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Knowledge And Attitude Of A Sample Of Iraqi Doctors About Breaking Bad News To Patients In Baghdad Teaching Hospital And Specialized Surgical Hospital In Medical City

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ABSTRACT

Background: Bad news is any bad, sad, or significant information that negatively alters people's expectations or perceptions of their present or Future. **Objectives:** to explore the level of knowledge and attitude toward Break bad news to patients among sample of Iraqi doctors. **Methods:** A cross-sectional study was conducted at Baghdad teaching hospital and specialized surgical hospital in Baghdad Medical City from first of January 2019 till end of July 2019. A convenient sample of 300 Iraqi doctors (resident, specialists, and consultants) participated; they were selected through random sampling, and data were collected by using a self-administered questionnaire adopted from a previous study with some modifications. **Results:** A total of 300 doctors included in this study, males were 158 (52.7%) while females were 142(47.3). The majority of participants were resident form 194(64.7%). The training status of doctors revealed that the majority of them 204(68.0%) had not been trained about breaking bad news while only 96(32%) of doctors included in a training course, about 28(29.2%) received the course during undergraduate while the rest 68(70.8%) received it during postgraduate. **Conclusion and Recommendations:** Only one third of them participate in training course about it. Doctors who received training course undergraduate have better score. The overall attitude score was fair and its associated with medical degree, consultant doctors get better attitude score. The study recommends that the Medical College should present educational courses on how to break bad news to undergraduate students during clinical years.

Keywords: Knowledge, Attitude, Iraqi doctors, breaking bad news, Baghdad Teaching Hospital.

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INTRODUCTION

Bad news is as any news which harmfully and badly affects an individual's view of his or her upcoming. Information about the diagnosis of a difficult disease, poor prognosis, failure of treatments, lack of viable treatment options, treatment consequences (Heyse-Moore, 2009).

Because of the mentioned issues, communication between patients and their physicians needs to be improved, physicians use an optimal way to approach the communication of bad news but still there is a lack of guidance for them.(Hagerty et al., 2005)

Aside from these aspects, the practice of physicians is consistent with the current guidelines. Another notable finding is that approximately 99% considered that training in delivering bad news is essential for clinical practice. The study suggests that efforts should be made to arrange communication skills courses ordered by specialized trainers. (Alsaad, 2017)

The ability of physicians in giving bad news is not enough in some aspects. Therefore, holding educational courses during physicians‟ education and after graduation are recommended to increase patients trust and decreasing worries and inconvenience of physicians in difficult situations of delivering bad news. (Mostafavian et al., 2018)

Iraq has suffered for four decades of repeated wars which adversely affect the health reality of Iraq with increase morbidity and mortality which generate abundant clinical bad news. These contexts make health care professionals to become the messengers of bad news to patients and their families as recommended by Sultan et al, 2013. Therefore, communication between patients and doctors need to be improved. For these reasons the subject of the study was selected is to explore knowledge and attitude of the doctors in telling bad news to the patients.

Aim of the study

This study aimed to explore the level of knowledge and attitude about how to break bad news to patients among a sample of Iraqi doctors working in Baghdad Teaching Hospital and Specialized Surgical Hospital in Medical City.

METHODOLOGY

This study was conducted at Baghdad Teaching Hospital and the specialized surgical hospital in Baghdad Medical City. A descriptive cross-sectional study was conducted from 1st of January till end of July 2019. A convenient sample of 300 Iraqi doctors (resident, specialists

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and consultants) working at Baghdad teaching hospital and specialized surgical hospital in Baghdad Medical City.

A self-administered questionnaire designed to elicit information on doctors‟ knowledge and attitude regarding the delivery of bad news to patients was used. The aim of study explained to participants and their names not use in this study to ensure confidentiality. Data was collected over period of two months in three days per week sometimes two, and the average time for each questionnaire was took 10-15 minutes. The collected data was introduced into Microsoft Excel sheet 2016 and loaded into IBM _SPSS. V23 statistical software. P value less than 0.05 was considered discrimination point of significant. Scoring system was use to assess the level of knowledge and attitude.

