

## The Attitude of Student Nurses to Truth-Telling

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# The Attitude of Student Nurses to Truth-Telling

Masami Maruyama <sup>1)</sup>

## Abstract

Student nurses occasionally encounter the necessity of disclosing the state of a disease to patients themselves or their families during their 3-weeks practice period.

The aim of this study is to research an influence on the practice when students know that the truth has been disclosed to the patients and their family.

I evaluated the state of students' approaches to patients or their families, and evaluated their effects. Twenty-three 3rd-year students of the nursing department underwent practice in the surgical ward from June 19 to November 30, 2000.

The students who consented to enrolling in the study were asked to record the contents of their care for and responses to the patients and their families. They supported patients in the preoperative period as well as medical staff members in ambiguous positions. The psychological approaches of the students to the patients whom they were assigned to were classified into 3 categories (positive, passive, ambiguous).

The students who were not present at the preoperative explanation to their patients were not able to have a positive attitude of listening because they were not sure how much the patient understood of the explanation by the physicians.

By contrast, the students who were present at the scene of preoperative explanation could approach their patients with positive support for early recovery and a sympathetic attitude because of their knowledge of the contents of the explanation.

The presence at the preoperative explanation seemed to be useful in practice for the student nurses.

Key words: nursing practice, nursing student, communication skill, truth-telling, informed consent. family consent,

## Introduction

I compared hematology between Japan and Germany by a consciousness survey regarding truth-telling using students of the Department of Law and the general population in Japan (at Kyushu University, Fukuoka) and Germany (at Heidelberg University, Heidelberg) from December 4 to December 30, 1999. I investigated the ideal care of the patient and the patient's family who required for terminal care, as well as disclosure of medical infor-

mation. In Japan, members of society selected the following items: they do not want to express their true feelings, and they do not want to give their family surplus trouble <sup>[1][2]</sup>.

Recently, in the field of surgery<sup>[3]</sup>, family consent <sup>[4]</sup> and the difficulty in truth-telling <sup>[5]</sup> have been discussed, and the importance of the approach to not only the patients but also their families <sup>[6], [7]</sup> has become an issue.

How the student's attitude was changed by obtain-

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ing information when she was a clinical practice was not researched.

This purpose of study was to examine the presence of student nurses at the scene of preoperative explanation and the state of their psychological approaches to the patients.

### Subjects

The subjects consisted of thirty 3<sup>rd</sup> year students of the nursing department.

### Investigation Period

According to the training period in the surgical ward, the investigation was made from June 19 to November 30, 2000 into the students of the nursing department.

This study involved student nurses who took care of patients before and after operation.

### Materials

The objective of practice nursing in the surgical ward is to learn to understand patients comprehensively who are undergoing surgical treatments and to provide care appropriate for the needs of pre-operative patients.

Since student nurses occasionally encounter scenes of disclosure period, we evaluated the state of approaches by student nurses to patients or their families, and their effects.

### Objective

Twenty-three 3<sup>rd</sup>-year students of the nursing department who underwent practice in the surgical ward in Kyushu University.

### Study Period

June 19 to November 30, 2000.

### Research Method

3<sup>rd</sup>-year students of our nursing department who consented to enrollment in the study were asked to

record the contents of their care for and responses to the patients and their families to whom they were assigned after an explanation of the treatments that the patients were going to receive, and to evaluate the students' approaches to pre-operative patients and their families.

At the first step, when the bed side training began in my section, I sent this questionnaire to students. And I said if the student rejected this questionnaire, the student had no trouble for their school records. Of course, the patients was not answered the questionnaire.

### Methods and Analysis

A questionnaire (Table 1) was distributed to students who had received an explanation of the study and had consented to take part in the study.

This study was made by analyzing only the questionnaire. The questionnaire asked where the patients whom the student nurses were assigned to and their families received an explanation about the disease, who explained it, whether the disease was explained or not, whether the truth was told or not, contents of the explanation, and what points particular attention was paid in approaching the patients and their families., and what did you adopt the attitude when you contacted the patient and patients family).

In this study, psychological approaches of student nurses to the patients whom they were assigned to were also evaluated by classifying them into 3 categories (positive, passive, ambiguous). Others factors will be analyze in the next paper.

### Results & Discussion

23 out of 30 students (77%) answered to the questionnaire.

According to the questionnaire, the truth was told to 21(91%) patients and their families in the surgical ward. Before the practice the student nurses were informed whether their patients had been told about their diseases.

