

REVIEW ARTICLE

# Knowledge and Attitude of Physicians in Relation to Delivering Bad News to Patients in Al-Diwaniya Province, Iraq.

Hassan Chassib Jalood<sup>1</sup>, Hassan Raji Jallab<sup>2</sup>

1 Primary Health Care Distract of Afak, Al-Diwaniya Health Directorate, Al-Diwaniya Province, Iraq

2 Family Physician / Professor/ Department of Community and Family Medicine/ College of Medicine/ University of Al-Qadisiyah.

Corresponding author: hassanjallab@qu.edu.iq, hassanjalood4@gmail.com

## Abstract:

### Background:

Delivering bad news which is usually refers to convey any information that seriously and negatively affects the patients and or their families' views to the present or future life, regards as one of the most difficult tasks that face physicians during their professional life regardless to their qualification.

Aims of the study: To evaluate physicians' awareness of delivering bad news to their patients and their behavior in relation to breaking bad news in Al-diwaniya province. Method: Across sectional study conducted among physicians from different hospitals and primary health centers in Al-diwaniya City, from both sex, male and female. The study involved doctors from different specialties and qualifications. The study sample was 200. Results: 200 doctors agreed to participate in the study, 55.50% of them were females and 44.50% males. The study showed that 68% of the participants didn't receive any structured education or training for breaking bad news. Also, the study revealed that 81.50% of the doctors in this study preferred to talk to patient's family rather than patients in delivering bad news. Majority of the participants (91.50%) though that more attention should be paid for education and training of doctors during studying and residency period, while 74.50% of them felt that they are in need for more training and education. Conclusion: 68% of the study sample didn't receive training and education for breaking bad news and 91,50 % agreed more attention for training and education should be given.

### Keywords:

knowledge, Bad news, Attitude, Al-Diwaniya.

## Introduction

Breaking bad news is one of the most challenging tasks to the most of doctors regardless to their qualifications and refers to delivering of any information that is negatively affects the individual's sight for his/ her future (1). Bad news generally associated with terminal diagnosis, but physicians face many situations that include conveying bad news like patient newly proved to have diabetes, multiple sclerosis o, a pregnant lady with fetal demise (2). Bad news is difficult, but doctors can assist patients by careful listening to their hurtful feelings, responding to emotion, and promoting a continuous care and trusted presence over the days to come (3). Physicians don't want to take hope away from the patient, but they also have their own problems about delivering un pleasant news, they may be worried about patients and family responses to the news, unsure how to react or deal with over emotional response of the patient and family, medical training focusing

on technical knowledge than communication skills so they may feel un prepared for delivering bad news (2), (4). Patients prefer to receive news face to face, with complete attentions from their physicians, and with easy understandable language and sufficient time for questions. Most of patients want to know their diagnosis, this desire varies from patient to other depending on age, sex, educational level and culture (5). Easier information exchange, initiating an excellent relationship, and sharing the patient in the decision making are the three essential objectives of any patient-doctor connection (6), (7), (8), (9).

The relationship connecting physicians with their patients is a complex process and a disconnection to this relationship results in un expected difficulties particularly in term of comprehension of patients to their illness outcome, including in treatment, and care objective (10).

Communication capabilities education has been found



to improve the patients-physician relationship (11), (12), but, this improved attitude disappears with time so, it is crucial to practice new abilities, with continuous feedback on the acquired attitude (13). In sufficient time, lacking of resources, inadequate training (14), in adequate essential elements of entire care and weakening of patients' comprehension about their treatment (15). Apart of knowledge insufficiency studies appear that other factors affect the ability of physicians in convey unpleasant news negatively like, personal problems, exhaustion and burnout, and subjective behaviors like afraid from death (16), (17). To help doctors to overcome their difficulties in delivering bad news, many protocols were produced like, ABCDE by Rabow and Mcphee (18) where 1-A, refers to advance preparation.2-B, refers to build a therapeutic environment.3-C, refers to communication well.4-D, refers to deal with patient and family reactions.5-E, refers to encourage emotions. SPIKES protocol by W.F Baile et al. (10) where 1-S, refers to setting up the interview.2-P, refers to assess patients' perception.3-I, refers to obtaining patients' invitation.4-K, refers to giving knowledge and information to the patient.5-E, refers to empathy and emotions.6-S, refers to summery. BREAKS protocol by Narayanan et al. (19) where, 1-B, refers to background of the patient.2-R, refers to rapport.3-E, refers to explore what the patient knows about his/ her disease.4-A, refers to announce.5-K, refers to kindle address emotions.6-S, refers to summery.

