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Expedient truth-telling in the ICU: a qualitative content analysis

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Abstract

Background Providing ethical care in nursing is of highly important, especially in intensive care units (ICUs). One of the primary challenges in these departments, due to the acute and complex care of patients, is the dilemma of whether to reveal the truth or conceal it. This study aimed to examine nurses' lived experiences of truth-telling to patients hospitalized in ICUs.

Methods An exploratory-descriptive qualitative design was used. In this qualitative study, in-depth, semi structured interviews were conducted with 10 nurses working in ICUs of five educational hospitals. The data were analyzed via conventional content analysis with the five steps of Graneheim and Lundman's technique.

Results Data analysis revealed four main categories. The main theme of this study was "expedient truth-telling" and the categories included Mental and psychological conditions, Preparedness, Level of understanding, and Culture.

Conclusion Although nurses consider truth-telling as patients' right, depending on patients' different situation, they prefer to consider the patients' expedience when they are admitted to the ICU basis on the principles of beneficence and non-maleficence. This expediency helps ensure that patients' hope for recovery is not diminished.

Keywords Truth-telling, Expediency, Nurse, Intensive care units, Qualitative study

Introduction

Today, providing ethically based care is one of the most important approaches in the nursing profession and has been considered ethical by nursing ethics theorists [1]. Therefore, there is no doubt that ethics, as an inseparable part of the professional life of nurses, makes it necessary to pay attention to various aspects of ethical principles in this profession [2]. Nurses apply the four bioethics principles are defined and explained as beneficence, non-maleficence, autonomy, and justice in practice, that truth-telling is known as one dimensions of the principle of autonomy [3, 4]. Truth-telling involves not concealing the truth and refraining from hiding; it entails detailing the entire treatment process instead of merely stating the condition [5]. Health professionals are expected to respect to patient autonomy and tell the truth to their

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patients because it is the right thing to do. This is while most people believe that the truth hurts [6, 7]. This made the right to truth-telling to the patients and their families as one of the ethical challenges in the nursing practice [8].

Intensive Care Units (ICUs) are one of the most stressful hospital departments, where nurses experience more ethical challenges there due to its critical nature [9–11], which truth-telling is one of these challenges. For this reason, nurses, as members of the health team experience various moral discomforts when providing nursing care to ICU patients, it causes them to hide the truth from them, which is contrary to the professional and personal values of nurses [12]. Although lying is not compatible with ethical care and health professionals are expected to tell the truth to their patients, but working conditions and situational characteristics sometimes force nurses to hide the truth [13, 14], so it can make honest communication a challengeable ethical issue in the nurse-patient communication, and undermines therapeutic effectiveness that truth-telling aims to achieve [15]. Religious teachings also strongly emphasize on honesty and truth-telling, however, sometimes maleficence and exposing patients to serious harm is not permissible, and lying is justified in some cases in withholding a part or the whole of the truth [16]. Negarandeh and Khoobi (2022) state that there are many reasons for dishonesty in providing information to patients, and there is a large gap between what nurses want to say and what they do [13]. Although ICUs nurses have a positive attitude toward truth-telling to the patients [17], but it is not easy to break bad news for patients [18]. Mashayekh & et al.(2021) state that if disclosing the truth expose the patients to serious risks, denying the whole or a part of that might be advisable; so, in some cases, lying can be justifiable to protect them [16]. However that the "right to know" is emphasized in bioethics, but in some cultural contexts, health providers are fear to disclosure bad news. Information may not be given directly to patients, because it is believed that the truth may make the patient feel hopeless and unable to cope [19]. It seems that when breaking bad news a balance must be struck between the need to be realistic while maintaining cultural sensitivity and hope, as well as considering individual differences in the ability of family members to receive information [20]. Healthcare professionals often avoid disclosing information about poor prognosis to patients and try to adopt various ways to balance between truth-telling with sustained patients' hope. Most of the time providing false assurance was perceived as permissible and understandable to the patients and their families' hope and sometimes offering unrealistic hope is considered preferable to truth- telling [21]. However, it should pay attention that truth-telling in healthcare is one of the pre-established values of honesty and respect for the patient' autonomy as an individual capable of making decisions. Without being aware of the truth, it is unclear whether patients can make informed decisions or not, so it leads to a failure to respect them as autonomous individuals because lying violates individual autonomy, which conflicts with patient empowerment, shared decision-making, and patient-centered care [22]. Sometimes patients' willingness to know their diagnosis is underestimated, and not telling the truth to them results in poorer daily well-being, more psychological complications, and decreased trust in family and medical staff. Furthermore, family members prefer to tell the truth to patients because believe that they will make reasonable decisions in their best interests [13].