RESULTS

Table 1: *Distribution of studied sample according to essential characteristics*

Variables		**No.**	**%**	**Total**
sex	Male	158	52.7%	
	Female	142	47.3%	300
Medical degree	Resident	194	64.7%	300
	Specialist	83	27.7%	
	Consultant	23	7.7%	
Specialty	Gynecologist	35	11.7%	300
	Internist	43	14.3%	
	Surgeon	44	14.7%	
	Other	178	59.3%	
Years of experience	<10year	190	63.3%	300
	10-<20 year	71	23.7%	
	20 or more	39	13.0%	
Training about how to break bad news	Yes	96	32.0%	300
	No	204	68.0%	

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If trained	Undergraduate	28	29.2%	96
	Postgraduate	68	70.8%	

Shows the distribution of the studied sample according to essential characteristics, it showed that 158 (52.7%) of the sample were males while 142(47.3) were females.

About 96(32%) of the studied sample included in a training course about Breaking Bad News, 68(70.8%) of them who had previously trained received the course postgraduate

Table 2: *Response to knowledge questions about breaking bad news*

Knowledge questions		**N=300**	**%**
Is there a guideline regarding breaking bad news?	Yes	188	62.7%
	No	54	18.0%
	Not sure	58	19.3%
Is it better to use a private room in the ward to deliver the news?	Yes	143	47.7%
	No	136	45.3%
	Not sure	21	7.0%
Is it better to tell the relatives about the diagnosis before the patient?	Yes	216	72%
	No	84	28%
	Not sure	-	-
At the time of breaking bad news, is the patient's privacy not that important?	Yes	37	12.3%
	No	263	87.7%
	Not sure	-	-
Before telling the bad news, was there any warning shot that some bad news is coming?	Yes	244	81.3%
	No	39	13.0%
	Not sure	17	5.7%
Is it important to know if the patient has an idea about his/ her disease?	Yes	240	80%
	No	-	-
	Not sure	60	20%

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Doctors should consider the psychological status of patients while breaking bad news.	Yes	277	92.3%
	No	23	7.7%
	Not sure	-	-
Is it important to avoid telling the patients about their final diagnosis?	Yes	66	22.0%
	No	212	70.7%
	Not sure	22	7.3%
Before the patient leaves the meeting place: it‟s better to give anew appointment to the patient to provide him/her with some hope	Yes	245	81.7%
	No	25	8.3%
	Not sure	30	10.0%
Before the patient leave the office make sure that he\she is fully understands the news that were given.	Yes	265	88.3%
	No	23	7.7%
	Not sure	12	4%
Diseases and treatment methods (chemotherapy, radiation, and surgery, oral) should be explained to the patient with bad news telling.	Yes	236	78.7%
	No	49	16.3%
	Not sure	15	5.0%
Complication of treatment need to be explained to the patient with bad news telling.	Yes	188	62.7%
	No	83	27.7%
	Not sure	29	9.7%

Shows the knowledge response of study participants about breaking bad news, we noticed that (188) (62.7%) of doctors sample were aware about availability of guidelines regarding breaking bad news while (54) (18%) were not. About (25)(8.3%) of doctors disagree on that's better to give a new appointment to the patient before he/she leaves the meeting place to provide him/her with some hope.

Table 3: *Distribution of studied sample according to correct answers on knowledge questions*

Questions	**Correct**	**N**	**%**
Presence of breaking bad news guidelines	Yes	188	62.7%

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It's better to use a private room in the ward to deliver the news.	Yes	143	47.70%
It's better to tell the relatives about the diagnosis before the patient?	No	84	28.00%
At time of breaking bad news the patient privacy is not that important.	No	263	87.70%
Before telling the bad news a warning shot that some bad news are coming	Yes	244	81.30%
It's important to know if the patient has an idea about his/ her disease?	Yes	240	80.00%
Doctors should consider the psychological status of patients while breaking bad news.	Yes	277	92.30%
Is it important to avoid telling the patients about their final diagnosis.	no	234	78.00%
Before the patient leaves the meeting place: it"s better to give anew appointment to the patient to provide him/her with some hope	Yes	245	81.70%
Before the patient leave the office make sure that he\she is fully understands the news that was given.	Yes	265	88.30%
Diseases and treatment methods (oral, chemotherapy, radiation and surgery) should be explained to the patient with bad news telling.	Yes	236	78.70%
Complication of treatment need to be explained to the patient with bad news telling.	Yes	188	62.70%
Total	300		

Shows the frequency distribution of correct response to knowledge questions among doctors in the studied sample. It demonstrates that certain questions were answered better than others.

