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ASSESSING THE KNOWLEDGE, ATTITUDE AND PRACTICE TOWARD BREAKING BAD NEWS AMONG ER RESIDENTS-WESTERN REGION- SAUDI ARABIA

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Abstract:

Background: *Breaking bad news is challenging, and Physicians are usually poorly trained or untrained in BBN guides and protocols.*

Aim: *To assess ER residents' knowledge, attitude, and practice regarding delivering bad news to patients and/or relatives.*

Results: *A descriptive cross-sectional study in the emergency department (ED) – Western Region – Saudi Arabia among residents' doctors during April and May 2023.*

Conclusion: *Our findings suggest that only 33.6% showed excellent knowledge of BBN, and 15.9% had above an average attitude. Besides, only 54.9% only knew about the SPIKE protocol. Thus, breaking bad news among ER resident doctors is generally informal and requires improvement.*

Keywords: *breaking bad news (BBN) – knowledge – attitude – practice.*

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INTRODUCTION:

Breaking bad news (BBN) was defined as any news that seriously and adversely alters the patient's view of his or her future by Dr. Robert Buckman in 1984 [(1)]. Physicians face the challenge of delivering bad news in their daily lives. Although most physicians believe patients should be told the truth due to a lack of training, many avoid discussing issues[(2)]. BBN refers to death and any diagnosis that changes the patient's life[(3)]; as a consequence, it is considered a nerve-racking moment for both doctors and patients. Obviously, the purpose of this; is to educate patients and allow them to process. From a healthcare perspective, poorly conducted bad news may severely compromise the patient's quality of care and impact the prognosis and quality of life due to denial of treatment, decreased medication compliance, and emotional distress[(4, 5)].

BBN in Muslim communities has to be modified from different angles to meet the culture of their patients and their families. One of these factors is the patient preference for the family environment. Contrary to Western societies, eastern societies usually provide a central role to the family's point of view in the patient's management and the related decision-making process [(6-8)].

What are the BBN protocols (SPIKES), and how to practice them?

The Acronym SPIKES stands for Setting up, Perception, Invitation, Knowledge, Emotions, Strategy & Summary[(9)]. Delivering such news to the patient requires communication skills to help them accept their medical condition and reinforce the trusting relationship with the physician to cope with the novel situation. Montgomery[(10)] did an article review to explain the SPIKES protocol. Firstly, the prearranged meeting is vital for the patient to have support and give a warning to avoid emotional reactions. The location should be quiet and secluded to provide the patient privacy and comfort. Understanding the patient's emotions and knowing the diagnosis, treatment plan, and prognosis is crucial before the interview. During the interview, interruption should be avoided, and the room should be prepared, unplug the phone, and have water and tissues available. Additionally, it is essential to maintain body language as it provides 55% of overall communication besides maintaining the paralanguage tone and pace of voice. Furthermore, assessing the patient's perception is required throughout the process to avoid misconceptions. Over and above, the message needs to be clear, brief, and unambiguous and maintain the appropriate empathic phrases and acknowledgment. Finally, confirm that the patient properly understands and processes the information and discuss the strategic plan for further management and appointments. This study aims to to explore the ER resident's perspective and evaluate their knowledge toward BBN and the principles of the SPIKES protocol and elucidate the practice of BBN among ER residents.

METHODOLOGY:

A descriptive cross-sectional study among ER residents in Western Region – Saudi Arabia during April and May 2023.

Sample size will be detected through sample size calculator of 95% confidence level for population size = 150 with margin error 5% = 105.

An online survey of previously approved questionnaire by institutional review board of KFSH-D (11); the demographic variable of the questionnaire was redesigned to include gender, age, and level of practice. All of the participants were previously agreed to participate in the study. A brief of the study was introduced to explain the project and the study's objectives then a self-administered questionnaire was given.

All data throughout the study will be digitally entered. Subsequently, these data will be analyzed using SPSS version 26 using an independent t-test and chi-square test. Frequencies and percentages were done for categorical variables, and measures of central tendency were calculated for the continuous variables. All P-values < 0.05 were considered statistically significant.

