Research Article

Nurses Attitude Regard Breaking Bad News in Hospital Radiation Therapy - Sudan 2018

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Abstract

Objective: To assess nurses attitude towards breaking bad news and to find out association between demographic data and attitudes for breaking bad news.

Methods: A descriptive study was conducted during 2018 on a sample of 49 nurses In Hospital Radiation Therapy-Sudan. The subjects' demographic characteristics and their attitudes toward breaking bad news were registered in a questionnaire.

Results: The majority of nurses were male (63.3%) mostly their age between 31-40 (40.8%) and graduate (44.9%) and half of them were married. Nurses preferred to inform the patients about the diagnosis when the patients were in the presence of their relative or presence of physician and nurses (69.4%) also they strongly agree that breaking bad news must be in private room and not in emergency room or hospital corridor (69.4%).

Conclusion: Nurses has good experience regard breaking bad news although they need some point regard to be stress through some training like in area of the patient should be completely aware of his/her medical condition.

Keywords: Nurses attitude; Breaking bad news; Sudan

Introduction

The term "bad news" means any information that is given to patients and their families, which directly or indirectly reveals any negative or severe disorder that could change their future perspectives and vision of life [1]. The breaking of bad news is an emotive subject for both health professionals and patients [2].

Many difficulties that doctors or nurses have in breaking bad news can be explained by their fear of causing harm and suffering to their patients, and fear of being blamed for or having to deal with their patients' emotions. All of these emotions may be unpredictable and unexpected [3]. The way of presenting bad news affects the patients understanding of the disease [4] and their psychological adjustment to the disease [5]. Satisfaction of medical care and level of hope [6]. Disclosing bad news to patients may also encourage them to participate in complex decision makings giving bad news to patients is one of the difficult tasks of physicians and nurses [7]. Today it's highly agreed that being informed of ones disease is the patients' legal and ethical right [8] and concealing the information about the disease may lead to distrust towards physicians [9]. Evidence shows that there are different attitudes toward bad news disclosure based on different cultures [10]. In the context of medicine, some examples of bad news situations include disease diagnosis, disease recurrence, failure of treatment, prognostication of outcomes, presence of side-effects of treatment, results of genetic tests, or raising the issue of palliative care and resuscitation [11].

Breaking bad news is a daunting task for the health care professionals. Similarly, receiving bad news is an onerous task for patients because it may drastically cone down options for their future

Table 1: The data of single and married and divorced.

SD	Mean	%	frequency	variable
				age
		32.7	16	25-30 years
0.77482	1.9388	40.8	20	31-40 years
		26.5	13	above 40 years
				sex
0.48708	1.3673	63.3	31	male
		36.7	18	female
				education level
		44.9	22	graduate
0.89547	1.898	20.4	10	post graduate
		34.7	17	diploma
				marital status
		28.6	14	single
0.70228	1.9184			
		51	25	married
		20.4	10	divorced

[12].

Effective communication between the doctor and patient forms is an essential crux of breaking bad news. It is central to the delivery of high quality medical care and has been shown to affect patient satisfaction, decrease the use of pain killers, shorten hospital stay and improve recovery from surgery and a variety of other biological,

Table 2a: Attitude of respondents regard breaking bad news.

