



KNOWLEDGE, ATTITUDE OF CLINICIAN / ADMINISTRATORS / NURSES TOWARDS BREAKING BAD NEWS TO PATIENTS

Medicine

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ABSTRACT

Information that drastically alters the life world of the patient is termed as bad news. Conveying bad news is a skilled communication, and not at all easy. A growing body of evidence has demonstrated that most patients want to be informed about their illness, treatment and prognosis, whether this information is good or bad¹.

Most physicians experience difficulty when required to deliver bad news. The amount of truth to be disclosed is subjective. A properly structured and well-orchestrated communication has a positive therapeutic effect. This is a process of negotiation between patient and physician, but physicians often find it difficult due to many reasons. They feel incompetent and are afraid of unleashing a negative reaction from the patient or their relatives. Information that drastically alters the life world of the patient is termed as bad news. Conveying bad news is a skilled communication, and not at all easy. A growing body of evidence has demonstrated that most patients want to be informed about their illness, treatment and prognosis, whether this information is good or bad¹. Questionnaire for Knowledge, Attitude of Clinician / Administrators / Nurses towards communicating bad news to patient developed and validation was done. The validated questions were sent to 70 Clinicians, Nurses and Administrators of 5 multispecialty hospital in Delhi NCR, out of which Clinician (N= 54), Nurses (N = 52) and Administrators (N = 54) responded. This study was done to assess the knowledge, attitude, and practice (KAP) of Clinician / Administrators / Nurses about communicating bad news to patient. It was a questionnaire-based cross-sectional study. Questionnaire for Knowledge, Attitude of Clinician / Administrators / Nurses towards communicating bad news to patient developed and validation was done. The validated questions were sent to 70 Clinicians, Nurses and Administrators of 5 multispecialty hospital in Delhi NCR, out of which Clinician (N= 54), Nurses (N = 52) and Administrators (N = 54) responded. This study was done to assess the knowledge, attitude, and practice (KAP) of Clinician / Administrators / Nurses about communicating bad news to patient. It was a questionnaire-based cross-sectional study. The findings of the study suggest a huge scope for improving the awareness and knowledge about communicating bad news to patient among the Clinician / Administrators / Nurses who will be the backbone of health care delivery in future. For this, there is a need for continuous educational initiatives like CME, and it should also be included in their curriculum as part of their study / on the Job Training. A protocol was suggested to follow in hospital.

KEYWORDS

Knowledge, Attitude, Clinician, Administrators, Nurses, Breaking bad news, Patients, Protocol

Introduction

Breaking bad news is part of the art of medicine. A bad news is always a bad news, however well it is said. But the manner in which it is conveyed can have a profound effect on both the recipient (the patient) and the giver (the physician). If done badly, it will hamper the well being of patient, impair the quality of life and future contact with the health care professional will be thwarted. It is a skill that has to be learnt by the physicians and other caregivers and effective methods of communication skills training are available. Information that drastically alters the life world of the patient is termed as bad news. Conveying bad news is a skilled communication, and not at all easy.

Most physicians experience difficulty when required to deliver bad news. The amount of truth to be disclosed is subjective. A properly structured and well-orchestrated communication has a positive therapeutic effect. This is a process of negotiation between patient and physician, but physicians often find it difficult due to many reasons.

Objectives

The objectives of the study were:

- To study the Knowledge & Attitude of Clinician / Administrators / Nurses towards communicating bad news to patient
- To suggest a protocol for breaking / communicating the bad news to patients and next of Kin.

