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Attitude of Doctors Regarding Breaking Bad News to Patients in Iraq

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Abstract
Objectives: To assess the attitude of doctors with regard delivering bad news to patients and breaking bad news protocols.
Methods: This is a cross sectional (descriptive study) done in Iraq from first of November 2020 to end of May 2021 involved 500 doctors (periodic resident, senior resident, general practitioner and specialist doctors in different specialties) working in different hospitals, primary health care centers and private clinics in Iraq, they are selected randomly. A self – administered questionnaire design in addition to online data collection, by using modified questionnaire and link sent to different online ways (whats app, viber, facebook, telegram).
Results: Out of 500 respondents doctors there were 329 (65.8%) females, 171 (34.2%) males. Regarding to attitude of doctors in breaking bad news 268 (53.6%) of doctors were need a structured protocol in breaking bad news and 280 (56%) doctors need training for breaking bad news. The SPIKES protocol is the most preferred protocol by doctors about (75.6%).
Conclusion: High percentage of participants doctors (63%) did not know any protocol in breaking bad news and about (43%) of them rated themselves had good ability in delivering bad news. The SPIKES protocol is the preferred protocol by doctors.
Keywords: Attitude, physicians, news, patients, Iraq

Introduction

Breaking terrible news entails having a difficult talk with a patient in which the doctor must notify him or her that they have a life-threatening, incurable sickness.[1] Clearly, this definition is neither exhaustive or even universally applicable, since the impact of the news on the recipient can vary greatly and depend on a variety of circumstances, including the person's previous experience, life philosophy, spirituality, religious beliefs, age, culture, and education.[1]

Doctors' attitudes on diagnosis disclosure appear to have altered with time and more improvements in therapies, as well as increased life expectancy. In truth, the majority of doctors in clinical practice have never been taught how to deliver terrible news and do not do so on a regular basis. As a result, delivering terrible news is a lonely task. All doctors are aware that this is a part of their responsibilities, and it does not appear to belong to any one discipline in particular.[2]

In Eastern countries, a patient's illness is viewed as a family event, and the family remains central in many decision-making processes. At times, the family may demand that the patient be excluded from decision-making processes, for which there is no uniform consensus among health care providers, whereas in Western countries, most issues are patient-driven, and the family plays a supportive role.[3,4]

The rise in chronic diseases and concerns connected to quality of life, it's more important than ever to understand how bad news affects patients, their families, and clinicians,[5] therefore bad news delivery to patients and their families requires extensive training and practice.[6]

Telling the truth is a difficult endeavor that involves a wide range of communication, comprehension, and empathy abilities. When used in the context of imparting bad news to a patient, it can be distressing and hazardous if done incorrectly,[7] and if patients are not properly communicated with, it can have a significant impact on how they perceive their disease, as well as whether they discontinue or continue medical therapy.[8]

Iraq has suffered from wars for four decades also suffered from terrorist attacks. All these misfortunes led to violent social shocks and social unrest which negatively affected the Iraqi health situation and increased morbidity and mortality due to the deterioration of health and social infrastructure and the increase in injuries.[9] Sadness enveloped the Iraqi society and thousands of Iraqi families lost there members.[10] In order to find out how the health staff deal with this painful scene and how they deal with the difficult and fatal cases that society faced and is facing so far, the study of attitude of doctors regarding breaking bad news was chosen.

Methods and Materials

This is a cross sectional (descriptive study) involved 500 doctors (periodic resident, senior resident, general practitioner and specialist doctors in different specialties) working in different hospitals, primary health care centers and private clinics in Iraq from first of November 2020 to end of May 2021.

Study sample is simple random sample includes 500 doctors of different job descriptions. Who belong to Iraqi governmental or private health sector.

