be transmitted directly and honestly gradually. In the transmission of bad news, the language must be clear, simple, without much technical details, which could complicate understanding in times of distress. It is important to make sure that the patient and family understand what is being said and if they need further clarification. After the transmission of bad news time should be given for the patient and his family internalize the information and put new doubts.

The “Emotions” is the fifth step SPIKES protocol. The key to an empathic response is to recognize the emotions and reactions of the patient and his family during this painful phase and respond to them appropriately. Statements like “I wish the news was better” or “This is obviously a worrying news” shows empathy. The final step “SPIKES protocol” is the “Strategy”. After receiving the bad news, a patient may experience feelings of isolation and uncertainty. The professional can minimize patient anxiety summarizing the information that has been presented in a language the patient can easily understand and formulate a strategic plan for further intervention. It is important to assess patients’ understanding by asking questions like “Does this make sense to you?”, “Are you enlightened about the next steps?” or “Do you have enough information to make a decision?”.

Being aware of their reactions, concerns and feelings is extremely important so that nurses can maintain a good relationship with the patient when communicating bad news. For this reason it is recommended that after the communication of bad news, the nurses take the time to check the reactions, because recognizing them allows greater sensitivity and better clinical skills on communication.

The NURSE method is useful for answering other protocol and accept the emotional distress of patients. This method comprises five phases and each letter corresponds to a phase sequence.

“Naming” an emotion is one way to show sensitivity to the patient’s suffering. In order to show this sensitivity, they should ask such as the following example: “I wonder if you’re feeling angry...” instead of statements like “You should be angry.”

The second phase of the method NURSE corresponds to “Understanding.” Having a clear understanding of the patient’s fears and concerns allows the health professional to truly empathic responses. The premature guarantees should be avoided until the patient’s feelings and emotions are validated.

The third phase consists of “Respecting”, ie, treating the patient with respect and dignity is essential to establish a reciprocal relationship with empathy. Messages that allow us to recognize and respect the feelings of a patient can be transmitted by non-verbal communication through body language and touch, and verbally, with statements that match the level of the patient’s suffering.

The penultimate phase corresponds to the “Supporting” which is to support the patient’s ability to cope with the situation. Provide information about available resources, to recommend support groups that can help prevent patients of feeling abandoned, helps to overcome their fears. Even at this stage they should enhance their abilities to cope.

Finally the phase “Exploring” that is to give permission and opportunity for patients to share their inner emotions and concerns through requesting direct questions and clarification of the previous answers. Checking frequently the patient with their questions can help to get other issues and emotions that the patient has been reluctant to reveal.

● The nurse’s role in communicating bad news

A growing body of scientific evidence has shown that most patients want to be informed about their disease, treatment and prognosis, even though this information is good or bad. Giving patients accurate information about their health can help them to make informed decisions about their treatment, taking
responsibility for their care and increasing their understanding of the situation and it can help them to make appropriate plans for their future, if appropriate, it may facilitate the planning of the service end of life.¹⁴

These authors mention that in the context of health, bad news involves giving information related to health that adversely alters the person’s perception or the expectations of his present and / or future. According to the authors the term “to communicate bad news” is often used to describe the time given to a patient and / or significant person a negative medical information negative about the diagnosis, prognosis or treatment. It is usually the physician who assumes the role of giver of bad news, because he has the responsibility for the decisions of medical treatment. However, bad news may also be understood as a process that includes the interactions that occur before, during and after the time when the bad news is communicated.¹⁴

Thus, as part of the process is important to prepare patients and / or significant receptors of bad news, to clarify and explain information that was given and help them to understand the implications of the situation. For all this, the communication of bad news can be viewed as a multidisciplinary activity that requires the active participation of a wide range of health professionals who must work as a team. Transmitting bad news is a complex activity that needs to be well executed to prevent harmful effects to the patient, their family and their future relationships with health professionals.¹⁴

