

Situations of using white lie during patient care: a qualitative study into nurses' perspectives

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Abstract

Background: Receiving accurate and complete information about diagnosis, prognosis, and treatments is among patients' rights in healthcare systems. Although all healthcare providers have the same viewpoint about truth-telling in the process of treatment, sometimes truths are not told to patients or they are told a "white lie". The aim of the study was to explore nurses' experiences of the situations of using white lie during patient care.

Methods: This qualitative descriptive study was conducted in 2018. Participants were eighteen hospital nurses purposively recruited with maximum variation from ten hospitals affiliated to Tehran University of Medical Sciences, Tehran, Iran. Data were collected through semi-structured interviews. Sampling and data collection were continued up to data saturation. Data analysis was done concurrently with data collection through conventional content analysis.

Results: Situations of using white-lie-telling by nurses during patient care resulted in eleven subcategories and four main categories. The main categories of the study were the crisis of hope, bad news, cultural diversity, and nurses' limited professional competence.

Conclusion: Professional knowledge, skills, and experience are needed for establishing effective communication with patients and providing them with accurate information even about bitter truths. Nurses' communication with patients needs to be established based on adequate knowledge about the cultures of patients and healthcare organizations, and should aim to maintain patients' hope and motivation for treatments and, should help them make accurate decisions.

Background

Medical ethics literature and the Patient's Bill of Rights in Iran highlight that all patients have the right to receive accurate and complete information about diagnosis, prognosis, and treatments [1–4]. In countries where people follow Islam, such as Iran, truth-telling is a must. Islam warns people against telling lies and requires all people to be truthful [5]. Although healthcare providers and patients have the same viewpoint about truth-telling in the process of treatment [4], there are sometimes emotional, professional, and cultural barriers to the provision of accurate information to patients [5]. In these situations, healthcare providers may inevitably use lies which are called white lies or therapeutic fibs [6].

By definition, a white lie is a deception in interaction in order to prevent injury or grief or to protect feelings [7–11]. There is ample evidence in the history of medicine which shows that Greek physicians did not provide information to patients or provided them with inaccurate information in order to force them to accept treatments [9]. Hippocrates' notes show that truth-telling or accurate information provision to patients about the outcome of illness can aggravate prognosis [10]. Studies also showed that truths are not completely told to patients. For instance, a study reported that lying was used in different areas of care delivery so that 96.4% of healthcare providers used it as a communication strategy [8]. A study in

Iran also showed that almost half of the patients with end-stage cancer were unaware of their diagnosis and only one sixth of them were informed that their disease is metastatic [12].

Telling a white lie is not an effective strategy because patients may finally access accurate information [13] and then, lose their trust in healthcare systems [14]. Nurses in another study believed that truth-telling can cause tension and negative feelings for patients [15].

Routinely, physicians are the main information providers to patients and their families [15–18]. Yet, truth-telling to patients necessitates the involvement of all healthcare providers, particularly nurses [19]. Studies showed that nurses are also located in situations where they hide truths or tell a white lie [12, 20]. Nurses in a study in Iran reported that they sometimes were placed in situations where truth-telling was impossible [21].

Although telling a lie is an unethical practice, it is not a person-oriented practice and hence, its prevention and management necessitate interventions to manage its underlying causes [8]. Yet, there is no in-depth information about the situations in which nurses feel compelled to tell a white lie. The present study was conducted to address this gap. The aim of the study was to explore nurses' experiences of the situations of telling a white lie during patient care.

Methods

Design

This qualitative descriptive study was conducted in 2018 using conventional content analysis.

Sample and setting

Study participants were nurses who were working in ten hospitals affiliated to Tehran University of Medical Sciences, Tehran, Iran. Sampling was done purposively and with maximum variation in terms of participants' gender, educational level, work experience, and work environment. Inclusion criteria were associate degree or higher in nursing, agreement for participation in the study, and ability to share personal experiences.

Data collection

Data were collected through semi-structured interviews. Examples of interview questions were, "Have you ever experienced a situation during patient care where you did not want or could not tell the truth to your patients?" "Would you please explain?" "Which tricks did you use in such situations?" "In what situations during patient care did you use a white lie?" "Would you please explain about your experiences of telling a white lie during patient care?" "How do you define telling a white lie during patient care?" Interviews were held at participants' preferred time and place and lasted 30–60 minutes. Data collection lasted for eight months until reaching data saturation. Study data were saturated after the sixteenth interview; yet, two more interviews were done to ensure data saturation. Interviews were digitally recorded.