The Ethical Committee of the Ministry of Health will take an ethical clearance.

RESULTS:

One hundred thirteen resident doctors from the western region responded to this research. Composing 68 (60.2%) males and 45 (39.8%) females, the average age was 28.4 ± 2.6 years old, rang 25 to 38 years. 33 (29.2%) of the physicians identified their post-graduate year level I, 27 (23.9%) as a post-graduate year level II, 31 (27.7%) as a post-graduate year level III, and 22 (19.5%) as a post-graduate year level IV [Table 1].

Demographic Variables		Frequency	%
Gender	Male	68	60.2
	Female	45	39.8
Level of practice	PGY-I	33	29.2
	PGY-II	27	23.9
	PGY-III	31	27.7
	PGY-IV	22	19.5
Age	25 - 29 years old	86	76.1
	30 - 34 years old	22	19.5
	35 or above	5	4.4

Table 1: Frequencies of Demographic Variables

Further, 77% of the respondents experienced broken bad news to patients before, and 76.1% broke the news to the patient's family. 65.5% believed bad news should be delivered to the patients directly, 29.2% believed it should be delivered to the patient's family first, 1.8% believed it should be delivered to others, and 3.5% believed it should not be delivered to any party. approximately 93 (82.3%) of the respondents had received specific training or education in BBN. Besides, only 33 (29.2%) have a designed place for BBN in their facility, and only 63 (55.8%) can arrange specific time from BBN. 46 (40.7%) had a bad experience due to improper BBN, and only 62 (53.9%) used the SPIKE protocol for BBN. Residents' knowledge concerning the delivery of bad news is described in Figure 1, and physicians' attitude in [Figure 2].

Figure1: Knowledge of Physicians in Delivering Bad News

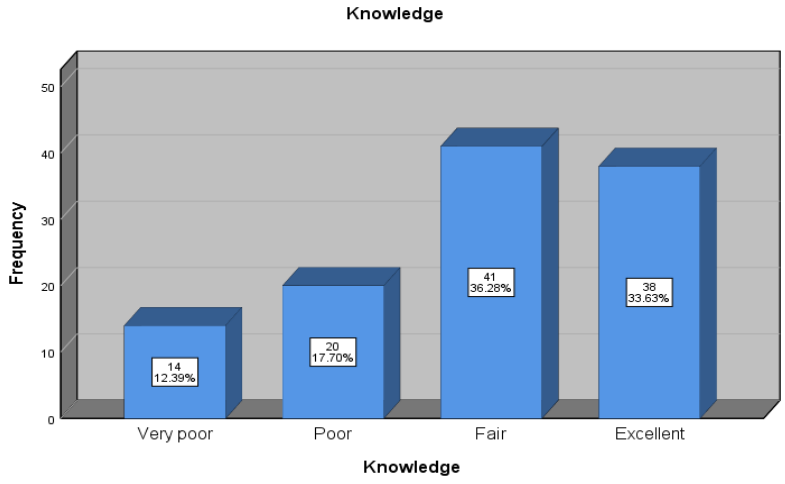


Figure 2: Attitude of Physicians in Delivering Bad News

(Table 2/Figure 3) shows the respondent practice-related information concerning the main steps of BBN, especially regarding the SPIKES model and ABCDE protocol.