P	SD	Mean	%	frequency	statement
					The patient should be completely aware of his/her medical condition.
			32.7	16	strongly agree
			8.2	4	agree
0.013	1.46327	2.6735	38.8	19	neutral
					disagree
			20.4	10	strongly disagree
					People accompanying the patient should be informed about the medical condition
			18.4	9	strongly agree
			22.4	11	agree
0.163	1.33344	2.8163	38.8	19	neutral
					disagree
			20.4	10	strongly disagree
					Family physician is the most suitable person for breaking the bad news
			69.4	34	strongly agree
			6.1	3	agree
0	1.2834	1.7551	10.2	5	neutral
			8.2	4	disagree
			6.1	3	strongly disagree
					It is better if family members disclose the bad news (brother, sister
			42.9	21	strongly agree
					agree
0.346	1.71429	2.7551	26.5	13	neutral
					disagree
			30.6	15	strongly disagree
					It is better if patient's relatives or friends disclose the bad news
			24.5	12	strongly agree
			14.3	7	agree
0.146	1.52055	2.9796	26.5	13	neutral
			8.2	4	disagree
			26.5	13	strongly disagree
					It is better if nurses or other medical staff disclose the bad news.
			12.2	6	strongly agree
			61.2	30	agree
0	0.61237	2.1429	26.5	13	neutral
					disagree
					strongly disagree
					Specialist physician is the appropriate person to break the bad news
			34.7	17	strongly agree
			20.4	10	agree
0.015	1.27908	1.7755	36.7	18	neutral
			8.2	4	strongly disagree
			8.2	4	strongly disagree
					physicians &nurses are the appropriate people to break the bad news
0	1.08012	1.8571	7.1	28	strongly agree

			.2	4	agree
			6.5	13	neutral
			.2	4	disagree

Table 2b: Attitude of respondents regard breaking bad news.

P	SD	Mean	%	frequency	statements
					Giving the bad news during medical teaching round is suitable
0	1.3203	1.9184	57.1	28	strongly agree
			18.4	9	agree
			8.2	4	neutral
			8.2	4	disagree
			8.2	4	strongly disagree
					Hospital corridor is a suitable place for giving bad news
			18.4	9	neutral
0	0.79379	4.5102	12.2	6	disagree
			69.4	34	strongly disagree
					A private retired room is suitable for giving bad news.
	1.42141	1.9796	65.3	32	strongly agree
			12.2	6	neutral
			16.3	8	disagree
			6.1	3	strongly disagree
					It is better to disclose bad news right after confirmation of diagnosis
			63.3	31	strongly agree
			10.2	5	agree
0	1.34834	1.8776	10.2	5	neutral
			8.2	4	disagree
			8.2	4	strongly disagree
					Emergency room is a suitable place for giving bad news
			24.5	12	neutral
0	0.86603	4.4286	8.2	4	disagree
			67.3	33	strongly disagree
0					**An aged physician is a more appropriate person to break the bad news**
			57.1	28	strongly agree
			8.2	4	agree
	1.42021	2.0612	16.3	8	neutral
			8.2	4	disagree
			10.2	5	strongly disagree
					It is better for the doctor and nurses to know how much the patient knows about that
			69.4	34	strongly agree
0	1.27809	1.6939	12.2	6	agree
			8.2	4	neutral
			10.2	5	strongly disagree
					Receiving bad news about a common disease is much easier than hearing
			67.3	33	strongly agree
0.015	0.94761	1.6531	32.7	16	neutral
					Physician and nurses' skill in treatment affects compliance of receiving bad news.

0	1.06466	1.6939	65.3	32	strongly agree
			10.2	5	agree
			14.3	7	neutral
			10.2	5	disagree
			Medical condition awareness positively influences continuing a medical treatment		
0	0.55328	1.1633	91.8	45	strongly agree
			8.2	4	neutral
			It is better to educate doctors and nurses about how to disclose bad news.		
0	1.19878	1.9796	57.1	28	strongly agree
			32.7	16	neutral
			8.2	4	disagree
			2	1	strongly disagree
			Availability of psychology consultant is necessary at the time or after disclosure of bad news		
0.001	0.91891	1.7755	55.1	27	strongly agree
			12.2	6	agree
			32.7	16	neutral

Table 2c: Attitude of respondents regard breaking bad news.