Data analysis

Data were analyzed through the five-step conventional content analysis method proposed by Graneheim and Lundman [23]. In the first step, each interview was transcribed word by word. In the second step, the interview transcript was reviewed several times to obtain a sense of the whole. In the third step, each interview transcript was considered as the unit of analysis and meaning units were identified and coded. In the fourth step, the codes were grouped into subcategories according to their conceptual similarities and differences. In the fifth step, subcategories were compared with each other and the latent content of the data was identified and presented as main categories.

Trustworthiness

Trustworthiness was applied using the criteria proposed by Guba and Lincoln, namely credibility, dependability, confirmability, and transferability [24]. Credibility was established using member- and peer-checking, prolonged engagement, and maximum variance of participants' selection. For instance, for member-checking, a brief report of the findings was given to two clinical nurses, they were asked to ensure the researcher of the reflection of their experiences and perspectives to the analysis report. For peer-checking, two qualitative researchers approved the primary codes and categorizing process. Transferability was achieved through the provision of a rich description of data collection and analysis processes and findings, which allowed the readers to match the findings with their own contexts.

Results

Participants were twelve female nurses and six male nurses with a mean age of 37 ± 4.2 and a mean work experience of 13 ± 4.6 years. In total, 314 codes were generated during data analysis which were categorized into the following four main categories: the crisis of hope, bad news, cultural diversity, and nurses' limited professional competence. These categories are presented in Table 1 and are explained in the following.

Table 1
Situations of using a white lie during patients care

Subcategories	Categories
Loss of beliefs	The crisis of hope
Lack of motivation for treatments	
Death anxiety	
News about the diagnosis of a serious illness	Bad news
News about treatment ineffectiveness	
News about significant losses	
Patient's culture	Cultural diversity
Organizational culture	
Limited communication skills	Nurses' limited professional competence
Limited professional knowledge	
Limited professional experience	

The crisis of hope

Hope is an antidote which makes illnesses and their difficulties bearable. Our participants referred to situations in which patients had encountered the crisis of hope after hearing about truths related to their illnesses. Therefore, they had felt compelled to use white-lie-telling in order not to cause patients the crisis of hope in similar situations. The three subcategories of this category were loss of beliefs, lack of motivation for treatments, and death anxiety.

Loss of beliefs

Patients' beliefs may change during the course of illness. Awareness of bitter truths may challenge or change their beliefs. Beliefs in turn affect patients' perceptions of health and illness. According to the participants, a white lie helps nurses reduce the importance of negative situations, supports patients' beliefs, and empowers them to regain their functionality.

When we inform them about the bitter truths, they lose their faith in treatments, dietary regimen, and even in religion and God (P. 14).

Lack of motivation for treatments

In case of serious illnesses or lifetime treatments, motivation is a key factor affecting treatment success and patient adherence to treatments. Our participants referred to tell a white lie or to avoid truth-telling as

strategies for maintaining patients' motivation. Maintaining motivation was among the top priorities of our participants in their clinical practice.

A question which patients always ask is, "Will I recover from this disease?" The answer is sometimes "No". But who can give this answer forthrightly? It will be associated with motivation loss. Thus, we need to use answers like, "Go ahead; it may get better. The science is advancing" (P. 11).

Death anxiety

All people are aware of their death; however, patients with life-threatening health conditions need to face the reality of an imminent death. Awareness of an imminent death can cause an acute psychological crisis for patients and reduce their collaboration and motivation. Moreover, death anxiety can negatively affect hope and quality of life. All these situations may require healthcare providers to tell a white lie.

Family members may warn us about the fact that their patient fears cancer and ask us not to tell him/her the truth. Thus, we should use other words in these cases to prevent patient anxiety or fear over death from affecting his/her hope. For instance, we may use words such as gastric ulcer or tumor instead of the word cancer (P. 13).

Bad news

One of the most challenging situations of using a white lie is when nurses want to give patients and family members bad news. In these situations, nurses may resort to telling a white lie due to their lack of knowledge about strategies for giving bad news, concern over damages to nurse-patient relationships, unfamiliarity with patients' morale and emotions, and fear over patients' strong emotional reactions. Situations in which nurses preferred to tell a white lie for giving bad news were related to the diagnosis of a serious illness, treatment ineffectiveness, and significant losses.

News about the diagnosis of a serious illness

Waiting for the results of diagnostic tests and procedures is very difficult for patients and families. Getting informed about diagnoses which are publicly equated with an imminent death makes these difficult situations even more challenging and may shock patients and families. In these situations, nurses may use a white lie to minimize the effects of the shock associated with hearing about a piece of bad news.