## Materials and methods

Across sectional study was conducted involved of a simple random sample consists of 215 physicians of different specialties (Internal medicine, surgery, gynecologist obstetricians, pediatricians etc. And of different qualifications: residents, consultants, general practitioners) and they are working in different work places in private clinics, primary health centers and governmental hospitals in Al-diwaniya city from the 8<sup>th</sup> of March 2023 to the 30<sup>th</sup> of June 2023. All sample's members received an easy self-assessment questionnaire in English, they also received a covered letter containing an explanation about the study and its objectives and they are completely free to stop their participation in the study at any time they want and any special information will be use for the study purpose only and will be kept strictly confidential.

This job was preceded by a pilot study of 30 participants sample 2weeks a head for questionnaire simplifying and correction.15 out of the 215 participants didn't complete sharing in the study. The other 200 participants agree voluntary to go on till the end. The questionnaire consists of three parts the first one includes: sociodemographic information of the participants regarding age, sex, specialty, qualification and work place. The second part includes inquiries in relation to breaking bad news and its protocols and the participants opinions regarding education and training of Iraqi doctors in general and Al-diwaniya doctors in particular. In the third part we use SPIKES protocol for breaking bad news as a sample to evaluate the attitude of participants regarding delivering bad news by using 20 behaviors and the participants use a 5-point Likert scale for their choice ranging from never, rarely, sometimes, usually, always giving a score of 1, 2, 3, 4, and 5 respectively.

The collected data were analyzed by The Statistical Analysis System- SAS (2018) program which was used to detect the effect of difference factors in study parameter. Least significant difference –LSD or T-test test (Analysis of Variation-ANOVA) was used to significant compare between means. Chi-square test

was used to significant compare

between percentage (0.05 and 0.01 probability). Estimate of correlation coefficient between variables in this study.

## Results

### 1-Sociodemographic features of the study sample

The study revealed that 55.50% (111) of the participants were females and 44.50% (89) of them were males as shown in figure 1. Table 1 shows the distribution of the participants according to their specialty where the Residency was the more frequency 85 (42.50 %) followed by Pediatrics 25 (12.50 %) while the Radiology get the least frequency 1(0.50 %) with significant differences ( $p \leq 0.0001$ ). Figure 2 shows the distribution of the study sample according to their workplace where 85.50(171) Of the participants work at governmental hospitals while 9.50% (19), 5% (10) work at primary health centers and private clinics respectively.

### 2-Participants education and training and their opinions in relation to breaking bad news (BBN).

Table 2 shows that 68% (136) of the participants didn't receive any education or training for (BBN) and 32% (64) of them did so. Table 3 shows the preferring of participants for talking with the patients or with their families in relation to imparting bad news where 81.50% (163) of the participants preferred to talk to the patient's family rather than the patient in delivering bad news while 18.50% (37) of them preferred the patient to talk with, after we asked them: In breaking bad news you prefer to talk to the patient or to the patient's family? The differences were significant. Table 4 shows the opinions of participants regarding improvement of BBN skills in Al-Diwaniya City where 91.50 % (183) of the study sample think that more attention should be given to (BBN) training in Iraq in general and in Al-Diwaniya in particular while 8.50 % (17) of them didn't think so. Table 5 shows the need of participants for training BBN where 74.60 % (149) of participants are of in need to attend a training program for (BBN) while 25.50 % (51) of them didn't need to. The difference was significant ( $p$ -value=0.0001).

### 3-The attitude of participants in relation to BBN

Table 6 shows how participants behave during imparting bad news where the behavior; "I make sure that the patient's relative is available", got the first rank with mean $\pm$  SD (34.07 $\pm$ .56) ( $p \leq 0.01$ ) while the behavior; "I provide a summery and explain to the patient and the family next step", got the second rank with mean $\pm$  SD (4.04 $\pm$ 0.48) ( $p \leq 0.01$ ) (Table.6). Moreover, the behavior; "I use empathic statements and understand the patient and family responses" got the third rank with a mean $\pm$  SD of 3.80 $\pm$  0.43 ( $p \leq 0.01$ ) (Table.6) on the other hand, the behavior; "I switch off my phone during bad new delivering", falls in the nineteenth rank with a mean $\pm$  SD of 2.67 $\pm$ 0.33 ( $p \leq 0.01$ ) (Table.6). Lastly the behavior; "I sit beside the patient's bed near his head", It got the twentieth rank with a mean  $\pm$  SD of 2.50 $\pm$ 0.28 ( $p \leq 0.01$ )

## Discussion

Poorly imparting of un pleasant news negatively affects the doctor-patient relationship. for instance, physicians may be emotionally disengaged from their patients and the trust of patients and their families with physicians will decrease (20).