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Table 4: *Distribution of parameters between knowledge scores and the statistical variable*

Variables		Mean ±SD = 72.42±14.						P value	total
		Poor <50%		Fair 50-75%		Good >75%			
		No	%	No	%	No	%		
Gender	Male	58	36.7%	74	46.8%	26	16.5%	0.173	300
	Female	38	26.8%	79	55.6%	25	17.6%		
Medical degree	Resident	68	35.1%	95	49.0%	31	16.0%	0.143	300
	Specialist	20	24.1%	44	53.0%	19	22.9%		
	Consultant	8	34.8%	14	60.9%	1	4.3%		
Specialty	Gynecologist	9	25.7%	18	51.4%	8	22.9%	0.231	300
	Internist	13	30.2%	21	48.8%	9	20.9%		
	Surgeon	9	20.5%	24	54.5%	11	25.0%		
	Other	65	36.5%	90	50.6%	23	12.9%		
Years of experience	<10year	67	35.3%	93	48.9%	30	15.8%	0.260	300
	10-20 year	20	28.2%	35	49.3%	16	22.5%		
	20 and more	9	23.1%	25	64.1%	5	12.8%		
Training about how to break bad news	Yes	32	33.3%	49	51.0%	15	15.6%	0.889	300
	No	64	31.4%	104	51.0%	36	17.6%		
If trained	Undergraduate	14	50.0%	9	32.1%	5	17.9%	0.045*	96

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	Postgraduate	18	26.5%	40	58.8%	10	14.7%		

*Significant difference between proportions using chi-square test at 0.05 level.

This table shows that doctors' sex, only 16.5% of males and 17.6% of females scored “good”, while 36.7% of males and 26.8% of females scored “poor”, and the remaining 46.8% of males and 55.6% of females scored “fair”. Gender showed no statistically significant difference (P-value = 0.173).

Table 5: *Response to attitude questions about breaking bad news*

Attitude questions		N=300	N %
Do you feel empathy after breaking bad news to the patient/relatives?	Yes	263	87.6%
	No	26	8.6%
	Not sure	11	3.6%
Do you feel that the most stressful situation is giving false hope to terminal patient?	Yes	185	61.7%
	No	55	18.3%
	Not sure	60	20.0%
Do you think it is important to respond for the patient‟s emotional reactions after telling bad news?	Yes	238	79.3%
	No	62	20.7%
	Not sure	-	-
Do you think the patient will ask you difficult questions after telling bad news?	Yes	250	83.3%
	No	42	14.0%
	Not sure	8	2.7%
-If yes…What is your answer if the patient ask you how much time do I have	depend on treatment response	186	62.0%
	I don‟t know	64	21.33%
-What is your answer if the patient ask you “isn‟t there anything more you can do”	There is a lot we can to do	164	54.7%
	Noting we can to do	86	28.6%

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I face difficulty in deciding what to say when I try to break bad news to patients.	Yes	103	34.3%
	No	197	65.7%
	Not sure	-	-
Do you think that patient do not want to know about the diagnosis and prognosis?	Yes	49	16.3%
	No	168	56.0%
	Not sure	83	27.7%
Do you feel comfortable in discussing with patient/ relatives issues concerning the disease diagnosis, prognosis, & life expectancy?	Yes	178	59.3%
	No	122	40.7%
	Not sure	-	-
Do you think that telling the patients everything about their diseases is important?	Yes	260	86.7%
	No	35	11.7%
	Not sure	5	1.7%
If yes, how do you think patient should be told?	Every things in one visit	79	26.3%
	Partial information in each visit	181	73.7%
Do you feel telling all to patients takes away their hope and their survival lessens?	Yes	154	51.3%
	No	69	23.0%
	Not sure	77	25.7%
Who should receive bad news first	Patient	80	26.7%
	Relative	220	73.3%
If the relatives want to conceal the diagnosis what you do	Agree the relative.	86	28.7%
	Agree and lie to the patient	72	24.0%
	Disagree the relative and tell the truth	121	40.3%
	Tell if the patient ask you will tell the truth	21	7.0%