Particularly, in case of the diagnosis of cancer, multiple sclerosis, and similar serious illnesses, we need to play with words to avoid telling the truth about the diagnosis (P. 9).

News about treatment ineffectiveness

Patients seek and adhere to treatments in order to reach their desired outcomes. Long-term chemotherapy courses, major surgeries, and extensive treatments may cause patients to perceive that they are approaching recovery. However, when treatments are ineffective, nurses face challenges and difficulties in telling patients about treatment ineffectiveness and may resort to white-lie-telling.

When futile treatments are continued, patients may come to the conclusion that they are achieving recovery. They may ask us about treatment effectiveness. At that moment, we cannot tell them about treatment failure (P. 10).

News about significant losses

Significant losses such as the loss of a child, an organ, or a family member are very stressful for patients and their family members. Nurses who give news about significant losses to patients and family members may face their unexpected emotions such as shock, anger, belief loss, deep grief, and guilt. Accordingly, they may primarily tell a white lie in order to reduce such emotions.

When a patient dies and we want to inform his/her family members over the phone, we cannot directly tell them that the patient has died; rather, we just tell them that the patient is not in good condition and ask them to quickly refer to hospital (P. 2).

Cultural diversity

Cultural diversity and differences also cause nurses challenges in giving information to patients. Culture spreads through interpersonal relationships and directs patients' behaviors and feedback. People with different cultures and ethnicities have different methods for disclosing information about illness-related realities and have different rituals for dealing with reality. Besides culture and ethnicity, each person has a unique method for dealing with reality. The two subcategories of the cultural diversity main category were patient's culture and organizational culture.

Patient's culture

Nurses need to provide care to patients from different cultures. Because of their cultural beliefs, patients have their own unique behaviors, some of which may not be in line with treatment goals. Thus, nurses may sometimes feel compelled to tell a white lie in order to achieve treatment goals.

There was a child in our ward with a nasogastric tube in place and a "Nothing by mouth" order. His family members brought us an admixture from their home city and believed that the admixture could treat their child. They firmly insisted on the gavage of the admixture while the child should not receive anything by mouth due to his medical conditions. Finally, we had no option but to tell the family that we had given the food to their child (P. 16).

Organizational culture

Healthcare providers also have their own cultures which direct their behaviors. Moreover, organizational culture, values, and beliefs affect their behaviors. According to our participants, organizational culture and policies may require them to tell a white lie.

Even in case of the diagnosis of serious illnesses, we are not permitted to tell the families anything until the physicians inform them. In those situations, we answer patients' questions without referring to the reality (P. 18).

Nurses' limited professional competence

Besides the characteristics of patients, healthcare organizations, and other healthcare providers, nurses' limited professional competence also affected their use of white-lie-telling. This main category included three subcategories, namely limited communication skills, limited professional knowledge, and limited professional experience.

Limited communication skills

Communication is the core of nursing care. To give illness-related information to their patients, nurses need to establish effective trust-based communication with them and to accurately respond and manage their emotions and reactions. In difficult situations when nurses are the only accessible source of information for patients, limited communication skills may require them to use a white lie.

Sometimes, patients ask questions which I don't know how to answer. In these situations, I attempt to provide good answers; however, occasionally I cannot manage the situation and cannot tell the truth without annoying the patient. Thus, I may feel compelled to use a white lie (P. 12).

Limited professional knowledge

Medical and nursing sciences continuously advance and change. Sometimes, nurses do not have adequate knowledge about patients and their treatments and hence, may find themselves in situations which require them to use a white lie.

Sometimes, I may not know the answers to patients' questions. In such situations, I may have no option but to use a white lie. Of course, this is not true for critical situations (P. 15).

Limited professional experience

Adequate professional experience is essential for the effective management of information and situations. Experience helps nurses understand which information should be given to patients and which strategies should be used for giving information. Novice nurses are more prone to situations which require them to use a white lie.

More experienced nurses have magic sentences which are neither a lie nor direct answers to patients' questions. At the beginning of my work, I didn't have experience and told the truth to the patients directly. Such direct truth-telling caused negative consequences. After a while, I sometimes felt compelled to use a white lie to answer some patients' questions (P. 6).

Discussion

This study explored nurses' experiences of the situations of using white lie during patient care. Findings showed nurses may feel compelled to use a white lie during patient care due to factors such as the crisis of hope, bad news, cultural diversity, and nurses' limited professional competence.