Although truth-telling is a patient's right and aligns with the ethical principle of autonomy, various factors, including the cultural context of the patient and their family, create uncertainty about disclosing the truth. Intensive care units (ICUs) present a particularly challenging environment, as the complex and critical conditions of patients complicate the process of truth-telling for the treatment team and nurses. Nurses often find themselves in a dilemma: on one hand, there is the patient's right to know the truth; on the other hand, there are concerns about potential physical or mental harm and the possibility of diminishing the patient's hope. These ethical dilemmas can create significant uncertainty for nurses, especially in cases involving complex, incurable, or terminal illnesses in ICUs, due to the potential consequences for the patients involved.

This study addresses the question of whether nurses should disclose the truth to patients in ICUs and explores the lived experiences of nurses regarding truth-telling in this critical setting.

Methods

Research design

This study used an exploratory-descriptive qualitative design with a conventional content analysis based on the assumption that texts are rich data sources with great potential to reveal valuable information about specific concepts and create a deeper understanding of a particular phenomenon. This method is a research tool used to determine the presence of specific words, themes, or concepts in some qualitative data (e.g., text), and by using it, researchers can analyze the presence, meanings, and relationships of such specific words, themes, or concepts [23].

Research participants and settings

Ten nurses at least 2.5 years of experience in the ICU, were purposively selected to participate in this study. Inclusion criteria were employment or having experience in the intensive care units (ICUs) for a minimum

of 6 months, willingness to participate in the study and the ability to openly share personal experiences feelings, and perceptions, also exclusion criterion was Unwillingness to keep participating in the study. After the purpose of the study was explained to the participants, informed consent was obtained, and they were coordinated with the main researcher (RCh) to conduct the interviews. The participants were selected based on an analysis of earlier interviews to address and clarify any remaining ambiguities. The sample size was determined by the principle of data saturation, defined as the point at which no new information emerges and previously collected data are sufficiently validated [24]. In this study, saturation was achieved when the final two interviews yielded no additional concepts. Data were collected from intensive care units (ICUs) in five educational and medical centers affiliated with Tabriz University of Medical Sciences in north-west Iran.

Data collection

Data were collected through 10 semi structured in-depth interviews and 3 complementary interviews from November 2023 to June 2024 by main researcher (RCh). An interview guide was developed for this study and each one began with a general question about the nurses' work experiences to foster suitable communication. All the interviews were conducted in a private setting agreed upon with the participants, and all the interviews were audio recorded and transcribed into a Word document. The main interview questions included the following: What is your experience with telling the truth to patients? What do you consider when truth-telling? On the basis of the participants' responses, probing questions (such as "Could you explain further or give an example?") were asked to encourage further explanation and clarification. The interviews lasted between 30 and 45 min (mean: 38.5).

Table 1 Demographic characteristics of nurses participating in the study

Gender	Age (Years)	Experience in ICUs (years)	Education	Interview Duration (minutes)
Female	33	5	Ph.D. in nursing	36
Female	30	6	Bachelor of Nursing	41
Female	49	15	Master's Degree in Nursing	39
Female	38	13	Bachelor of Nursing	34
Female	37	11	Ph.D. in nursing	44
Female	26	2.5	Master's Degree in Nursing	45
Female	32	4.5	Ph.D. Candidate in nursing	42
Male	46	21	Master's Degree in Nursing	38
Female	44	19	Bachelor of Nursing	35
Female	44	20	Ph.D. Candidate in nursing	31
Mean	**37.9**	**11.7**	-	38.5

Data analysis and trustworthiness

Data analysis was conducted immediately after data collection and the five-step technique of conventional content analysis proposed by Graneheim and Lundman (2004) was used for data analysis [25]. In accordance with this technique, each interview was read and reviewed several times to improve general understanding, and then semantic units were identified as aspects of participants' experiences of the concept in the study. After that, they were labeled as primary codes, and these codes were grouped on the basis of their similarities and differences to subcategories and then into main categories. Finally, the main theme (which represents the hidden content of the text) was extracted from the categories.

The rigorous criteria presented by Guba and Lincoln (1985), including credibility, transferability dependability, and confirmability were applied [26]. Credibility was achieved through the long-term presence of the main researcher (R.Ch) in the study environment and discussion of the findings with the research team. For dependability; the entire research process, including data collection, analysis and coding processes from open codes to final categories, was reported in detail and promoted by an audit trial. Transferability was achieved with maximum sampling, and confirmability dependability was obtained through a complete recording of all activities performed in the research process.

Ethical considerations

This study was approved by the Research Ethics Committees of Tabriz University of Medical Sciences (IR. TBZMED.REC. 1402.450). The study was conducted in accordance with the Declaration of Helsinki [27] so the participants were informed about the purpose of the study and completed written informed consent to participate in the study. Participation was voluntary, and the participants could withdraw from the study at any time. Data confidentiality was observed throughout the data collection, analysis, and reporting of results. The anonymity of patient data was maintained, and numerical codes for participants were used in all analyses and reports by the main researcher (RCh).

Results

The participants in this study were 10 nurses (9 females and 1 male); their mean age was 37.9 years [26–49] and their ICU care experience was 11.7 years (2.5–21), Table 1.