All of the subjects volunteered to participate in the study, they received simply worded, a self – administered questionnaire written in Arabic, with a covering letter explaining the project and the objectives of the study. In addition to online data collection questionnaire filled manually by direct interview with doctors in different Iraqi governorate. In particular, a questionnaire design to elect information of doctors attitude regarding the delivery of bad news to patients and breaking bad news protocols. Doctors have been received questionnaire online. Data collected by using modified questionnaire and link sent to different online ways (whatsapp, viber, face book, telegram) after the corrections and modification of the

questionnaires, which were done online after the pilot study, data collection was began on 1st January 2021 to end of March 2021. Criteria for inclusion are age more than 25 years old, sex, clinical position, specialty, years of experience, work place. Attitude consist of seven questions with the respondents using five - point Likert scales to indicate their degree of agreement with each ranging from strongly agree, agree, uncertain, disagree and strongly disagree. An initial draft of the questionnaire was piloted on 50 participant (equivalent to 10% of the total sample size) and this followed by modification of unclear items before the preparation of the final structured questionnaire. It was understandable and appropriate for the proposed study population.

Agreement to conduct the study was obtained from the Iraqi scientific council of family and community medicine in medical college of Tikrit University and approved by the ministry of higher education and scientific research. All participants informed about this study and their agreement were obtained.

Results

Sociodemographic Features of Participants in Relation to Gender, Age and Job

Figure 1 shows the frequency of males and females participants. There were 329 (65.8%) females, but 171 (34.2%) males participated in the study.

Regarding the age groups of doctors who participated in the study, the results found that the more frequent age group was (35 – < 45) years old about 215 (43%), while less frequent age group was 55 years and more about 26 (5.2%). Table 1.

The results revealed that high percentage of the participants were specialists 263 (52.6%), but lowest percentage periodic residents 53 (10.6%). Higher participation were from doctors who work in government public hospitals 312 (62.4%), then primary health care centers 113 (22.6%), private clinics 61 (12.2%) and least were from doctors who work in private hospitals 14 (2.8%). Other job related information is years of experience, the study found that more frequent about 134 (26.8%) of participant doctors had (10 – < 15) years, but less frequent 18 (3.6%) of doctors had experience about 25 years and more (Table 2).

Table 3 represents the frequency of participants specialization, family medicine doctors were the more frequent participants 49 (18.6%), followed by pediatricians 41 (15.6%), then community medicine doctors 36 (13.7%), and basic specialization were less frequent as anatomy, biochemistry, and pharmacology 1 (0.4%), 2 (0.8%), and 1 (0.4%) respectively.

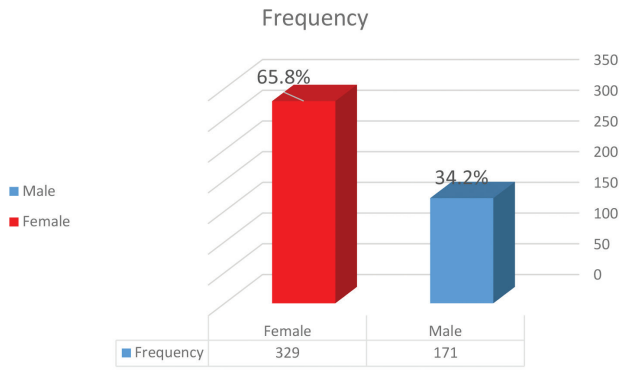

Fig. 1 **Frequency of participants according to gender.**

Table 1. **Age groups classification of participants doctors in relation to gender**

Age (years)	Male	Female	Total
25 -	32 (18.7%)	166 (50.5%)	198 (39.6%)
35 -	93 (54.4%)	122 (37.1%)	215 (43%)
45 -	31 (18.1%)	30 (9.1%)	61 (12.2%)
≥ 55	15 (8.8%)	11 (3.3%)	26 (5.2%)
Total	171 (100%)	329 (100%)	500 (100%)