The crisis of hope was one of the main categories of the study. This category denoted that nurses experienced fear over the fact that telling a bitter truth may cause a crisis of hope for patients. Maintaining honesty-hope balance is among the necessary skills for truth-telling [25–26]. Techniques such as providing information based on each patient’s personal needs, allocating adequate time to information provision, and informing patients about availability of more accurate diagnostic procedures, possible treatments, and support systems can help ease the crisis of hope [27].

The second main category or situation of telling a white lie during patient care was related to bad news. According to healthcare providers, news which can negatively affect patients’ attitudes or perspectives are bad news [28]. Truth-telling, which is the core component of giving bad news, is a complex task which needs different skills for communicating, understanding, and empathizing with patients. Different people may interpret the same information differently, either positively, negatively, or neutrally [29]. Their interpretation is affected by factors such as values, expectations, previous experiences, and social status [30]. Moreover, their reactions to bad news are not predictable and may include anger, crying, denial, verbal abuse, threatening behaviors, bargaining, and silence. The management of all these reactions necessitates great communication skills [30]. Communicating bad news, healthcare providers may have fear and concern over patients’ reactions, their own negative feelings, time management, accurate provision of information in a rational manner, and their ability to provide logical answers to patients’ and their families’ questions [31]. A study showed that nurses were reluctant to tell patients about bitter truths and did not have the necessary abilities [32].

Culture was another factor which required nurses to tell a white lie. Nurse-patient interactions are affected by their cultures. Culture also affects medical culture, nursing culture, organizational culture, and other interpersonal interactions in healthcare settings [33–34]. Almost all patients in different cultures prefer to receive illness-related information from experienced professionals who are empathetic, use appropriate words for difficult conversations, and are able to maintain patient hope [35]. Truth-telling to patients seems to be easier in countries such as the United States [36], while truth-telling to patients in Asian countries and southeastern European countries is more difficult and necessitates more advanced communication skills to provide appropriate answers to patients’ questions. Almost all cultures prohibit lying [37]. In the Islamic culture of Iran, Islamic principles highlight the importance of respecting the dignity and the latitude of patients and telling the truth to them [38]. Therefore, medical and nursing education authorities need to develop strategies to develop nurses’ competence in truth-telling and information provision to patients.

Besides organizational and patient-related factors, nurses’ limited professional competence also contributed to their use of white lie during patient care. Our findings showed that nurses might use a white lie because of personal factors such as limited communication skills, limited professional knowledge, and limited professional experience. Healthcare providers’ personal attitudes and skills can affect their ability to give information to patients, determine the type of information they should give to patients, and determine the best time and place for giving information [39]. Moreover, the abilities to manage personal emotions, manage communication, and predict the outcomes of the provided

information are important for truth-telling to patients [40]. Experience, adequate professional knowledge, and self-management ability can boost nurses' self-confidence [41] and help them use more effective strategies for providing patients with information. Moreover, the abilities to understand patients' words, assess patients' understanding of treatments, create appropriate physical, emotional, and social environment, and establish rational and effective communication with patients and their families can facilitate truth-telling by nurses and reduce the burden of giving bad news [42].

Limitations

The small sample size and the qualitative design of the study limit the generalizability of its findings. Moreover, this study solely explored the experiences of nurses. Future studies are recommended to explore the experiences of patients, family members, and other healthcare providers in the area of using white lie during patient care.

Conclusion

This study suggests that a wide range of patient-related, nurse-related, and organizational factors may require nurses to use a white lie during patient care. Nurses need to develop their communication skills and experience in order to establish effective communication with patients and provide them with accurate information. Nurses' communication with patients needs to be established based on adequate knowledge about the cultures of patients and healthcare organizations, should aim to maintain patients' hope and motivation for treatments, and should help them make accurate decisions. Based on the findings of the present study, educating nurses about effective communication policies and techniques is recommended. The findings of the present study can also be used as a basis for further quantitative and qualitative studies into the use of telling a white lie during patient care and its consequences. Hospital nurses can also use the study findings to identify the situations of using a white lie and develop their information management competence in these situations.

Declarations

Abbreviations

Not applicable.

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Authors' contributions

A.N. and S.J. contributed in designing the study, M.Sh collected the data, which was analyzed by E.N and M.E, the final report and article were written by M.Sh and it was read and approved by all the authors.

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Availability of data and materials

Data available by contacting the corresponding author.

Ethics approval and consent to participate

The study was approved by research ethics committee of Tehran University of Medical Sciences with the code IR.TUMS.VCR.REC.1397.568. At the beginning of the interviews, interviewees received information about the aim of the study and signed the informed consent form for participation. They were ensured of data confidentiality and their right to voluntarily withdraw from the study.

Consent for publication

Not Applicable

Competing Interests

The author(s) declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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