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Study on Attitudes of Cancer Patients about Breaking Ways of Bad News

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ABSTRACT

Background and Aim: Giving bad news is an inevitable part of the medical profession. There are different opinions about telling the truth and giving bad news to patients in different cultures and societies. Thus, the purpose of this study was to investigate attitudes of cancer patients about methods of awareness of bad news.

Materials and Methods: The study was cross-sectional research that has been done on a sample of 160 people of cancer patients. This study used a questionnaire that its validity was confirmed by communication sciences professors and medical experts. The reliability of the questionnaire and Cronbach's alpha for all items of the questionnaire was 95 percent in estimating the validity of the questionnaire was determined that all questions were significantly correlated. SPSS software, regression analysis, and Fisher test were used.

Ethical Considerations: In this study, verbal informed consent of participants was obtained followed by an explanation about the purpose of the study, anonymity, and confidentiality of patients' information.

Findings: In this study investigated 160 patient points of view.37.5% of participants were men and 62.5 of them were women (18-77years). The results show that 57.7 % of patients agreed with a historical approach, 78.8% of them agreed with the direct source style and 94.4% agreed with the informal style of giving information. 18.1% of patients disagree with the flow of the companions of patients of the disease.

Conclusion: Findings indicates on better breaking of the bad news to the patients with a historical approach and telling to the patient by physician, directly.

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Introduction

Communication skills are necessary for physicians when there are fundamental differences between the perspectives of patients and physicians (1). Patient goes to visit physicians to hear good news. Physicians have to attract her/his attention to disturbing facts gradually, and this is the fundamental problem of most physicians (2). Giving bad news suddenly or without considering the existing standard will have very damaging psychological and long-term effects. Despite awareness of this important issue, most physicians in announcing bad news to patients and their families have been faced with many problems (3). Thus, the main priority concerning announcing bad news, is informing patients by physicians, following the principles of medical ethics and communication skills. The mutual relationship between patients and physicians is important and the method of communicating for giving information about the disease to patients and their families also is important. Thus, this study has analyzed priorities and the impact of announcing bad news (4).

Problem Statement

Despite increasingly technical progress in medicine, the relationship between physician and patient is considered an important element that affects patients' satisfaction with physicians. Researchers know communication as data transmission from sender to receiver, understandably and clearly for both (5). The quality of communication messages divides communication into two categories: favorable and unfavorable. Birth of a child, successful surgeries, and eliminating risk is favorable and unsuccessful treatment, having a terminally ill patient, death of a patient are unfavorable communication. The transmission of these messages strongly affects the relationship between physicians and patients. It can be said that this type of communication is one of the most critical forms of communication between physician and patient which physician has to give unpleasant information relating to dangerous diagnosis, relapse, or treatment failure to patients or their families (6). Today, in Western countries, according to the charter of patients' rights, patients have a right to know and physicians should say all information related to the disease. There are no complicated techniques in this transition and physicians should map the future of disease for patients based on epidemiological data. But, some research has been conducted little by little in these countries and showed that giving unnecessary information to patients is troublesome for them. This information will not change the disease future or the life future of the patient. So charter of patients' rights has been changed. According to these changes, the physician should say information related to the disease to the extent that the patient wants to know (7).

Bad news in the medical field

Based on Bookman's theory about bad News that has been published in British Medical Journal in 1984, "any news that dramatically changes person attitude about her/his future to negative" is bad. People know delivering bad news as hard work, everywhere in the world. Many people believe that delivering bad news is difficult for the following reasons:

- We do not know how we should give bad news. Studies have shown that when we know the correct way to give bad news, we feel less pain and anxiety to give this kind of news and listener will have fewer problems.
- Sometimes, we fear that listener will be angry. It is a psychological reaction that happens when you hear bad news. Such reactions usually are temporary.
- Sometimes, we think that hearing bad news is not good for a person and we should hide some parts of bad news.[8]

Nature of messages

Berlo (1960) stated that message is "a scientific and physical production by message encoder." Or message is what we transport to each other, in our relationships such as clear speech, clear behavior, look, gestures.[1]

Schramn (1954) stated that messages may be in form of ink on paper, sound waves in the air, electrical current, shaking hands or flags, or any signs which can explain the meaning.[9]

Berlo (1960) believed that a sentence can be expressed in different ways. Pauses, hand movements, modulation, etc. are methods of giving the message. Building a message depends on the methods of using these cases.[1]

According to Lasswell's theory, the effects of communication messages have been described through feedback from the audience to a source. Components of the communication process are affected by communication messages. Lasswell's model knows the communication process consists of five elements: 1- who (sender or source), 2- What it says (message), 3- What channel, 4- To whom (receiver), 5-what effects.

According to Lasswell's theory, a physician is a source of a message and knows information about the disease. The message is bad news of illness. A communication channel is the patient's family or nurses, psychology, social workers. News will transmit through them or directed by a physician. The receiver is a patient or her/his family. This message will surely have negative effects on a patient (10).

Triangle of physicians, medical staff, and experts in communication sciences and behavioral sciences at a method of giving bad news.

Patients may not be ready or do not want to hear bad news. But this issue usually is normal for physicians and medical staff and repeats by this group very frequently. Thus, identifying differences between these viewpoints is necessary and this study has investigated this issue. In this special case, there is another side to the communication triangle (physician-patient-expert of a message). It is a news and communications professionals.