The results extracted from the experiences of nurses working in ICUs were divided into 20 subcategories and 4 categories including mental and psychological conditions, Preparedness, level of understanding, and patient culture; thus, the main theme of this study was "expedient truth-telling", Table 2.

This study showed that the truth must be considered as an essential human right, but four conditions must be met:

1) **Mental and psychological conditions**

In their experience, participants noted that one of the most crucial conditions for truth-telling to a patient is being attentive to the patient's mental and emotional state. Nurses' experiences indicated that the psychological condition of patients, stemming from their physical and medical issues, can significantly influence their reactions to receiving bad news or the truth. They mentioned that this condition can be improved by having social and family support, the ability to handle with hearing the truth, establishing calm before delivering the truth, and minimizing stress in patients prior to disclosing the truth.

On the basis of my experience, I compare the patient's mental status with the previous days to see if it has improved. Over time, we learn what can improve the patient's mental and emotional status or what can make it worse. With the knowledge I gain from my patient, I know that if I talk about the truth; he cannot stand, and his condition will be worse. … Emotionally, he would get upset whenever we talked about his problem. I would check the patient's condition based on the previous days and compare whether is now the suitable time for me to give the patient some bad news or not. (P.07)

…. At the beginning of a patient's diagnosis, his social and family support is usually more. Therefore, at this time I can tell him the truth, answer all his questions, and explain to him, but when I see that the patient has no social and family support and is alone, I cannot tell the truth. Or when I see that he cannot endure to hear the truth; although I do not give false hope; I will not tell the truth until the patient is not in a good mental status and stressed. (P.06)

2) **Preparedness**

According to the experiences of nurses, one of the conditions considered for truth-telling to the patient is to assess the patient's preparedness to hear the truth, which is assessed with the patient's previous level of awareness, the level of readiness on the stage of the disease, the level of acceptance of the truth. In nurses' experience achieving this level of readiness is a step-by-step process that develops over time and gradually in the patient and based on her/his acceptance capacity and the ability to acceptance. According to one participant, telling the truth gradually to the patient can prepare the patient and even the family for any consequences in the patient's treatment process.

…It is right that we tell the truth to the patients, but we must keep in mind that this truth should not be told at any cost because considering the patient's benefits is our priority. Therefore, the truth should be told to the patient and his/her family gradually and step-by-step so that is acceptable to them… The patient's level of awareness must be consider—namely, how much they understand and know about their own illness. (P.10)

When we, as a member of the healthcare team, decide to tell the truth, we first examine the patient's level of preparation. Because truth-telling suddenly is dangerous, it can cause stress and create more serious problems for patients who are not ready to hear it. It means that the patient reaches the level of readiness to accept the truth until not being shocked by the truth, and this means the patient's mental assumptions have prepared for acceptance. (P.07)

I always tell my patients the truth gradually, because patients need to see their symptoms and be aware of their condition, and some questions should be posed to them such as: "Did the endoscopy results show up? Is there anything wrong with the results? Is it possible that I have cancer considering my condition? My sister, who had colon cancer, had similar symptoms to mine. As a member of the healthcare team; I have to assess the level of awareness of her, and then tell the truth on the basis of her ability to cope with that. (P.02)

Sometimes, even though my patient has been in the ICU for several days and has received a lot of information, I have seen that every time his test results show up or his condition becomes acute, he becomes extremely agitated and develops severe physical symptoms owing to stress, he does not even talk to anyone for a long time and resists accepting treatment. I think that not every patient has the capacity to easily accept the truth and may even lose the effort to get better. … So he or she needs to be ready to it. (P.04)

Table 2 Analytical pathway from participant quotations to subcategories, categories, and main themes