Material & Methods

Questionnaire for Knowledge, Attitude of Clinician / Administrators / Nurses towards communicating bad news to patient developed and validation was done. The validated questions were sent to 70 Clinicians, Nurses and Administrators of 5 multispecialty hospital in Delhi NCR, out of which Clinician (N= 54), Nurses (N = 52) and Administrators (N = 54) responded. This study was conducted in between Jan 2017- Jan 2018. This study was done to assess the knowledge, attitude, and practice (KAP) of Clinician / Administrators / Nurses about communicating bad news to patient. It was a questionnaire-based cross-sectional study. Study tool was a validated

questionnaire containing 12 questions to evaluate KAP of communicating bad news to patient among Clinician / Administrators / Nurses in a Tertiary Care Teaching Hospital of North India. A questionnaire was designed by following preceding studies. Questionnaire was pretested in a small group of Clinician / Administrators / Nurses by doing a pilot study. Modified questionnaire was given to participants. Study was initiated after obtaining clearance from the Institutional Ethics Committee. The study involved Clinician / Administrators / Nurses. The questionnaire was handed to the Clinician / Administrators / Nurses after explaining the purpose of the study. Data were compiled, entered in Microsoft Excel sheet & by using SPSS version 19 and analyzed by descriptive statistics.

Results:

All data were analyzed by using Microsoft Excel sheet & by using SPSS version 19 and analyzed by descriptive statistics. There is a significant difference in mean score between three groups for knowledge and attitude, but not for practice. They have a better attitude, but poor in knowledge and practice regarding communicating bad news to patient.

The result of various questions & their responses were as describe in Table 1-12 & Fig 1-6.

Table 1: Availability of protocol for breaking the bad news to patient in hospital

In your hospital, do you have a framed, approved protocol for breaking the bad news to patient?	Clinician (N= 54)	Nurses (N = 52)	Administrators (N = 54)
Yes	32	30	28
No	16	10	14
First time I am coming across to know this type protocol should be there.	4	6	10
Yes, but not followed on ground	2	6	2

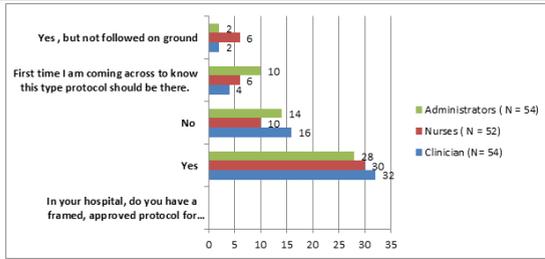


Fig 1: Availability of protocol for breaking the bad news to patient in hospital

Table 2: Requirement of structured protocol

A structured protocol is required for breaking bad news	Clinician (N= 54)	Nurses (N = 52)	Administrators (N = 54)
Yes	36	24	28
Structured protocol not required	10	10	14
Maybe	4	6	10
Not sure	2	6	2
not required	2	6	0

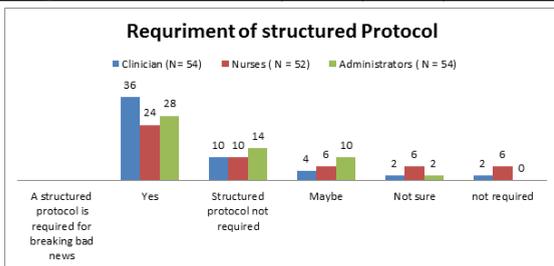


Fig 2 : Requirement of structured protocol

Table 3: Confidence in breaking the bad news

Are you confident in breaking the bad news to patient / next of kin?	Clinician (N= 54)	Nurses (N = 52)	Administrators (N = 54)
Not at all	32	30	28
Fairly confident	16	10	14
Very much confident	4	6	10
Can't say	2	6	2

Table 4: Time of Disclosure of bad news

	Clinician (N= 54)	Nurses (N= 52)	Administrators (N = 54)
Do you believe that patients should be informed about a serious life threatening illness as soon as diagnosis done			
Agree	38	32	40
Disagree	12	14	10
Can't say	4	6	4

Table 5 : Impact on health care professional while breaking of bad news to patient

What is the impact on you as a health care professional while breaking of bad news to patient ?	Clinician (N= 54)	Nurses (N = 52)	Administrators (N = 54)
Extremely stressful	32	36	36
Initially it was stressful, but now it is a routine	20	14	10
Not at all	1	2	4
Can't say	1		4