The developed studies suggest that the information needs of patients and support to go beyond the moment of giving bad news, with the nurses involved in providing such assistance, mainly due to the relationship they create with the patient and his family over the time. Support activities that nurses play around the bad news include the assessment of information needs, identifying and clarifying misunderstandings, obtaining information and explanation of complex medical information, helping patients and their families with their reactions emotional. However, the role of nurses in the process of giving bad news was not fully recognized or researched. As a result, little is known about the training, education and support needed for nurses to carry out this activity. In this sense, these same authors argue that much of the literature around the communication of bad news has focused on the moment they are notified by a doctor. Very little attention has been given to the nurse’s role in the transmission of news, especially in hospitals.¹⁴

Thus, in 2010 several authors developed a study that explored the role of nurses in the process of communicating bad news in a hospital and which offer education and support for nurses who perform this role. It was used a questionnaire that was developed using Likert scales and open-ended questions. They distributed 335 questionnaires in total, of which 236 were returned fully completed. Data collection occurred in 2007 and fifty-nine areas of hospital participated in the study. It was concluded from this study that the nurses’ role in minimizing the risks of communicating bad news is being overlooked because their contribution is often not identified, recognized and valued. It was felt that in order to provide effective service in relation to communication of bad news, nurses need support and education, which reflects the reality of their experiences, and little formal education or support of this work has been received. Thus, a future orientation and education should be encompassed in this context and must recognize the complex challenges faced by nurses when involved in communicating bad news in the context of the area of the hospital.¹⁴

Health professionals acknowledge that bad news is one of the most difficult aspects of their performance, but it can not be avoided. Thus, the transmission of bad news can be facilitated if it is seen as a technique inherent to the profession, which requires considerable skill and prudence. T requires the need to learn, deepen and develop it in order to become an integral part of professional practice of nurses. The nurse in the transmission of bad news should take into account some aspects that facilitate their work. Therefore, this author believes that the bad news should be shared, not given, allowing the patient / family questions, guided to the truth, ie, arrive at the truth for himself and in his own time.⁶

The quality of care at the end of life begins with the communication with the patient as soon as he is diagnosed with terminal illness. This is to discuss the options with patients and their families before a critical event arises, so that the patients may have the opportunity to decide for themselves. However, this author says that often there is a gap in order to provide the patients and their families better information about their prognosis so they can have realistic expectations and make informed choices about the types of treatment and care available, and what they are willing to accept.¹⁶
The nurse’s role is fundamental for improving this situation, so that, according to the will of the patient / family, the health team move towards consensus for the treatment and a more appropriate care in that situation. It is important to realize that the end of life care is an evolutionary process in which differences of opinion between the health care team and patients / families may arise. Thus, having effective communication strategies and the warranty of moral and ethical principles can help prevent conflict and to facilitate the mutual decision making.  

CONCLUSION

In regard to the guiding question delineated for conducting this systematic review and subject to the established objective, we believe that the results show that there is no standard to communicate bad news, because each person has its characteristics and the health professionals’ performance should be adequate every situation. Thus, the communication of bad news is one of the most difficult tasks in clinical practice of health professionals, including nurses, and for which there is no consistent preparation training. To reduce the gap between training and clinical practice, some authors have studied strategies that facilitate the communication of bad news. In these strategies it is included SPIKES protocol that can help to relieve the anxiety felt by both parties: the patient who receives the news, and the health professional, who tells the news. The main components of the SPIKES include empathy, demonstrating, recognizing and validating the patient’s feelings, exploring the understanding of patient’s acceptance of bad news, and provide information on possible interventions. Having an action plan provides a framework for this difficult discussion and helps to support all those involved.

It is known that research has a very important role in the area of scientific knowledge, we realize the vital role of nurses in communicating bad news and we verified that the literature around this topic has focused on the moment they are reported by the physician, we believe that is necessary to develop further research studies in order to be systematic and regular updates of the literature on the importance of the nurses’ role in this area.

REFERENCES

11. Victorino A, Nisenbaum E, Gibello J, Bastos M, Andreoli P. Como comunicar más


DOI: http://dx.doi.org/10.1188/10.CJON.514-516