Participants Quotations	Initial Codes	Sub-Categories	Categories	Main theme
"…. At the beginning of a patient's diagnosis, his social and family support is usually more. Therefore, at this time I can tell him the truth, answer all his questions, and explain to him, but when I see that the patient has no social and family support and is alone, I cannot tell the truth…"(P.06)	- social support for the patient - family support for the patient	Providing social and family support	**Mental and psychological conditions**	**Expedient truth-telling**
"On the basis of my experience, I compare the patient's mental status with the previous days to see if it has improved. Over time, we learn what can improve the patient's mental and emotional status or what can make it worse. With the knowledge I gain from my patient, I know that if I talk about the truth; he cannot stand, and his condition will be worse…Emotionally, he would get upset whenever we talked about his problem. I would check the patient's condition based on the previous days and compare whether is now the suitable time for me to give the patient some bad news or not". (P.07)	-assessing the patient's mental status - ability to tolerate hearing bad news - checking the patient's condition based on the previous days to tell the truth	Being able to handle bad news/the truth		
"I observe the patient's mental and emotional condition; if they are restless, crying, frightened, or otherwise distressed-factors that affect their physical state—I no longer tell them directly that they will certainly require for example to dialysis. Instead, I might say, 'Let us wait for the results of your other tests, and have another physician examine you as well. We will see what his opinion is.' I try to calm the patient a little…" (P. 6)	- observing the patient's mental and emotional condition - Trying to calm the patient down before telling the truth	Establishing calm before delivering the truth		
"…or when I see that he cannot endure to hear the truth; although I do not give false hope; I will not tell the truth until the patient is not in a good mental status and stressed. " (P.06)	- assessing tolerance for hearing bad news - not telling the truth before reducing patient's stress	Minimizing stress prior to disclosing the truth		
"… It is right that we tell the truth to the patients, but we must keep in mind that this truth should not be told at any cost because considering the patient's benefits is our priority. Therefore, the truth should be told to the patient and his/her family gradually and step-by-step so that is acceptable to them… The patient's level of awareness must be consider—namely, how much they understand and know about their own illness " (P.10)	-not telling the truth at any cost -considering the patient's benefits -telling the truth gradually and step-by-step -considering patient's level of awareness	Assessing prior awareness of the truth	**Preparedness**	
"Sometimes, even though my patient has been in the ICU for several days and has received a lot of information, I have seen that every time his test results show up or his condition becomes acute, he becomes extremely agitated and develops severe physical symptoms owing to stress, he does not even talk to anyone for a long time and resists accepting treatment. I think that not every patient has the capacity to easily accept the truth and may even lose the effort to get better. …So he or she needs to be ready to it…"(P.04)	-Patient's lack of readiness despite several days of hospitalization -Resisting treatment due to a lack of readiness to hear the truth -Preparing the patient to hear the truth	Evaluating readiness in relation to the stage of the disease		
"When we, as a member of the healthcare team, decide to tell the truth, we first examine the patient's level of preparation. Because truth-telling suddenly is dangerous, it can cause stress and create more serious problems for patients who are not ready to hear it… Therefore, the patient must be prepared to hear bad news." (P.07)	-assessing the patient's level of readiness before telling the truth -preparing the patient for hearing bad news	Facilitating the process of truth disclosure		
"I always tell my patients the truth gradually, because patients need to see their symptoms and be aware of their condition, and some questions should be posed to them such as: "Did the endoscopy results show up? Is there anything wrong with the results? Is it possible that I have cancer considering my condition? My sister, who had colon cancer, had similar symptoms to mine. As a member of the healthcare team; I have to assess the level of awareness of her, and then tell the truth on the basis of her ability to cope with that." (P.02)	-helping the patient to gradually prepare -assessing the patient's level of awareness of the stage of their illness -telling the truth based on the patient's ability to cope with the truth and then tell the truth based on their ability to cope with it	Reaching a point of acknowledgment and acceptance of the truth		

Table 2 (continued)

Participants Quotations	Initial Codes	Sub-Categories	Categories	Main theme
"…It means that the patient reaches the level of readiness to accept the truth until not being shocked by the truth, and this means the patient's mental assumptions have prepared for acceptance." (P.07)	-helping to increase patient acceptance capacity by creating preparedness -the patient's mental readiness to accept the truth	Developing the capacity to accept the truth		
"We do not all exhibit the same reaction to the events that happen to us, nor do we possess an identical level of acceptance. The stages through which individuals come to accept an issue or an illness can vary considerably. I must therefore assess and determine how this patient is coping with the truth based on their condition. " (P.07)	-assessing the patient's level of acceptance of the truth -assessing the patient's coping with the truth	Acceptance and the ability to cope with the truth		
"For patients who have only recently received a diagnosis, they must gradually come to understand what has happened to them. For a patient who is in the end stage, it may not always be essential to answer every question. Yet at times, for patients who are at the end stage of their illness, I may choose to respond to all their questions truthfully. "(P.03)	-helping the patient to cope with the disease gradually -gradual increase in the patient's ability to handle the truth	Gradual enhancement of the ability to come to cope with the truth		
"If my patient asks me a question, I will speak to him honestly, but I will not tell everything from the beginning. First, I ask him how much he knows about his illness. For example, if I tell someone who does not know what grade 4 cancer is that you have the last stage of cancer, or if I tell someone who has no idea what dialysis is, that you are going to have hemodialysis, he will not understand at all, it will confuse and make the patient anxious. A patient who is educated but not health literate may face the same situation, and may even search for information on the internet and web that confuses her. "(P.9)	-assessing the patient's level of awareness of the stage of disease - the patient's ability to interpret the illness' condition	The patient's ability to interpret the truth	**Level of understanding**	
…"Usually the patient feels that the nurse is more confidential, closer, and more accessible than the physician because the ICU nurse is constantly beside him or her and can answer the questions. Therefore, at such a time, I feel obliged to answer the patient's questions and tell the truth because I believe it is completely in the patient's best interest. After all, he or she will be more committed to continuing treatment, following the treatment regimen, and attending follow-up, and will understand that the condition is serious. Therefore, I prefer to tell the truth, but only to the extent that it is understandable and meaningful to my patient based on his or her knowledge and awareness about illnesses; otherwise, everything I say may make him/her feel worse, confused, or even more worried." (P.03)	-telling the patient the truth to ensure the patient's best interests -Telling the patient the truth to improve treatment adherence - telling the truth based on the patient's level of knowledge and awareness -telling the truth based on the patient's level of understanding of the disease	Understanding the level of knowledge and awareness		
"It depends on the way through which they [patients] understand best. It cannot be defined merely by cognitive age; rather, it is the approach that enables them to comprehend most effectively. In addition to age, educational background depends on both general education and health literacy. Some patients even check their phones and search the internet to see what I have explained to them. " (P. 05)	-choosing the best method for the patient to understand the truth -considering the patient's education level to understand the truth -considering the patient's health literacy to understand the truth	The patient's level of education as a factor in their understanding Understanding based on the patient's level of health literacy		