Table 6: Responsibility of breaking the bad news to patient

The responsibility of breaking the bad news to patient in your hospital is of ?	Clinician (N= 54)	Nurses (N = 52)	Administrators (N = 54)
Treating physician / surgeon	26	8	36
On duty resident	12	14	6

On duty nurse	4	6	4
Social worker	2	0	6
Person appointed by Hosp adm	10	24	4

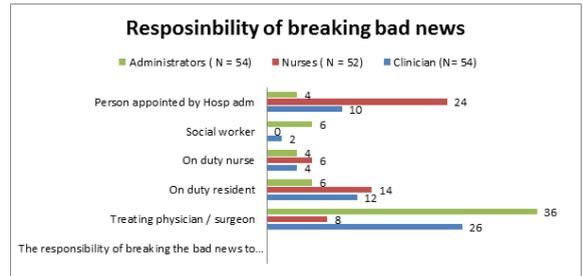


Fig 3: Responsibility of breaking the bad news to patient

Table 7: Main hindrance felt during breaking the bad news

What was the main hindrance you felt during breaking the bad news to patient (you can choose multiple response)	Clinician (N= 54)	Nurses (N = 52)	Administrators (N = 54)
Not having all the relevant information regarding disease and patient available	38	32	32
Not comfortable dealing with emotions of patient/relative,	46	50	41
Lack of privacy	42	48	28
Patients/relatives do not speak Hindi / English/ language I know	28	42	12
I was told to give this news in spite I was not treating doctor	24	38	41
Patient was not treated properly	12	32	6

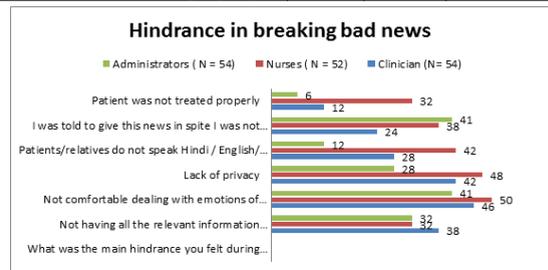


Fig 4: Main hindrance felt during breaking the bad news

Table 8: Reason for stress in delivering the bad news

What are the reason for stress in delivering the bad news to patients ? (You can choose multiple response)	Clinician (N= 54)	Nurses (N = 52)	Administrators (N = 54)
Uncertainty about the patient's expectations	38	32	40
Fear of destroying the patient's hope.	12	14	10
Fear of their own inadequacy in the face of uncontrollable disease.	4	6	4
Not feeling prepared to manage the patients anticipated emotional reactions.	24	32	18
Embarrassment at having previously painted too optimistic a picture for the patient.	34	42	18

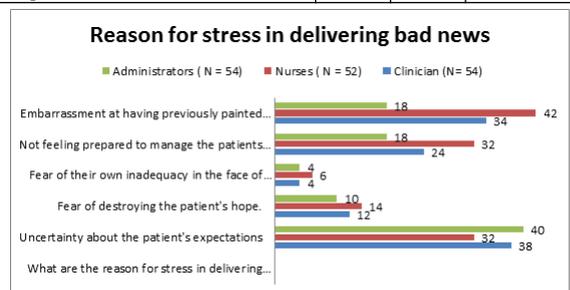


Fig 5: Reason for stress in delivering the bad news

Table 9: Documentation in breaking bad news

What Documentation we should do for this process of breaking bad news to patient & next of kin ?	Clinician (N= 54)	Nurses (N = 52)	Administrators (N = 54)
We don't document any such incident in our patient document	30	30	40
I am not aware about such documentation	12	14	10
We have protocol to document, but not followed on ground	4	6	4
We only informed to next of kin and entered in case sheet	8	2	0