**Table 1. Questionnaire for students****A. The explanation to patients**

Date

Place of the explanation:  ward  othersExplanation :  chief doctor  resident

The truth was told or not at the explanation of the disease :

 the truth was told  the truth was not told

Diagnosis : ( )

The explanation of the state of the disease :

( )

**B. The Explanation to patients' family**

Date

Place of explanation:  ward  othersExplanatory :  chief doctor  resident

The person received the explanation:

 husband  wife  elder son  others

Diagnosis : ( )

The explanation of the state of the disease :

( )

**C. What did you adopt the attitude when you contacted the patient and patients family ?**

( )

**Table 2. State of disclosure to patients at the beginning of practice**

Truth-Telling N(%)Total	Disclosed	Undisclosed	no answer	Total
23 (100)	21 (91)	2 (9)	0 (0)	23 (100)

**Table 3. State of disclosure to patients' families at the beginning of practice**

Truth-Telling N(%)Total	Disclosed	Undisclosed	no answer	Total
23 (100)	20 (87)	0 (0)	3 (13)	23 (100)

N: families

The number of the students who sat in the condition explanation of the patient before the practice was 21, and that of the students who do not sit was 2 . 91% of the students understood the truth namely what the doctor told to the patient (Table 2).

The number of the students who sat in the condition explanation of the patient family before the practice was 20, and the number of the students who did

not answer was 3. 87 % of the students understood the truth namely what the doctor told to the patient family. They also learned from the charts at the beginning of the practice whether the families had been told about the patients' diseases (Table3).

The result of statistics (SPSS, Chi-square test) in the attitude of student nurses to the scene : student who were or not present at the scene of explanation

**Table 4. The Attitude of Student Nurses to the scene**

	Positive approaches	Negative approaches	Ambiguous approaches	No answer	Total
Group A	6 (37.5)	4 (25)	4 (25)	2 (12.5)	16 (100)
Group B	1 (14)	3 (43)	1 (14)	2 (29)	7 (100)

N: students

Group A: Students who were present at the scene of explanation to the patients

Group: Students who were not present at the scene of explanation to the patients

**Table 5. Presence or absence of students at the scene of preoperative explanation to the patients (psychological approaches)**

Preoperative Explanation	Presence of Student	Absence of Student	no answer	total
23 (100)	16 (70)	7 (30)	0 (0)	23 (100)

N: families

**Table 6. Approaches of the students who were present at the scene of preoperative explanation to the patients (psychological approaches)  
: Questionnaire for Students C ; What did you adopt the attitude when you contacted the patient and patients family ?**

<Positive approaches>

1. The students talked to the patients after confirming the contents of explanation.
2. The students talked to the patients by looking into their eyes and encouraged them.
3. The students sympathized with the patients' fear of surgery and listened to them with occasional nodding.  
The students checked whether the patients understood the physician's explanation.
4. The students tried to alleviate the patients' anxiety.
5. The patients had been told the truth, and the students supported them for early recovery.
6. The students listened, and showed a sympathetic attitude, to the patients and their families.

<Passive approaches>

1. The students considered the patients' feeling and refrained from expressing their opinions.
2. Since the students were uncertain about how well the patients or their families understood the explanation, they avoided touching on the disease.
3. The students were ready to listen to everything the patients wanted to talk about in order not to discourage their motivation.
4. The students were uncertain about how well the patients understood the explanation and tried to check it.

<Ambiguous approaches>

1. The students were careful not to deny the patients' or the families' feelings.
2. They told them that they would attend them also during the operation.
3. The patients showed disorientation and forgetfulness probably due to their old age and appeared not to have understood the explanation.
4. The students' acted calmly by consulting with the instructor.

Response rate 87.5% (14/16)

**Table 7. Approaches of students who were not present at the scene preoperative explanation to the patients (psychological approaches)  
: Questionnaire for Students C ; What did you adopt the attitude when you contacted the patient and patients family ?**

<Positive approaches>

1. The students tried to alleviate the patients' anxiety.

<Passive approaches>

1. The students talked to the patients after determining sure how well they understood about the surgery.
2. The students tried to really listen to the patients and, considering the patients' feelings, reserved expressing their opinions.
3. Since the students were not sure about how well the patients understood their disease and surgery, they asked them directly.

<Ambiguous approaches>

1. Since the charts showed that the patients had been explained, the students paid no particular attention in approaching them  
Response rate 71% (5/7)

to the patient and their psychological approaches was out of all relation ( $p=0.44640$ ) to the scene (Table 4).

After the beginning of the practice, the student nurses had opportunities to be present at preoperative explanation (Table 5). The psychological approaches of the students to the patients whom they were assigned to were classified into 3 categories (positive, passive, ambiguous).

The students who were present at the scene of preoperative explanation could approach their patients with positive support for early resumption of ambulation and a sympathetic attitude because of their knowledge of the contents of the explanation (Table 6, 7).