Table 2 (continued)

Participants Quotations	Initial Codes	Sub-Categories	Categories	Main theme
“When I intend to tell the truth to my patients, their level of understanding functions much like health literacy — that is, the extent to which they can comprehend what I am about to explain, and how much I need to break the information into smaller, incremental parts so the patient can clearly understand what I am saying. " (P.07)	-considering the patient’s health literacy to understand the truth -assessing the patient’s understanding of telling the truth -assessing the patient’s understanding of telling the truth -Telling the truth gradually to better comprehend the patient	Understanding refers to the level of the patient’s comprehension		
“I convey the truth to the patient in a way they can understand—that is, in the patient’s own language. For instance, if a patient has no prior knowledge about a pacemaker, I explain that their heart needs an auxiliary battery to function better. By presenting the information this way, the patient is more able to comprehend the reality of their condition. " (P.01)	-telling the truth in a way the patient can understand -Provide explanations in language the patient can understand -having the right communication to understand the truth	Effective communication in the patient’s own language		
…“For example, a patient with prostate cancer may refuse catheterization entirely and decline the procedure outright. He insists it is impossible and will not permit it. For various reasons—even when it is said to be in his best interest, often due to cultural or personal beliefs—he may say: ‘No need, I don’t have a problem and I’ll be fine. No one has ever seen my private area, and I will not allow it; it is inappropriate and shameful.’ Therefore, we must consider the patient’s cultural background and individual beliefs. …” He said, “I have lived with dignity and respect for many years, and now someone is going to see a very private part of my body. What will others think?” The patient feared we might tell his family that a urologist had examined him and seen his private organs. (P.06)	-considering individual beliefs in telling the truth -considering cultural beliefs in telling the truth -considering the patient’s concerns about telling the truth	Consideration of individual beliefs and perspectives	**Culture**	
“We have different ethnic groups in our country, and we also have various cultures with other religious beliefs and accept some things such as telling the unpleasant truth clearly; in some cultures, it is completely difficult because of social customs. The patients say, ‘I lived with dignity for years, but now with my new physical condition, I cannot’. Families believe that it may take away the patient’s hope of living and getting better, which is why it is important to pay attention to culture here. Therefore, in addition to being honest, we must also be cautious and consider their culture through truth-telling.”(P.06).	-considering the patient’s customs and traditions in telling the truth -paying attention to family culture in telling the truth -losing hope upon hearing bad news by patient.	Attention to social customs and traditions		
“I must assess the patient’s cultural framework, which may be causing their distress — for example, consider situations where shaving a patient’s beard and mustache becomes necessary for a procedure, such as jugular line insertion, or when a maxillofacial specialist needs to examine the patient. However, due to his cultural or religious beliefs, the patient may have never trimmed his beard and mustache. In such cases, cultural sensitivity is essential. Thus, when telling the truth, one must be not only honest but also cautious and mindful of the patient’s cultural and religious background. " (P.08)	-recognizing the individual and social culture of the patient’s community by the nurse -respecting for the patient’s religious beliefs -Understanding the patient’s cultural and religious sensitivities in telling the truth	Respect for the individual’s religious beliefs		

3) **Level of understanding**

In the participants’ experiences, one of the important issues that should be considered in truth-telling is the patient’s understanding and realization of the information provided to them. The results indicated that for the patient to grasp the truth; their ability to interpret is crucial and relies on the level of literacy, knowledge and awareness of the subject, as well as the patient’s educational background, level of the patient’s comprehension,

and effective communication in the patient's own language. The nurse's responsibility is to communicate with patients in their own language and evaluate how well the patient has understood the explanations. Furthermore, health literacy in patients can help to clarify the treatment process and accept the truth.