In current study the 200 participants included in the study 55.50 % (111) of them were females and 44.50% (89) were males. This predominancy may be due to that females are more cooperative in filling questionnaire. In this study the age group of (25-28) years was the higher percentage of the participants 44.50% (89) followed by (29 -32) years 15% (30) then 33-36 years and 41-44yers 10% (20) for each this is because older age group has less interest in these activities or may haven't the enough time. Another study in Iraq on 2021 involving 500 participants 65.8% of them were females while the age group of (35- <45) was the higher percent 43% followed by (25 - <35) 39.6% (21). In the present study 55.50 % of participants were specialists and residents form 44.50 % of them while specialty of higher percentage was the pediatrics 12.50 % (25) followed by surgery with 11% (22) then obstetrics and gynecology 10% (20) and family medicine and general practitioners 8% (16) mostly work in governmental hospitals (58.5%) and primary health centers (9.50%). These results were similar to that found in Al- Khashmani's study in Iraq in 2021 more than half of the responders were specialists (52.6%), family medicine forms (18.6%), pediatrics (15.6 %) and surgery (13.7%) most of them were work in governmental hospitals (62.4 %) (21) which agreed with a study in Saudi Arabia in 2013 on 458 doctors (40.2%) of them in family medicine, (11.6 %) in pediatrics and (8.3%) in surgery specialty and (63.1 % ) of them were work in hospitals while (39.9%) were work in primary health centers (22). Governmental health institutions serve large numbers of people with various illnesses, and many doctors in these institutions may have suffered from problems regarding breaking bad news, so this may be a motivation for them to participate in filling out the questionnaire. This study showed that (68%) 136 of the respondents didn't have any structured education or training for delivering bad news conversely only (32%) 64 did so. This is agreed with a study conducted in Iraq in 2013 at Medical City Hospital in Baghdad on 328 participants which showed that only (16.8%) of them had been taught for breaking bad news in undergraduate study and (25%) got it post gradually (23). Another study in Iran in 2019 at Guilan University of Medical Sciences on 235 doctors showed that only (13.6%) of participants had been taught for delivering bad news while in other study in 2016 on 54 participants at Baylor University Medical center at Dallas revealed that despite of (93%) of the participants perceived delivering bad news to be a very important skill only (43%) of respondents felt they had the training to effectively deliver such news (24), (25). In other study in Sudan in 2019 on 192 doctors revealed that (56.3%) of them received education and training for breaking bad news (26). This dominant percentage of doctors who didn't receive education or training in breaking bad news may be due partially to that historically, medical education has placed more value on technical proficiency than communication skills (2). (81.50%) of the participants in current study preferred to talk to the patient's family rather than the patient in delivering bad news, this agreed with a study in Egypt in 2022 on 395 physicians was found that (75%) of them preferred to talk the patients' family in breaking bad news (27), compared with Al-Khashmani's study in 2021 in Iraq which was found that More than a half of the respondents (52.8%) agreed that patient should be informed about his/her illness as soon as he/she receives the diagnosis (21). A study in Sudan in 2020 on 192 doctors was found that 65.6% mentioned that bad news should be delivered directly to patients (26). This result may be due to lack of structured education and training for breaking bad news accompanied with cultural and social causes like domination of family decision making. In present study (91.50%) of the responders thought that more attention should be given to education and

training for breaking bad new skill, that agreed with a study in Iraq in 2021 that found high rate of participants, doctors (61%) strongly agreed that breaking bad news should be taught or trained for medical students during the study period ( 21), which also agreed with another study in Sudan in 2020 was found that more than (90%) of the participants agreed that training is needed in the area of breaking bad news ( 26). Training will give opportunity to overcome stress associated with breaking bad news and help clinicians to develop confidence (28), This will increase patient's confidence in their doctors and will reflect positively on their relationship. This study showed that the majority of the responders (74.50%) were in need to a structured education and training for breaking bad news skill while other Iraqi study showed more than half of the participant doctors (53.6%) agreed that they need a structured protocol in order to convey bad news to patient, the study results agreed with that got from Iranian study in 2017 showed that (83%) of the doctors felt they need a course to develop this skill (24). Another study in Northern Portugal on family medicine doctors in 2017 showed that (78%) of felt that they in need to more training for breaking bad news (30), training and education to the doctors increase their breaking bad news skill ability and increase their confidence leading to decrease the stress during delivering bad news and strengthening the relationship with the patients and their families. Regarding participants attitude in relation to breaking bad news, current study showed the behavior; I make sure that the patient's relative is available. It got the first rank with a mean± SD of 4.07±0.56 (p≤0.01) while, the behavior; I sit beside patient's bed near his head. It got the twentieth rank with a mean± SD of 2.50± 0.28 (p≤0.01) (table 6), compared with, eye to eye contact which agreed by (50.6%) of the participants to be necessary for breaking bad news in a study in Iraq in 2021. Moreover, a study in Pakistan in 2019 on 200 doctors showed that (49%) of the responders thought that eye to eye contact is necessary during breaking bad news and regarding it as an empathic behavior resulting in decrease patient's sadness (31). It is clearly from the results from present study (Table 6) that the responders are didn't follow a structured protocol in delivering bad news or the social norms have impact on the doctor's attitude.