Table 10: Responses to bad news by Patient/ Next of Kin

What are Varying responses to bad news your hospital/ you have seen while breaking bad news ? (You can choose multiple response)	Clinician (N= 54)	Nurses (N=52)	Administrators (N=54)
Denial & Shock	38	32	40
Anger	38	14	10
Guilt	24	6	4
Blame	23	18	22
Agitation	48	46	26
Helplessness	50	46	50
Sense of unreality	46	48	44
Misinterpreting information	20	24	20
Regret/anxiety	48	50	52

Table 11: Formal training on breaking the bad news

Formal trg on breaking the bad news done in your hospital ?	Clinician (N= 54)	Nurses (N = 52)	Administrators (N = 54)
Half a day or less	10	4	16
Full day			
2 to 5 days			
6 to 10 days			
None	44	48	38

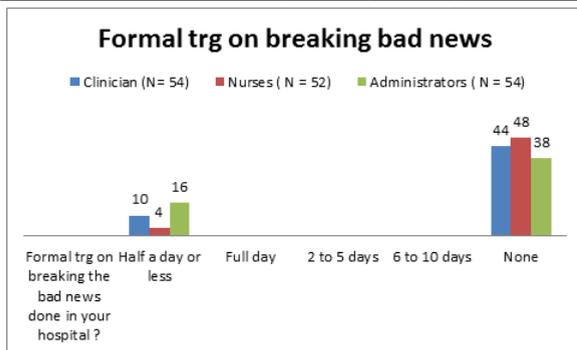


Fig 6: Formal training on breaking the bad news

Table 12: Formal training on breaking the bad news in undergraduate teaching for Medical & Nursing students

As per your opinion breaking of bad news to patient should be taught in undergraduate teaching for Medical & Nursing students	Clinician (N= 54)	Nurses (N = 52)	Administrators (N = 54)
Yes, It should be compulsory in 3rd MBBS/ Final year Nursing	38	32	40
Not required, it should taught in internship / Post MBBS	12	14	10
This should be taught in Postgraduate course	4	6	4
Not relevant at all, this is duty of Administration			

Discussion

The study revealed that most of the hospital 3 out of 5 (in 60 %), have a framed, approved protocol for breaking the bad news to patient. Most of the clinician, administrator and Nursing staff feel structured protocol is required for breaking bad news. More than six percent

respondent felt they are not confident in breaking bad news. More than 80 % believe that patients should be informed about a serious life threatening illness as soon as diagnosis done. Passing the bad news to patients and relatives were extremely stressful in 75 % of clinicians, administrators & nursing staffs, although some of them were responded as initially it was stressful, but now it was a routine. The study revealed the responsibility of breaking the bad news to patient in hospital should be Treating physician / surgeon by clinician and administrators while nursing staffs suggested that it should be done by appointed person from administration. The main hindrance felt by all category during breaking the bad news to patient were Not having all the relevant information regarding disease and patient available , Not comfortable dealing with emotions of patient/relative, Lack of privacy , Patients/relatives do not speak Hindi / English/ language I know , and patient was not treated properly. Varying responses to bad news seen while breaking bad news to patient & their relative were Denial & Shock , Anger , Guilt , Blame , Agitation , Helplessness , Sense of unreality , Misinterpreting information and Regret/anxiety in almost 70 -80 % of staffs. There is no formal training on breaking bad news to staff in almost 90 % of hospital. Only 10 % hospitals were conducting formal training for half a day or less. Most of the respondent agreed that this should taught in undergraduate teaching for Medical & Nursing students.

The findings of the study suggest a huge scope for improving the awareness and knowledge about communicating bad news to patient among the Clinician / Administrators / Nurses who will be the backbone of health care delivery in future. For this, there is a need for continuous educational initiatives like CME, and it should also be included in their curriculum as part of their study / on the Job Training.