If my patient asks me a question, I will speak to him honestly, but I will not tell everything from the beginning. First, I ask him how much he knows about his illness. For example, if I tell someone who does not know what grade 4 cancer is that you have the last stage of cancer, or if I tell someone who has no idea what dialysis is, that you are going to have hemodialysis, he will not understand at all, it will confuse and make the patient anxious. A patient who is educated but not health literate may face the same situation, and may even search for information on the internet and web that confuses her. (P.9)

…Usually the patient feels that the nurse is more confidential, closer, and more accessible than the physician because the ICU nurse is constantly beside him or her and can answer the questions. Therefore, at such a time, I feel obliged to answer the patient's questions and tell the truth because I believe it is completely in the patient's best interest. After all, he or she will be more committed to continuing treatment, following the treatment regimen, and attending follow-up, and will understand that the condition is serious. Therefore, I prefer to tell the truth, but only to the extent that it is understandable and meaningful to my patient based on his or her knowledge and awareness about illnesses; otherwise, everything I say may make him/her feel worse, confused, or even more worried. (P.03)

4) **Culture**

The participants noted that one of the crucial factors to consider when telling the truth to a patient is the patient's culture. They emphasized that for truth-telling; it is important to assess the characteristics of patients' lives, including their individual beliefs and perspectives, social customs and traditions, and religious beliefs.

We have to be very careful in telling the truth to the patient and consider the patient's culture in consultation with his family. Sometimes families do not like telling the truth to the patient in such a naked way, because on the basis of their knowledge of their patient, it may disrupt the patient's mental and psychological state and take away their hope for life. … (P.03).

We have different ethnic groups in our country, and we also have various cultures with other religious beliefs and accept some things such as telling the unpleasant truth clearly; in some cultures, it is completely difficult because of social customs. The patients say, 'I lived with dignity for years, but now with my new physical condition, I cannot'. Families believe that it may take away the patient's hope of living and getting better, which is why it is important to pay attention to culture here. Therefore, in addition to being honest, we must also be cautious and consider their culture through truth-telling.(P.06).

Discussion

The present study is one of the few studies that examine the issue of truth-telling to patients admitted to the ICU on the basis of nurses' experiences. The results of this study showed that nurses, as key members of the intensive care unit treatment team, agree with the truth to patients because they consider it an important ethical right for the patient; however, they consider it subject to several factors, including the patient's mental and psychological conditions, the patient's preparedness, the patient's level of understanding, and the patient's culture.

Truth-telling is part of the duties of healthcare professionals, but some uncertainty about that still exists [28]. While it can be argued that truth-telling is merely a primary commitment, one commitment can be ignored if it conflicts with others. This is particularly relevant to the principles of beneficence and non-maleficence in bioethics, which are used to justify not telling patients the truth [14]. Zolkefli (2018) asks this question: "is lying or concealing the truth justifiable if it saves a person's life or a community's life or avoids another great evil?" and suggests that health professionals may not always tell the truth, depending on the situation, but this does not negate the significance of truth-telling [22]. Since nurses play important roles as educators, advisors, facilitators, and supporters in truth disclosure, as professionals who frequently come into contact with patients, they can play active roles in truth-telling [29–31]. According to nurses' experiences being honest with the patient is essential, and hiding the truth or telling lies is unethical and not to the patient's best benefit because it can hinder patient trust and affect the treatment process and compliance. Negarandeh et al. (2022) reported that dishonesty to patients can have several causes that force nurses to hide the truth from patients [13]. Some healthcare professionals believe that the "truth" belongs to the patient and should be told, while opposing views prefer to consider the patient's situation and not tell the truth [32]. According to Nikbakht (2020), the use of white lies is intended to create the right

context for presenting the truth for therapeutic goals, and the patients' level of understanding can be utilized to convey information [33]. However, generally, nurses have a positive attitude toward telling the truth to patients admitted to the ICU [17], which is also consistent with the findings of the present study.