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This table shows the frequency distribution of responses to attitude questions about breaking bad news among doctors in the studied sample. We noticed that only 8.6% of doctors in the studied sample do not feel empathy after breaking bad news to the patient.

Table 6: *Distribution of the studied sample according to correct answers on attitude questions.*

Questions	**Correct attitude**	**N**	**%**
Do you feel empathy after breaking bad news to the patient/relatives?	Yes	263	89.3 %
Do you feel that the most stressful situation is giving false hope to terminal patient?	Yes	185	61.7 %
Do you think it is important to respond for the patient‟s emotional reactions after telling bad news?	Yes	238	79.3 %
Do you think the patient will ask you difficult questions after telling bad news?	Yes	250	83.3 %
-If yes…What is your answer if the patient ask you how much time do I have	Depend on response to treatment	186	62.0 %
-What is your answer if the patient ask you “isn‟t there anything more you can do”	many things to help	164	54.7 %
I face difficulty in deciding what to say when I try to break bad news to patients.	No	197	65.7 %
Do you think that patient do not want to know about the diagnosis and prognosis?	No	168	56%
Do you feel comfortable in discussing with patient/relatives issues concerning the disease diagnosis, prognosis, and life expectancy?	Yes	178	59.3 %

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Do you think that telling the patients everything about their diseases is important?	Yes	260	86.7 %
If yes, how do you think patient should be told?	Everything in one visit	79	26.3 %
Do you feel telling all to patients takes away their hope and their survival lessens?	Yes	154	51.3 %
Who should receive bad news first	Patients	220	73.3
If the relatives want to conceal the diagnosis what you do	Tell the patient truth	121	40.3

Shows the frequency distribution of correct response to attitude questions among doctors in the studied sample. We found that (89.3%) of participants felt empathy after breaking.

Table 7: *Association between Attitude and studied variables*

Variables		**Mean ±SD = 66.9±15.6**						**p value**	**Total**
		Poor <50%		**Fair 50-70%**		**Good >70%**			
		N	**%**	**N**	**%**	**N**	**%**		
Gender	Male	42	26.6 %	81	51.3 %	35	22.2%	0.1	300
	Female	25	17.6 %	74	52.1 %	43	30.3%		
Medical degree	Resident	47	24.2 %	98	50.5 %	49	25.3%	0.045*	300

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	Specialist	11	13.3 %	50	60.2 %	22	26.5%		
	Consultant	9	39.1 %	7	30.4 %	7	30.4%		
Specialty	Gynaecologist	3	8.6%	23	65.7 %	9	25.7%	0.288	300
	Internist	9	20.9 %	19	44.2 %	15	34.9%		
	Surgeon	11	25.0 %	25	56.8 %	8	18.2%		
	Other	44	24.7 %	88	49.4 %	46	25.8%		
Working years	<10year	43	22.6 %	98	51.6 %	49	25.8%	0.310	300
	10-20 year	11	15.5 %	39	54.9 %	21	29.6%		
	20 and more	13	33.3 %	18	46.2 %	8	20.5%		
Training on how to break bad news	Yes	25	26.0 %	41	42.7 %	30	31.3%	0.102	300
	No	42	20.6 %	114	55.9 %	48	23.5%		
If trained	Undergraduate	8	28.6 %	12	42.9 %	8	28.6%	0.910	96
	Postgraduate	17	25.0 %	29	42.6 %	22	32.4%		

*Significant difference between proportions using chi-square test at 0.05 level.

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Only 35 (22.2%) males and 43 (30.3%) females scored “good” while 42(26.6%) males and 25(17.6%) females scored ”poor”, and the remaining scored “fair” in the attitude assessment with a (P-value of 0.1) and thus there is no statistical significance for sex.