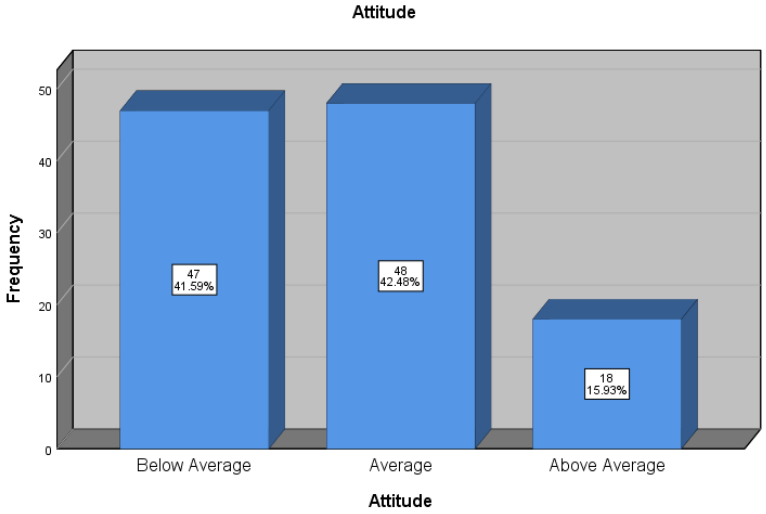
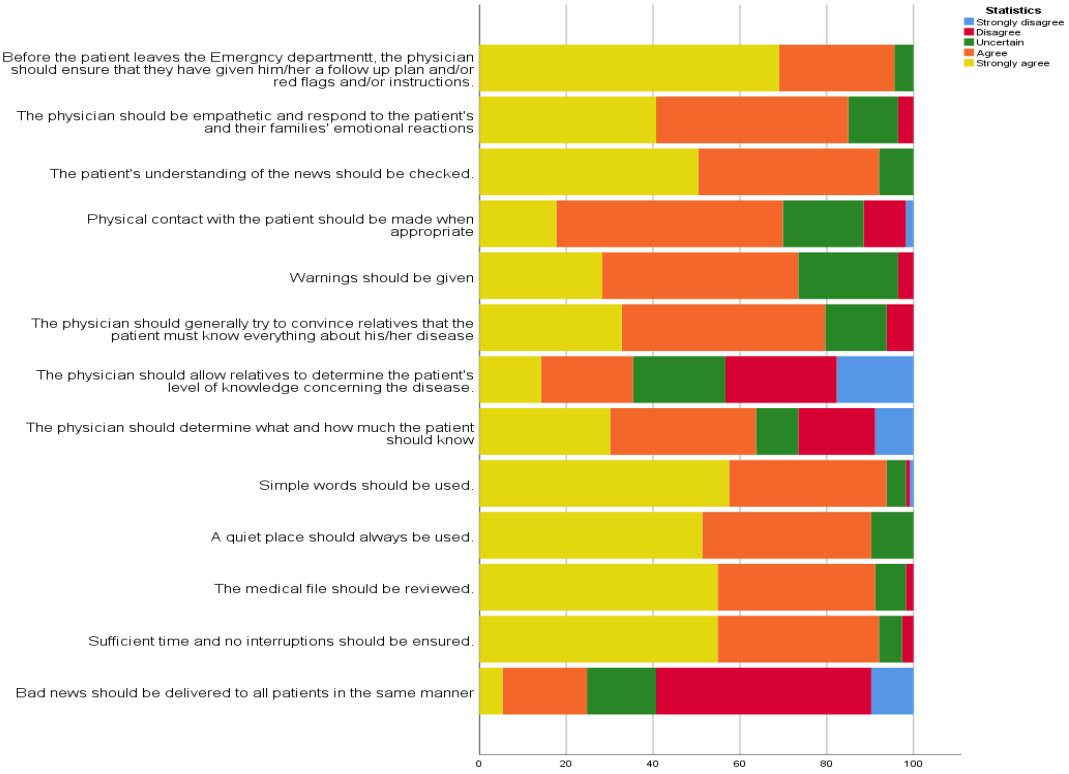


Figure 3: Frequencies regarding the practice of BBN according to the SPIKES and ABCDE protocol



DISCUSSION:

Bad news in medical field means delivering information to the patients that inflect their life and negatively affects their prospective of the future; Breaking this news remains a significantly challenging for most of the doctors especially junior[1]. Our study revealed that although the participant has a high level of knowledge regarding BBN protocol, there is a lack of applying this protocol in real life and low average of attitude of dealing with it.