Attitude of Doctors Regarding Breaking Bad News

Table 4 shows the questions and participant doctors answers regarding their attitude in breaking bad news. 268 (53.6%) of doctors were agree that they need a structured protocol in breaking bad news. 232 (46.4%) of doctors thought that experience give them knowledge in breaking bad news without need to protocol. 264 (52.8%) of doctors were agree that they should inform patient as soon as he receives the diagnosis. 253 (50.6%) of doctors thought that maintaining visual communication between them and patient is necessary during breaking bad news. 183 (36.6%) of doctors were feel comfortable while breaking bad news in orderly manner. 226 (45.2%) of doctors were agree that scientific method of breaking bad news protect doctor from attacks by the patients and their relatives. 305 (61%) of doctors thought that breaking bad news should be taught or trained for medical students during the study period.

Table 2. **Job information of participant doctors**

	Frequency	%
Job description		
Specialist	263	52.6%
General practitioner	93	18.6%
Senior resident	91	18.2%
Periodic resident	53	10.6%
Total	500	100%
Work place		
Government general hospital	312	62.4%
Primary health care center	113	22.6%
Private clinic	61	12.2%
Private hospital	14	2.8%
Total	500	100%
Years of experience (service)		
1 –	106	21.2%
5 –	84	16.8%
10 –	134	26.8%
15 –	127	25.4%
20 –	31	6.2%
≥25	18	3.6%
Total	500	100%

Table 3. **Specialties of the participants**

Specialization	Frequency	%
Family medicine	49	18.6%
Pediatric	41	15.6%
Community medicine	36	13.7%
Surgery	22	8.4%
Gynecology and Obstetric	20	7.6%
Medicine	16	6.1%
Radiology	14	5.3%
Dermatology	11	4.2%
ENT	10	3.8%
Rheumatology	8	3%
Oncology	7	2.7%
Anesthesia	7	2.7%
Hematology	4	1.5%
Ophthalmology	4	1.5%
Physiology	4	1.5%
Orthopedic	3	1%
Biochemistry	2	0.8%
Pathology	2	0.8%
Anatomy and Histopathology	1	0.4%
Medical microbiology	1	0.4%
Pharmacology	1	0.4%
Total	263	100%

Ability of Doctors to Break Bad News

In this study, participant doctors assess their ability to break bad news, Figure 2 shows that 215 (43%) of participants had good ability.

The Preferred Protocol for Breaking Bad News by Doctors

Regarding the preferred protocol to participant doctors were the SPIKES protocol 378 (75.6%) then ABCDE protocol 89 (17.8%) and BREAKS protocol 33 (6.6%) as in Figure 3.