By contrast, a passive attitude of listening to the patients was notable in those who were not present at the scene of preoperative explanation to their patients, because they were not sure how well the patients understood the explanation by the physicians.

The competence of the patient to make a judgment is a core concept decision - making in patient - cen-

tered care <sup>[8]</sup>.

Further analysis of the student nurses skills in approaching patients is considered to be needed <sup>[9]</sup>. These students I taught at our Surgical Department were these 3rd- year students who were rotated to this department.

For reason, Informed-consent made centered of the patient, the patient's family and the doctor in the evening. That time student nurses had not practiced. Depending, when explaining the sickness of the doctor, with the patient & patient family the opportunities which sat together were few.

In nursing of surgical patients, the student nurses carried out preparation of documents necessary for surgical therapy and preoperative respiration training with the patients to whom they were assigned and their families, whether the state of the disease had been disclosed or not.

If nurses feel that they have a moral obligation to tell the truth then it is imperative that clinicians, researchers, educators, and the consumers of health services, deliberate on what truth is <sup>[10]</sup>.

Some student nurses were present at the scenes

of preoperative explanation of elective operations including disclosure of the state of the disease by the physicians to the patients and their families.

All students, whether present at such scenes or not, considered that the understanding of the state of the disease by the patients and their families was insufficient, and they approached the patients more passively by listening to them than positively talking to them.

Also, whether the students were present at the scenes of explanation or not, they made efforts to maintain composure and, particularly, to control their speech and behavior so as not to discourage the patients in coping with the disease<sup>[11]</sup>. The students provided support primarily to keep up the patients' spirits.

Moreover, Japanese sometimes do not reveal reality in order to maintain a good making known the reality (disclosed of secret).

The result of Chi-square test was out of all relation to the scene of explanation to the patients could approach their patients with positive approaches, negative approaches, ambiguous approaches. For the reason, why samples were few (only 23).

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### REFERENCES

1. Akira Akabayashi, Michael D Fetters and Todd S Elwyn (1999): Family consent, communication, and advance directives for cancer disclosure: a Japanese case and discussion. *Journal of Medical Ethics* Vol.25.296-301.
2. Maruyama M, Ando M & Matsuo T (2000): A Comparative study about views on life and death in terms of truth-telling. *Journal of Japan Association for BIOETHICS*, 10: 100-110
3. Anderlik MR, Pentz RD & Hess KR (2000): Revisiting the truth telling debate: a study of disclosure practices at a major cancer center. *Journal of Clinical Ethics*. 11(3): 251-259
4. Akira Akabayashi, Michael D Fetters & Todd S Elwyn (1999): Family consent, Communication, and advance directives for cancer disclosure: a Japanese case and discussion. *Journal of Medical Ethics* Vol.25:296-301
5. Thomas J. Krizek (2000): Surgical Error-Ethical Issues of Advers Events-. *Archives of Surgery*. 135:1359-1366
6. Tom Treasure. (1997): How much to tell parents. *THE LANCET* Vol.349 :1267-1268
7. A M F Hassn & A Hassan (1998): Do We always need to tell patients the truth. *THE LANCET* Vol.352:1153
8. Tomas Grisso, Paul S Appelbaum, Kitamura Fusako & Kitamura Toshinori (2000): Assessing competence to consent to treatment, A Guide for Physicians and Other Health Professionals. *Nihon youronsha Japan: p(in Japanese)* 1
9. Chauhan G, Long A (2000): Communication is the essence nursing Care.2: Ethical foundations. *British Journal of Nursing* 9:979 - 984
10. White G, Su HR (2000): Am I dying nurse? *Nursing Praxis in New Zealand*. 15:33-40
11. Huijer M, van Leeuwen E, Boenink A & Kimsma G (2000): Medical Students' cases as an empirical basis for teaching clinical ethics. *Academic Medicine* 75: 834 -839

### — 要 旨 —

看護学生の外科病棟における実習は、3週間に渡る。医師から患者および患者家族に対する病気の説明内容を知ることは、学生の実習にどのような影響を与えるかを研究した。

対象は、看護学科3年の学生23名であった。調査期間は、2000年6月19日～11月30日であった。研究について説明し、承諾を得た看護学生に対し、患者へのケア、患者・患者家族への対応について報告を受けた。看護学生の心理的アプローチは、3つのカテゴリー（積極的対応・消極的対応・どちらでもない）に分類された。受け持ち患者の手術前説明に同席しなかった学生は、医師からの説明に対する患者の理解程度が不明であることから、積極的支援ができない傾向にあった。一方、受け持ち患者の手術前説明に同席した学生は説明内容を認識しているため、励ましの言葉や早期離床に向けた積極的支援、共感的態度といった対応ができる傾向にあった。