	Strongly Disagree (%)	Disagree (%)	Uncertain (%)	Agree (%)	Strongly Agree (%)	Mean	Decision
Bad news should be delivered to all patients in the same manner	11 (9.7%)	56 (49.6%)	18 (15.9%)	22 (19.5%)	6 (5.3%)	2.61	Low Perception
Sufficient time and no interruptions should be ensured.	0 (0.0%)	3 (2.7%)	6 (5.3%)	42 (37.2%)	62 (54.9%)	4.44	High Perception
The medical file should be reviewed.	0 (0.0%)	2 (1.8%)	8 (7.1%)	41 (36.3%)	62 (54.9%)	4.44	High Perception
A quiet place should always be used.	0 (0.0%)		11 (9.7%)	44 (38.9%)	58 (51.3%)	4.42	High Perception
Simple words should be used.	1 (0.9%)	1 (0.9%)	5 (4.4%)	41 (36.3%)	65 (57.5%)	4.49	High Perception
The physician should determine what and how much the patient should know	10 (8.8%)	20 (17.7%)	11 (9.7%)	38 (33.6%)	34 (30.1%)	3.58	Low Perception
The physician should allow relatives to determine the patient's level of knowledge concerning the disease.	20 (17.7%)	29 (25.7%)	24 (21.2%)	24 (21.2%)	16 (14.2%)	2.88	Low Perception
The physician should generally try to convince relatives that the patient must know everything about his/her disease	0 (0.0%)	7 (6.2%)	16 (14.2%)	53 (46.9%)	37 (32.7%)	4.06	High Perception
Warnings should be given	0 (0.0%)	4 (3.5%)	26 (23.0%)	51 (45.1%)	32 (28.3%)	3.98	Low Perception
Physical contact with the patient should be made when appropriate	2 (1.8%)	11 (9.7%)	21 (18.6%)	59 (52.2%)	20 (17.7%)	3.74	Low Perception
The patient's understanding of the news should be checked.	0 (0.0%)	0 (0.0%)	9 (8.0%)	47 (41.6%)	57 (50.4%)	4.42	High Perception
The physician should be empathetic and responsive to the patients and their families' emotional reactions	0 (0.0%)	4 (3.5%)	13 (11.5%)	50 (44.2%)	46 (40.7%)	4.22	High Perception
Before the patient leaves the emergency department, the physician should ensure that they have given him/her a follow-up plan and/or red flags and/or instructions.	0 (0.0%)	0 (0.0%)	5 (4.4%)	30 (26.5%)	78 (69%)	4.65	High Perception

Table 2: Frequencies regarding the practice of BBN according to the SPIKES and ABCDE protocol

The result of this study shows that most of the residents believed that bad news must be delivered to the patients first. In contrast to the findings of previous studies conducted in Saudi Arabia, where most physicians prefer to break bad news with relatives rather than patients [11-13]. Several studies mentioned that in family-oriented cultures such as Indian, Asian, Hispanic, African, and Middle Eastern; usually, patients prefer having their relatives with them much more than do patients from Western cultures [6-8, 14].

This could be due to the fact that in the ED department, most of the patient would be alone.

In this study, only 62 (54.9.3%) residents reported that they used SPIKE protocol for BBN. This is similar to previos study in Nigeria that majority of the doctors (79.6%) did not have knowledge of protocols and not following any guidelines of BBN[15], also another study in Iraq show that 63% did not know any protocols[16]. It is recommended to provide specific educational courses on how to break bad news to patients in the right way to enhance doctor-patient relationship in such case and insure the effective communication that will prevent any negative cognitive, behavioral, and emotional responses from patients and give the the doctors the opportunity to overcome stress associated with it, and develop confidence. The effects of such training are long-lasting but require frequent refreshing through workshops organized by professional trainers in bcommunication skills [17, 18]. Nevertheless, Most of the Residents in this study replyed the latest guidelines and techniques of SPIKE protocol properly as review the medical file before seeing the patient and his/her family, prepare quiet place, allocate enough time, use simple words, engage in physical contact when appropriate, and are empathetic and respond to the patient's and their family's emotional reactions. Finally ensure to give the patient a follow-up plan before they leave the office.

CONCLUSION:

Our findings suggest that only 33.6% showed excellent knowledge of BBN, and 15.9% had above an average attitude. Besides, only 54.9% only knew about the SPIKE protocol. Thus, breaking bad news among ER resident doctors is generally informal and requires improvement.

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