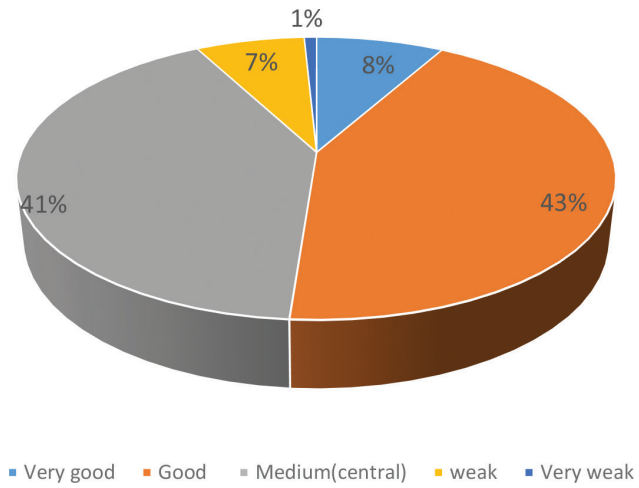

Fig. 2 **Ability of doctors in breaking bad news.**

Table 4. **Attitude of doctors regarding breaking bad news**

Items	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree	Total
1. Do you think you need a structured protocol to convey bad news?	157 (31.4%)	268 (53.6%)	42 (8.4%)	29 (5.8%)	4 (0.8%)	500 (100%)
2. Do you think experience gives you knowledge in breaking bad news without need to protocol?	68 (13.6%)	232 (46.4%)	40 (8%)	140 (28%)	20 (4%)	500 (100%)
3. Do you think the patient should be informed of his illness as soon as he receives the diagnosis?	47 (9.4%)	264 (52.8%)	14 (2.8%)	165 (33%)	10 (2%)	500 (100%)
4. Do you think that maintaining visual communication between you and the patient is necessary during breaking bad news?	201 (40.2%)	253 (50.6%)	38 (7.6%)	8 (1.6%)	0	500 (100%)
5. Do you feel comfortable while breaking bad news in orderly manner?	90 (18%)	183 (36.6%)	118 (23.6%)	52 (10.4%)	57 (11.4%)	500 (100%)
6. Do think that a scientific method of breaking bad news protect you from attacks by the patients relatives?	150 (30%)	226 (45.2%)	100 (20%)	20 (4%)	4 (0.8%)	500 (100%)
7. Do you think that breaking bad news should be taught or trained for medical students during the study period?	305 (61%)	174 (34.8%)	14 (2.8%)	5 (1%)	2 (0.4%)	500 (100%)

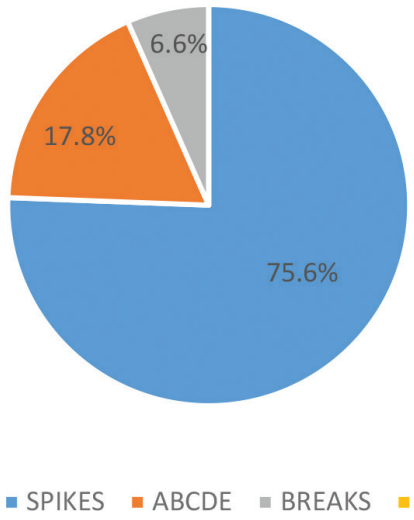

Fig. 3 **Doctors preferred protocol.**

Discussion

In clinical treatment, breaking bad news or sharing critical news is a standard communication task.[11] Bad news can relate to death[12] as well as diagnoses that force a patient's life to change.[13] This study is one of the few that assesses Iraqi doctors' knowledge when it comes to imparting terrible news to patients and breaking bad news protocols.

Sociodemographic Features of Participants in Relation to Gender, Age and Job

In this study there were predominance of females than males among respondent doctors (65.8%) because females had account in different programs of social media, more participant in online social groups and more cooperative in filling out the questionnaire. In general age group (35 – <45) was (43%) then age group (25 – <35) was (39.6%) because the elderly do not have Facebook or other sites in the social media or because they were neglect these activities or they do not have enough time.

In this study, more than half of the respondents were specialists (52.6%), and the more frequent specialty were family medicine (18.6%) then pediatric (15.6%), then community medicine and surgery (13.7%), (8.4%) followed by other specialties, and many of them (62.4%) were work in government public hospitals, this agreed with other study in Saudi Arabia (2013) that included (458) doctors, and more common specialty were family medicine (40.2%) then pediatrics (11.6%) then surgery (8.3%), and (63.1%) of them working in hospitals while (36.9%) of them were work in primary health care centers.[14] In public hospitals there are a lot of patients and therefore the diversity of cases and doctors face problems related to breaking bad news, which increase their enthusiasm to fill out the form. Another study in Brazil (2017) major participant doctors about (75%) were specialists then senior residents doctors then periodic residents.[15]

Also (26.8%) of doctors depend on their experience in breaking bad news which was (10 – <15) years especially if they did not know breaking bad news protocols from their college, and heard about it through their openness into the world via the internet or online training courses. While (3.6%) of them had experience for 25 years and more. Other study was included (159) doctors in Northern Portugal (2017), and (68%) of them were females, years of experience ≤10 year (33%) doctors.[16]