Breaking bad news is part of the art of medicine. A bad news is always a bad news, however well it is said. But the manner in which it is conveyed can have a profound effect on both the recipient (the patient) and the giver (the physician). If done badly, it will hamper the well being of patient, impair the quality of life and future contact with the health care professional will be thwarted. It is a skill that has to be learnt by the physicians and other caregivers and effective methods of communication skills training are available².

Lack of proper training will lead to emotional disengagement of the physician from his patients. Good communication has a therapeutic effect on patient and bad communication leads to a detrimental outcome. Communication skills can be improved through structured training programs with appropriate feedback to the trainees. Curricula for teaching the task of breaking bad news include didactic lectures, small-group discussions, role-playing, and teaching in the context of patient care.³

Role plays and video tapes of the same with constructive suggestions to improve the skills are very much effective. It should be noted that the evidence base of the current practice and training of breaking bad news is not sound. Education and practice in breaking bad news may be ineffective for improving patients' well-being unless it is informed by a strong evidence base.⁴

Most medical undergraduate and postgraduate programs do not usually offer specific training in breaking bad news⁵.

The SPIKES protocol for breaking bad news is a specialized form of skill training in physician-patient communication, which is employed in teaching communication skills in other medical settings⁶.

These key skills are an important basis for effective communication⁷. Employing verbal skills for supporting and advocating for the patient represents an expanded view of the role of the oncologist, which is consistent with the important objective of medical care of reducing patient suffering. They form the basis for patient support, an essential psychological intervention for distress.

Breaking bad news is a difficult undertaking for any health care professional. It can often change the lives of children, young people, their parents and families irrevocably. The quality of information provided to families depends on the education and training of the health care professionals who deliver the bad news.

SPIKES: A Model Protocol for Breaking Bad News:

The protocol (SPIKES) enable the clinician to fulfill the four most

important objectives of the interview disclosing bad news: gathering information from the patient, transmitting the medical information, providing support to the patient, and eliciting the patient's collaboration in developing a strategy or treatment plan for the future⁸.

Step 1: S—Setting up the interview

Step 2: P—Assessing the patient's perception

Step 3: I—Obtaining the patient's invitation

Step 4: K—Giving knowledge and information to the patient

Step 5: E—Addressing the patient's emotions with empathic responses

Step 6: S—Strategy

The six steps include⁹⁻¹⁰:

S— Setting

- Arrange for some privacy
- Involve significant others
- Sit down
- Make connection and establish rapport with the patient
- Manage time constraints and interruptions.

P— Perception of condition/seriousness

- Determine what the patient knows about the medical condition or what he suspects.
- Listen to the patient's level of comprehension
- Accept denial but do not confront at this stage.

I— Invitation from the patient to give information

- Ask patient if s/he wishes to know the details of the medical condition and/or treatment
- Accept patient's right not to know
- Offer to answer questions later if s/he wishes.

K— Knowledge: giving medical facts

- Use language intelligible to patient
- Consider educational level, socio-cultural background, current emotional state
- Give information in small chunks
- Check whether the patient understood what you said
- Respond to the patient's reactions as they occur
- Give any positive aspects first e.g.: Cancer has not spread to lymph nodes, highly responsive to therapy, treatment available locally etc.
- Give facts accurately about treatment options, prognosis, costs etc.

E— Explore emotions and sympathize

- Prepare to give an empathetic response:
 1. Identify emotion expressed by the patient (sadness, silence, shock etc.)
 2. Identify cause/source of emotion
 3. Give the patient time express his or her feelings, and then respond in a way that demonstrates you have recognized connection between 1 and 2.

S— Strategy and summary

- Close the interview
- Ask whether they want to clarify something else
- Offer agenda for the next meeting eg: I will speak to you again when we have the opinion of cancer specialist

Conclusion:

Clinician / Administrators / Nurses lack adequate knowledge and skill of communicating bad news to patient, but they have a positive attitude toward communicating bad news program. The integration of communicating bad news with undergraduate / postgraduate curriculum may help in improving communicating bad news to patient & their next of kin.

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