The findings of this study show that although the patient has the right to hear the truth on the basis of the ethical principle of autonomy, owing to the problems it can cause, the patient's situation and expedience should also be considered when truth-telling. As mentioned; in this expediency, which is based on the experiences of the nurses, one thing is to consider the patient's mental and psychological conditions. Hearing the truth in a situation where ICU patients are in an acute and complex situation can exacerbate their physical problems or create new ones and can also affect the patient's mental status, causing problems such as low mood, depression, agitation, stress, and anxiety. This finding was also confirmed in the study of Alsaadi (2019), who reported that truth-telling can lead to multifaceted harm and arouse patients' fears, causing complex experiences, ambiguity, and contradictory feelings about telling the truth, ultimately leading to concealment in nurses [34]. fear of causing distress, helplessness, depression, and injustice in patients, is the main reason for hiding bad news about serious illnesses [35, 36], can disrupt the long-term adjustment of patients to the consequences of revealing the truth [37]. The healthcare team is obligated to protect their patients from emotional distress and despair, even at the cost of denying the truth about their health [32]. Therefore it is essential that the patient be prepared to hear the truth or bad news in an appropriate emotional and psychological status and the content of the truth should be commensurate with the patient's understanding and awareness, and psychological support provided after delivering the news should be continuous [36, 38]. It seems if patients are not psychologically prepared to hear the truth, they may lose hope and eventually become noncompliant [39]. Mashayekhi et al. (2021) state that revealing the truth may expose the patient to specific and serious psychological risks, so, denial of all or part of the truth may be recommended, and even in rare cases lying to protect the patient may be justified [16], in this way, he/she will have more hope for treatment [40]. Therefore, assessing and observing patients' mental and psychological conditions is essential for hearing the truth [41]. According to our findings, another thing that should be considered in truth disclosure to the patient is the degree of patient preparedness, which is the state of being ready or willing to do something [42]. One of the main challenges in unpreparedness is truth shock or the patient's inability to cope with it; in fact this shock is caused by the lack of prior preparation, the unpleasant nature, and the sudden announcement of bad news, which is related to the patient's non- preparedness in hearing the truth, because assessing a patient's preparedness to hear the truth is essential because can lead to patient's mental breakdown [8, 36]. The truth-telling depend on what the patient wants to know and is ready to know [43], however, if there is evidence that the patient is not prepare or want to know the truth, disclosure can be a potentially harmful that may undermine the patient's confidence in coping with the illness [44]. Therefore, truth-telling can be a complex process that requires the treatment team to assess each patient's preparedness to hear the truth first and inform them about the diagnosis. Wu et al. (2021) noted that approximately one-fifth of patients infer their diagnosis during subsequent treatment and can guess that by considering their symptoms with information retrieved from the internet [45]. Partial and gradual disclosure of the truth rather than the whole story at the time of initial diagnosis can help create preparedness to protect patients and maintain their hope [46]. Therefore, gradually and step-by-step telling the truth about the disease to the patient increases the patient's preparedness to hear it, and helps patients to accept and live with their disease while maintaining a strong sense of hope [45]. This degree of preparedness needs to the patient's capacity for acceptance and ability to cope with it. Acceptance of the illness is a process that patients must face and eventually accept, which depends on factors such as age, sex, living conditions, and lifestyle [47, 48]. When healthcare providers decide to reveal the truth to a patient, the patient may not accept the truth because they fear the reality and its consequences, such as losing autonomy, becoming a burden to others, feeling close to death, and being separated from the family; so they try to deny the truth, it is on the basis of patient's culture, literacy level, socio-demographic characteristics, level of understanding, and personality [8]. So healthcare providers need to take precautions to identify factors that can influence patients' responses to the information provided. This is necessary to encourage the treatment team to avoid undermining the commitment to honesty and truthfulness and to ensure that robust strategies are prepare to provide effective information acceptance [22].

Another finding of this study is the patient's level of understanding of the truth, which is the ability to perceive and become aware of the subject through the senses [49]. Khalil (2013) stated that sometimes patients do not have a correct understanding of their disease, and despite having a progressive disease, they think that their condition is stable or improving [50]. To achieve the patient's understanding of the truth, the ability to interpret the truth, the level of knowledge and awareness, level of education, level of the patient's comprehension, and the mastery of health information or health literacy of the patient should be considered. Some studies have shown

that patients' understanding is independent on their education level [51], but it is associated with health literacy, others know that it is associated with their age and education level [52, 53]. Health literacy (HL) is defined as the cognitive and social skills that determine an individual's motivation and ability to access, understand, and use information in ways that promote and maintain good health [54]. An adequate HL requires that patients be able to make informed decisions about their health status on the basis of their understanding of health care information [55]. Also the patients with higher health literacy are generally better able to comprehend and use health-related information, thereby improving their perception of illness [56], this is while, the patients with limited health literacy may struggle to obtain, process, and comprehend health information, which can prevent them from recognizing their disease or condition [53]. Some patients do not try to understand the truth because they are afraid of facing it [8], so when faced with a health threat, they seek to create a mental representation of their illness on the basis of available information that provide a sense of meaning that can lead to psychological adaptation to various health threats [57]. Therefore, having prior knowledge or health literacy can help patients understand the truth [58]. The importance of patient understanding is so great that one of the main steps in the BREAKS protocol and the SPIKES model are assess the patient's knowledge, perceptions, and expectations before telling the truth to develop a logically accurate picture of how the patient perceives the medical condition [59, 60].