DISCUSSION

Bad news refers to any information transmitted to patients or their families that directly or indirectly involves a negative change in their lives, As breaking bad news is a stressful task, many doctors either avoid it or perform it inadequately because it “results in a cognitive, behavioral, or emotional deficit in the person receiving the news that persists for some time after the news is received. This study focused on doctors' knowledge and attitude as the messenger of delivering bad news.

Sex distribution was approximate between males and females, about half of doctors were male and slightly less than half were female. This concordant to another study done in Iran in 2011 by M Arbabi et al who also showed that more than half of doctors were male and less than half were female. But not concordant with Alshammary SA. et al study whom male preference was obvious in which the majority of candidates were male. This could be due to the difference in sample size between the two studies where the sample size in the Alshammary study was smaller than our study.

In current study the number of residents doctors more than the specialist and the consultant that is compatible with Konstantis A. et al study in Greece (2015) who showed that Residents in study about more than half Also the number of consultants form the lowest percentage in the sample as same as study by Ghufran Jassim et al in Bahrain (2019).his due to the resident had full time duty and more available than specialist and consultant.

Nearly two third of doctors involved in the present study had graduated between 1-10 years earlier which is the same as study done in Brazil(2017).

In this study nearly one third of participants had been trained about BBN, another study done by Al Shammary SA et al in Saudi in (2017) showed that more than two third of respondent physicians reported that they had taken specific training in BBN. since many years ago majority of the medical schools are adding communication skills training in their undergraduate and postgraduate curriculum as part of their educational activities and workshops related to this subject are always included in most annual meetings of numerous societies[, But in our country recently they are starting to add the subject to the curriculum.

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The higher percentage of doctors in our study received training during postgraduate period while in other study by Konstantis A. et al in Greece(2015). Founded that doctors have the higher rates of undergraduate training because of promising efforts by many universities in order to change the current situation which is not a case in our universities.

About eighty percent of doctors in our study had given a "warning shot" that something bad will be told before telling the bad news this not concordant with study by Al-Mohameed and Sharaf (2013) in the Qassim region of Saudi Arabia which discovered only thirty six percent agree on giving a shot.

One of many important aspects during BBN was evaluating patients knowledge of his/her disease when giving bad new, this aspect was discussed in our study and found that 80% of doctors do that before telling the news which is higher than result conducted in Iran in 2018 by Mostafavian Z et al, who found that 67.1% of doctors evaluate patients awareness about their condition. The difference could be attributed to variability in sample size.

Ninety two percent of doctors in current study take into account the psychological status of patient in BBN. A lower result revealed by Del Pozo PR. et al in Qatar in 2012 who found that seventy four percent of doctors deal with the emotional status of patient in BBN. The difference may be due to the doctors in the study are Iraqis and of course they are more sympathetic and understanding for their countrymen but doctors in Qatar are foreigners from different countries, ethnicity and religions.

More than three quarter of doctors in current study usually told the patients about their final diagnosis, this result near to a result discovered by AlMohameed and Sharaf survey in 2013 in Saudi Arabia who found that most of physician told the patients about their final diagnosis .A lower result found by Angham ALGhidany et al. study who found nearly more than half of physicians telling the final diagnosis to patients. This may be explained by that many doctors avoiding such a discussion because the apprehension of causing distress, depression, and suicidal thoughts in patients are the main reasons for withholding final diagnosis about serious illness.

In our current study the majority of doctors give the patient a follow-up plan and provide him/her with some hope before the patient leaves the office this is result is higher than the result of Al-Mohaimeed AA. et al study in Saudi Arabia who showed that slightly more than half of sample make sure giving the patient a follow-up plan and provide some hope.

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The highest percentage of doctors in this study felt that the most stressful situation during BBN was giving false hope to terminal patients, on other hand a study done in Indonesia in 2012, found almost all doctors consider the explanation of prognosis and life expectancy to patient was the most difficult part of breaking bad news process.