P	SD	Mean	%	frequency	statements
					Doctors and nurses should consider the psychological status of patients while breaking bad news
0.032	0.96186	1.6939	65.3	32	strongly agree
			34.7	17	neutral
					Doctors and nurses should consider patients' religious beliefs while breaking bad
0	0.81441	1.4082	79.6	39	strongly agree
			20.4	10	neutral
					Breaking of bad news by doctors and nurses makes patients pessimistic about their treatments
0	1.00424	4.3061	4.1	2	agree
			26.5	13	neutral
			4.1	2	disagree
			65.3	32	strongly disagree
					It is the patient's right to know everything about his/her medical condition
0	0.9304	1.7347	59.2	29	strongly agree
			8.2	4	agree
			32.7	16	neutral
					Cancer patients should be informed about their disease
0	1.31352	1.9388	63.3	31	strongly agree
			20.4	10	neutral
			12.2	6	disagree
			4.1	2	strongly disagree
					Cancer patients should be completely informed about their ongoing medical
0.063	0.97416	1.7347	63.3	31	strongly agree
			36.7	18	neutral
					Mean attitude score
0	0.80441	1.5082	81.6	40	Good attitude (≥65%)
			18.3	9	Fair attitude (65-50%)
					Poor attitude (≤50%)

psychological and social outcomes [13].

The study aimed to assess nurses attitude towards breaking bad news and to find out association between demographic data and attitudes for breaking bad news.

Research hypothesis: Nurses have poor attitude toward breaking bad news. There is good relation between socio demographic data and attitude regard breaking bad news.

Materials and Methods

This is descriptive study hospital-Based cross sectional study in hospital radiation therapy-Sudan 2018, 49 Nurses enrolled in the study selected randomly, verbal approval consent taken from participants. The objectives and benefits of the study were explained to respondents they were assured that participation was voluntary and information would be confidential. A questionnaire was developed the first part consisted of [4] items regarding demographic data, such as age, gender, marital status and educational level second part consist of (27 questions) regard attitude of breaking bad news, For each attitude response item according to likert scale coded '5' for strongly agree (4) agree (3) for neutral (2) for disagree and (1) for strongly disagree, and the total scores ranged from 27 to 135, The attitude scores were classified into Poor attitude (≤50%), Fair attitude (65-50%), and (≥65%) considered good attitude. Data gathered tabulated, analyzed using descriptive statistic and inferential statistics analysis, socio demographic data using descriptive statistic, and for attitude data used inferential statistic, p value .001 considered as statistically significant all data analysed using spss version 20.

Results

49 of Nurses enrolled in the study, the majority of them age between 20 (31-40 years) (40.8%) while 16 (32.7%) their age between 25-30 years and the minority of them their age above 40 years 13 (26.5%),. Most of respondents are male 31 (63.3%) the rest of respondent are female which represent 18 (36.7%) their qualification arranged between graduate 22 (44.9%), diploma 17 (34.7%) and only 10 (20.4%) post graduate Half of them are married 25 (51.0%) while 14 (28.6%) are single and 10 (20.4%) are divorced as shown in Table 1.

Table 2a shows the attitude of nurses regard breaking bad news in first question when asked them if the patient should be completely aware of his/her medical condition (38.8%) not decided if agree or not, while 32.7% strongly agree few percent of them strongly disagree which represent (20.4%). (38.8%) also not decided if they agree or not when asked if people accompanying the patient should be informed about the medical condition. (69.4%) strongly agree when asked if it is better for family members disclose the bad news (brother, sister) while (24.5%) strongly agree their relatives or friends disclose the bad news and (61.2%) surprise that respondents agree that nurses or other medical staff should disclose the bad news (61.2%). While (34.7%) strongly agree that Specialist physician is the appropriate person to break the bad news (57.1%) strongly agree that physicians & nurses are the appropriate people to break the bad news.

In Table 2b (57.1%) the respondents strongly disagree that Giving the bad news during medical teaching round is suitable and only (8.2%) agree that regard and (69.4%) strongly disagree when asked if Hospital corridor is a suitable place for giving bad news,

Table 3: Relation between attitude and socio demographic data.