The final finding of our study is the need to consider the patient's culture when disclosing the truth, which is a significant issue in truth-telling to patients admitted to the ICU. The nurses stated that most of the families do not want to tell the truth to the patient frankly because they know that the consequences of hearing the truth can deprive the patient of hope for recovery. Most of them consider cultural values to be the crucial criterion for disclosing truth to patients. The evidence indicates that truth-telling practices and preferences are, to some extent, cultural artifacts. Therefore, the culture of truth disclosure differs from one society to another [61]. So, individuals' personalities, culture, religious beliefs, and ethnic traditions must considered when presenting the information. One study has shown that healthcare providers can deliver bad news to patients more effectively and satisfactorily by using an approach informed by culture, patient preferences, and ethical values [8]. The cultural factors play a significant role in a patient's response to a difficult illness and decision-making [62], so the patient's cultural differences should be considered in breaking bad news [5]. Zhang et al. (2020) emphasize paying attention to cultural sensitivity, understanding individual differences, and compliance with relevant laws and regulations for truth disclosure [63]. The meaning of truth and its acceptance vary across cultures [61], which requires sensitive encounters with patients and the sharing of information via appropriate communication skills [64]. Since different cultures have various attitudes toward honesty and breaking bad news, in Western societies patient autonomy and direct communication with the patient are prioritized, whereas in Eastern societies it is still preferable to hide the truth from the patient and not tell it to the family [63, 65]. The patients and family members may react differently to truth-telling because of different beliefs, customs, and cultures which complicates the issue, so critical care nurses play significant role in breaking bad news and have positive attitudes toward participating in this process [66]. In Islamic cultures, reluctance arising from cultural, religious, and emotional factors often leads to non-disclosure. In these societies, disclosure practices—especially in cases of terminal illness—are strongly shaped by religious beliefs and cultural traditions. Some Muslim patients may struggle to accept their diagnosis and seek alternative treatments in hopes of a miracle, while families sometimes conceal the truth to avoid hastening death or to show respect and protection [67, 68]. In Iran, healthcare providers often withhold the truth from patients for several reasons, including a desire to maintain hope and minimize psychological distress. Instead, they tend to inform the family about the patient's condition. The main focus of this approach is to prevent psychological stress for patients, and families play a crucial supportive role in this context [8, 69]. Therefore, most studies show that the treatment team prefers not to tell the truth and sometimes considers disclosure wrong because it can frustrate patients and disrupt the treatment process [16, 70]. On the basis of the unique circumstances of each patient, it is not possible to prescribe a perfect solution for all of them. Even though disclosing the truth may expose the patient to specific and serious psychological risks, concealing the truth may be justified to protect the patient [16], and be considered the cultural class of patients because meaning of truth and it's acceptance of it means differently across the cultures, and should considered in therapeutic decision-making [22, 61].

Limitations

This study faced challenges in coordinating interviews with ICU nurses due to their demanding schedules and heavy workloads, which often made it difficult to arrange sessions at convenient times for both parties. As a result, efforts were made to schedule and conduct the interviews during the nurses' non-working hours. Additionally, the study focused exclusively on the perspectives of ICU nurses. While their insights are invaluable, they represent

only one aspect of the overall experience. To gain a more comprehensive understanding, future research should also include the viewpoints of ICU patients, whose perspectives could provide further depth and enrich the overall interpretation of the findings.

Conclusion

Patients admitted to the ICUs are in acute and complex conditions, and nurses caring for these patients face numerous ethical challenges in dealing with these patients. Although, based on the principle of autonomy, hearing the truth is considered a patient's right, owing to the different conditions of the patient in Iran as an Eastern society, nurses prefer to consider the patient expedient when truth-telling to them on the basis of the principles of beneficence, non-maleficence, and justice (#). In this expediency; the patient's mental and psychological conditions, preparedness, level of understanding, and culture should be considered so that disclosing the truth does not take away the patient's hope and possibility of recovery. Finally, it is true that truth-telling to patients in ICUs is essential; however, it should not be overlooked that when discoursing the truth, there may be bitterness concealed by the listener. Therefore, what can be deemed essential in truth-telling is considering the patient's situation, expediency, and his/her therapeutic goals.

Abbreviations

ICU	Intensive care unit
BREAKS	Background, Rapport, Explore, Announce, Kindling, Summarize
SPIKES	Setting, Perception, Invitation or Information, Knowledge, Empathy, Summarize or Strategize

Supplementary Information

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Supplementary Material 1

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Author contributions

RCh: main researcher, project design, interviewer, data coding, analysis, interpretation, writing and revision of the manuscript. HH: Correspondence, 1 st supervisor, project design, analysis, interpretation, and revision of the manuscript. HE: methodological adviser, project design, analysis, and interpretation MB: adviser, project design, data analysis, interpretation, and revision of the manuscript. SSh: 2 nd supervisor, design the project, analyzed, and interpreted the data. MSF: ethical adviser, project design, analysis, and interpretation.

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Data availability

The datasets used and analyzed during this study and the interview guide used are available from the corresponding author upon reasonable request via email: (mailto: hassankhanihadi@gmail.com).

Declarations

Ethics approval and consent to participate

This article is the result of a Ph.D. dissertation in nursing, which was approved by Tabriz University of Medical Sciences after ethical approval was obtained (IR.TBZMED.REC.1402.450). Written informed consent was provided by all participants. A written consent form was completed by all participants so that they could leave the study at any step of the study, and they could leave the study at any step of the research and be allowed to record audio during the interview. They were assured that all information from the interviews would be confidential. Researchers announced that they may be referred again for complementary interviews, and if nurses want, they can be informed of the study results.

Consent for publication

Not applicable.

Competing interests

The authors declare no competing interests.

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