This study revealed that nearly one third of doctors had been faced difficulty in deciding what to say when try to tell bad news to a patients, this result goes in the same direction with the result of Angham AL Ghidany et al study in Saudi Arabia by in(2017)who showed that nearly less than half faced this difficulty.

About (83.7%) of doctors in current study agreed with that most patients prefer to know their diagnosis, the same result obtained by the study done in 2019 in Bahrain (84.5%).

More than half of doctors in this study felt comfortable when discussed issues regarding diagnosis or prognosis, this result also found in study by Ferine M. et al in 2012, and Brig S A H B et al.in Pakistan in 2018but this opposing to Konstantis A. et al study in Greece (2015) who showed that the majority of the doctors felt uncomfortable in this situation.

Our study found that about one quarter of doctors stated that everything should be told in a single visit while the remaining stated partial information in each visit should be told. This differ from a study done by Alshammary SA et al in Middle East in (2017) who showed that only six percent of doctors stated that everything should be told in one visit while the remaining stated that information regarding the patient's case could be given over multiple visits. This is due to the majority of doctors believed that the information about a patient's illness must be learned in an ongoing way to avoid patient's emotional breakdown and encourage more accepting.

About half of doctors agreed on telling all bad news to patients take away their hopefulness and less their survival which is lower than a result in a study conducted by Searight HR et al in 2015. who found that nearly two third of doctors preferred not to let the patient know about their real health status in order to prevent intense negative emotions such as downfall and heartbrokenness. But this dissimilar to study done by Alshammary SA et al. in 2017who revealed just one quarter agreed on.

The current study showed that 73.3% of doctors preferred to inform the relative about bad news. Many studies demonstrated higher or lower results such as Saudi study in Qassim, (77.9%), Chan and Goh study in Singapore in 2000 (90%), Iranian study done in Qom in 2019

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(37%), studies done in the Saudi community in 2008 (44%)And 2010 (33%). Cultural influence sometimes overrides professional considerations. Possibly that was the motivating factor for sharing patient information more with relatives than with the patient. In many countries, the patient's right to participate in decisions about their care is safeguarded by legislation.

Regarding truth telling to patients, the main reason for not disclosing information to a patient was family's request, in our study found that 40.3% of the doctors don't agree the relative when asked them to conceal the truth from the patient. A higher result found in a study in Saudi Arabia in 2010 by Aljubran AH. et al who found that 56% of doctors tell the truth to the patient even if the family objected, while a lower result found in a study in India and Malaysia in 2007 who showed that only 35% of physicians said that they would ignore the family's request to withhold the truth while the remaining withhold. In comparison with other study by Alshammary SA et al in Saudi Arabia in 2017who found that only 29.4% of respondents stated that they would still disclose the diagnosis to patients even if it would be against the preference of the patient's relatives of not saying so. In Jordan in 2018 a study conducted by Borgan SM. et al showed that more than half of participants not-disclosed the truth driven by request from the patient's family. The lack of awareness about patients' rights, lack of appropriate training of physicians, absence of an operational framework governing physician-patient communication, prevalent cultural considerations dominating physician-patient communication

When we test the association of total knowledge score with essential characteristics, had no significant statistical association except time of training About BBN as doctors who received training course under graduate have better knowledge score than those who received it during postgraduate (P value=0.045).This differs from study by Al-Mohameed and Sharaf (2013) in the Qassim region of Saudi Arabia who founded that there was statistically significant association between knowledge and medical degree were the junior doctors with lower qualifications had better total knowledge score than the highly qualified doctors.

CONCLUSION

In spite of that 62.7% of the study sample aware about availability of guidelines regarding how to break bad news, only one third of them participate in training course about it. The overall knowledge score was fair and its associated with previous training course, doctors who received training course under graduate have better score. The overall attitude score was fair and it's associated with a medical degree; consultant doctors get a better attitude score.

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RECOMMENDATIONS

BBN training should be part of residency curriculum with availability of guidelines from professional organization. Efforts should be made in our hospitals to arrange communication skill courses organized by professional trainees and put more emphasis on continuous education programs. Further researches are needed for more objective assessment of the current situation in practice.

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