Attitude of Doctors Regarding Breaking Bad News

In this study more than half of the participant doctors (53.6%) agreed that they need a structured protocol in order to convey bad news to patient, while other study conducted on Iranian clinicians in (2018) showed a large proportion of participants (82%) of doctors expressed a need for appropriate protocol for delivering bad news to breast cancer patients.[17] The lack of an acceptable process for giving terrible news is a barrier to doctors' practice. As a result, a breaking bad news protocol must be designed with both clinicians' attitudes toward disclosing bad news and the culture in mind.[17]

In a present study less than half of the participant doctors (46.4%) thought that experience gives them knowledge in breaking bad news without need to protocol. Compared to a study in Iran hospitals (2019) was found that only (17%) of doctors thought they had enough experience in breaking bad news. These findings suggest that existing educational efforts may not be sufficient to improve physician-patient communication abilities,[18] therefore medical students should be educated and learned how to break bad news.

More than a half of the respondents (52.8%) agreed that patient should be informed of his/her illness as soon as he/she receives the diagnosis, this results agreed with other study performed in Mashhad on specialists physicians (2018), (94.3%) of physicians agreed to inform patients about their illness. The patient's understanding of his condition can help them better grasp their current position and improve their quality of life, as well as better weigh the merits and drawbacks of various therapies.[19]

Regarding maintaining visual communication between doctor and patient, it is necessary during breaking bad news (50.6%) of participants agreed with that. The findings of Pakistani study (2019) that showed (49%) of doctors usually keep eye contact with the patient while breaking bad news and they thought is necessary,[20] because it is mean that a doctor empathic with a patients, situation and reduce his/her fear and sadness.

About (36.6%) of doctors were feel comfortable while breaking bad news, this results assured other study in India (2017) that revealed about (35%) of doctors were comfortable too. The explanation for this is that doctors typically have more experience throughout their training years and hence feel more at ease while giving their patients bad news.[21]

Participants doctors in present study (45.2%) thought that a scientific method of breaking bad news protect them from violence or attacks by the patient' relatives. The scientific communication skills rating improved patient satisfaction, the quality of communication between patients and physicians, lowered the chance of a malpractice claim, and reduced reports of patient anguish caused by doctors' insensitivity while delivering bad news.[22]

High rate of participants' doctors (61%) strongly agreed that breaking bad news should be taught or trained for medical students during the study period, also another study in Ethiopia (2018) found that 80% of physicians feel that training should be part of the undergraduate or the residency program.[81] Training and education are vital for all clinicians, regardless of their specialties, in order to achieve good adherence to protocols and overcome stress.[23]

Regarding this research (56%) of respondents thought that they need training for breaking bad news and (25%) did not know, these result similar to previous study in (2009) in Colombia included doctors of different specialties (57.3%) were willing to be trained on communication skills for the disclosure of bad news and 30.5% have a moderate desire to receive training.[24]

Limitations of the Study

1. There is no previous similar and comprehensive study.
2. There is lack of cooperation of many doctors in filling out the questionnaire.
3. Data collection was electronic in addition to direct collection, and this reduces the accuracy of the answers if the question is interpreted subjectively.

Conclusion

The study concluded:-

1. Most of participant doctors think that breaking bad news should be taught or trained for medical students during the study period.
2. High percentage of doctors (75.6%) prefer SPIKES protocol.

Recommendations

The study recommended:-
To Ministry of Higher Education and Scientific Research in Iraq:-

1. More researches regarded breaking bad news should be done by researchers in Iraq due to its rarity.
2. Medical students should be educated and trained in the period from beginning of clinical stage till graduation regarding breaking bad news protocols and acquired skills to be able to break bad news to patients in right way and to keep their safety.

To Ministry of Health :-

1. Providence of guidelines regarding breaking bad news from professional organizations.
2. Frequent continuing training for doctors is required to develop their skills to be able and confident in breaking bad news for better health care delivery.
3. Efforts should be made in hospitals to arrange communication skills courses organized by professional trainers.

Conflict of Interest

None.

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