Realizing the viewpoint of each side of this triangle about bad news and the necessity of expression,

situation, and barriers to giving bad news are essential to be researched. For this purpose, any of the triple mentioned factors (necessity, situation, and barriers) should be examined. Physicians and medical staff are the first sides of bad news expression in our study. They have learned based on experience and skills resulting from the continuous relationship with patients that announcing information should be according to the patient's knowledge and his/her understanding of the disease. All groups involved in this triple are believed that bad news should give directly to the patient or his/her family. The fundamental difference between experts' views in communications and messages with other groups is that medical staff should provide a beautiful image about the future of disease and patient to strengthen patient views or awareness about the disease. Thus, risks of awareness have been decreased (such as suicide and harm to others). Regardless of demoralization in patients caused by their awareness about the disease, and even premature death, there is some approach from experts view as follows:

1. A patient has the right to be informed about the disease and its treatment.
2. As far as the mental condition of the patient and his family allow, the physician, should give information about the disease and its condition to the patient and her/his family directly.
3. It is necessary to provide comprehensive information to a patient until the communication process is completely done.
4. Sometimes the presence of a psychoanalyst can be effective in boosting the morale of patients and continuing the treatment.
5. Patients or their families may try to find apparent calm by aggression. In this situation, dialogue (physician and patient) through a feeling of compassion and creating an emotional connection is possible.
6. Providing appropriate conditions for giving disease information such as time, the mental condition of physicians and medical staff, and appropriate location.

Ethical Considerations

In this study, verbal informed consent of participants was obtained followed by an explanation about the purpose of the study, anonymity, and confidentiality of patients' information.

Materials and Methods

The research method of this study was a descriptive survey. The population of this study was adult patients with cancer that have come to Taleghani and Tajrish hospitals. Sample selection was based on non-probability sampling. The required sample size was calculated at 160 patients. 82 patients (51.2 percent) from Taleghani hospital and 78 patients (48.8 percent) from Tajrish hospital. A questionnaire was used for data collection. Reliability was evaluated by the Test-Retest method. Since validity is reported based on kappa and Cronbach's alpha, for this purpose, patients were asked about words and concepts used in the questionnaire. After one week, 3 indicators "agreement", "Kappa statistics" and "Interior correlation coefficients (ICC)" were calculated on any question.

Findings

Frequency distribution of patients in terms of location of treatment (hospital), gender, age, education, income, marital status and level of support from family has been stated in table 1.

Table 1. Characteristics of patients with cancer

Characteristics of patients	Frequency	Relative Frequency (%)
Hospital		
- Taleghani	82	51.2
- Tajrish	78	48.8
Gender		
- female	100	62.5
- male	60	37.5
Age group		
- Less than 35 years old	50	31.2
- 35-50 years old	46	28.8
- More than 50 years old	64	40
Revenue		
- Less than 1000$	110	68.8
- More than 1000$	50	31.2
Education		
- Without higher education	101	63.1
- With higher education	59	36.9

Marital status		
- single	34	21.2
- married	126	78.8
Family support		
- high	93	58.1
- Middle and low	67	41.9

Informing indicators

Table 2 shows that patients prefer historical style(9), in one session, informing in identifying step, informing in privately and inappropriate location, directly, informal, trust, comprehensive information, and communication skills.

Table 2. Frequency distribution of informing indicators in patient opinion

Indicator	Hospital			
	Taleghani		Tajrish	
	Number	Percent	Number	Percent
News style				
- Historical	52	63.4	40	51.3
- Inverted pyramid	10	12.2	23	29.3
- Both	20	24.4	15	19.2
Time of informing				
- In treatment	21	25.6	15	19.2
- Identifying	33	40.2	38	48.7
- Simultaneously	28	34.1	25	32.1
Informing location				
- Public	6	7.3	8	10.3
- Private	53	64.6	48	61.5
- No comment	23	28	22	28.2
Source				
- Direct	68	82.9	58	74.4
- Indirect	14	17.1	20	25.6
Informing Method				
- Informal	78	95.1	73	93.6
- Formal	4	4.9	5	6.4
Trust				
- Trust	73	89	72	92.3
- Lake of trust	9	11	6	7.7
Accuracy				
- Information	30	36.6	23	29.5
transparency	37	45.1	39	50
- Comprehensive	15	18.3	16	20.5
- Both				
Communication skills				
- Agree	72	87.8	65	83.3
- Disagree	10	12.2	13	16.7
Course Informing				
- A session	51	62.2	47	60.3
- No comment	4	4.9	10	12.8
- Multi – session	27	32.9	21	26.9

Conclusions

Physicians and medical staff because of their job characteristics gradually are exposed behavioral abnormalities and stressful encounters with patients. Patients, especially in difficult situation resulting from diseases have these harsh encounters. Therefore, modifying physician – patient communication pattern with training physicians and medical staff in this particular field and supervising by the Medical Reference Group is a necessity (14). It is suggested that the role of psychological counseling before and after of informing and in during treatment, to be studied, especially for cancer patients.

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Conflict of Interest Statement

The author declares that they have no conflicts of interest.

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