P value	Fair	Good	
			attitude
0.146	0.77482	1.9388	age
0	0.48708	1.3673	sex
0	0.89547	1.898	Education level
0	0.70228	1.9184	Marital status

while (65.3%) strongly agree when asked if A private retired room is suitable for giving bad news, while only (6.1%) strongly disagree for that, but also they strongly disagree when asked if Emergency room is a suitable place for giving bad news (67.3%), when asked respondent if it is better for the doctor and nurses to know how much the patient knows about that (69.4%) strongly agree while (10.2%) disagree, and only (8.2%) not decided if agree or not. when asked the nurses if Medical condition awareness positively influences continuing a medical treatment (91.8%) strongly agree, and (57.1%) answer the question which is about to educate doctors and nurses how to disclose bad news, more than half (55.1%) strongly agree that Availability of psychology consultant is necessary at the time or after disclosure of bad news, while only (32.7%) not decided that (neutral answer)

In Table 2c when asked respondent if Doctors and nurses should consider the psychological status of patients while breaking bad news (65.3%) strongly agree while the rest of them not decided, majority of respondents that Doctors and nurses should consider patients' religious beliefs while breaking bad news (79.6%) (65.3%) strongly disagree that Breaking of bad news by doctors and nurses makes patients pessimistic about their treatments but (59.2%) strongly agree that it is the patient's right to know everything about his/her medical condition, while (32.7%) not decided that. Lastly they strongly agree that Cancer patients should be completely informed about their ongoing medical land Cancer patients should be informed about their disease with same percent and the strongly agree that (63.3%) their mean attitude is good (81.6%) p is.000.

In Table 3 shows significant relation of nurses attitude and demographic data p is.000 except the age negative relation p is .146.

Discussion

This is descriptive study aimed to assess attitude of nurses regard breaking bad news, 49 nurses enrolled in the study their age range between 25 and above 40 their education level also range from diploma to post graduate and in this study most of respondents are married and the minority of them are divorced while 28.6% are single regard their attitude if the patient should be completely aware of his/her medical condition (38.8%) not decided if agree or not come at variance with study done in Imam Khomeini Hospital, Sari, Iran, where their respondents agree that (90.7%) [14]. Also it came at variant line with study done in China and Australia, 83% and 77% of patients, respectively, believed they should be completely aware of their medical condition [15] in our study, 34% of the patients were strongly agree to receive bad news by family physician. Furthermore, 42.9% of our participants preferred receiving bad news from their families while only 24.5% wanted to hear it from their second degree relatives or friends. Studies in Japan showed that 78% of patients prefer to share the bad news with their families [16]. In contrast,

study done in china showed that many patients prefer not to tell their families about having cancer [15] in our study respondents strongly agree that more experienced and older physicians assessed their skill of exposing the diagnosis better and disclosed the bad news (57.1%) p .000 also they prefer that physicians and nurses are good for breaking bad news come online with study in Iran p<0.001 [17] most of respondent don't prefer to break bad news in round or emergency room or even in hospital corridor which agreed with study in Imam Khomeini Hospital, Sari, Iran where their respondents don't agree that [18].

Our respondents don't pessimistic from doctors and nurses when they inform patients about their treatments during breaking bad news while it in contrast with study done in Iran where their respondents have no idea about that [18] On other hand our respondents strongly agree that Doctors and nurses should consider patients' religious beliefs while breaking bad this issue agree study done in Centre for Primary Health Care Studies, University of Warwick [19]. In this study our respondents (65.3%) strongly agree that doctors and nurses should consider the psychological status of patients while breaking bad new similarly to study done in Iran when asked their respondents concerns about patients' anxiety and emotional reaction as the most important factor leading to refusal for bad news disclosure [17] again study done in china reveal that doctor and nurses should consider psychological status of patient when breaking bad news (76.9%) from results there is significant relation between gender education level and marital status and attitude of nurse p .000.

Conclusion

Nurses have good experience regard breaking bad news which is not support the hypothesis, although they need some point regard to be stress through some training like the patient should be completely aware of his/her medical condition. There is significant relation between sex, education level and marital status and attitude regard breaking bad news.

Recommendation

Training for nurses to communicate with patients and to find appropriate ways to disclose bad news to patients seem to be necessary.

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