## Conclusion

The study revealed that (68%) of participants didn't receive any structured education or training for breaking bad news and (91.50%) of them thought that more attention should be given for breaking bad news training and education, while, (74.50%) of the participants felt that they needed structured education for breaking bad new

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Table1: Percentages of participants according to their training and education.

Training and education	Yes	No	Total
Have you ever received any training or education for (BBN)	64	136	200
Percentage (%)	32	68	100%
Chi-Square - $\chi^2$	25.920 **		---
(P-value)	(0.0001)		
d.f. = 1, $\chi^2$ - Tabulated = 6.63, ** (P<0.01).			

Table 2: The participants behavior during delivering bad news

The behavior	Never	Rarely	Sometimes	Usually	Always	Sig.	Mean±SD	Rank
1- I select a comfort and a private place	8	29	74	63	26	**	3.35 ±0.41	12
2- I make sure that the patient's relative is available	2	10	40	68	80	**	4.07 ±0.56	1
3- I select the time in which the patient and the relative feel comfortable	1	18	67	69	45	**	3.70 ±0.39	5
4- I sit beside the patient near his head	39	62	65	28	6	**	2.50 ±0.28	20
5- I switch my phone off	51	45	48	30	26	**	2.67 ±0.33	19
6- I try to keep eye to eye contact and holding patients arm if possible	34	38	62	37	29	**	2.95 ±0.35	15
7- I make sure that no interruption Occur	2	19	63	73	43	**	3.68 ±0.41	6
8- I use open-ended questions like (how would you like me to give you the test's information)	19	52	75	48	6	**	2.85 ±0.27	16
9- I try to correct misinformation by asking about patient's understanding to his tests result	5	20	54	77	44	**	3.67 ±0.33	7
10- I try to identify the un realistic expectations and wishful thinking	4	22	63	72	39	**	3.60 ±0.29	9

11- I ask the patient (how would you like me to give you the tests result information)	34	51	58	41	16	**	2.77 ±0.28	18
12- I ask the patient whether or not he wants his relative is available	25	34	63	38	40	**	3.17 ±0.31	13
13- I avoid telling my patient about his final diagnosis	30	50	73	29	18	**	2.78 ±0.26	17
14- I fire a (warning shot) that some bad news is coming before telling bad news	12	40	82	45	21	**	3.12 ±0.24	14
15- I try to avoid using medical terms and jargon	7	14	45	87	47	**	3.77 ±0.38	4
16- I deliver bad news gradually and stop from time to time	6	25	67	69	33	**	3.49 ±0.34	11
17- I try to address emotional response of the patient and his family	1	29	51	79	40	**	3.64 ±0.32	8
18- I use empathic statements and understand patient's response	0	11	62	83	44	**	3.80 ±0.43	3
19- I provide a summary and explain to the patient and the family the next step	0	10	44	75	71	**	4.04 ±0.48	2
20- I arrange for a second visit in next few day to review bad news and answer questions	11	30	53	60	46	**	3.50 ±0.29	10
LSD value	--	----	--	--	--	--	1.084 *	--
* (P<0.05). ** (P<0.01).								

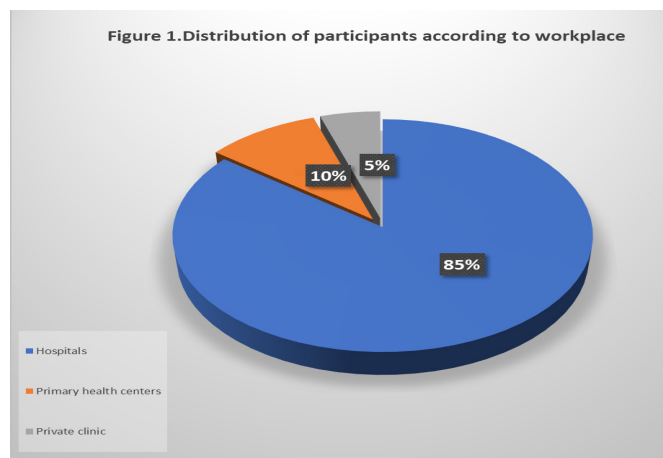


Figure 1. Distribution of participants according to workplace