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Perception of Doctors in Breaking Bad News in North Sudan: Are we in the right track?

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Abstract

Background: Bad news is defined as any news that adversely and severely affects an individual's view of his or her future. This study aims to assess doctors' perceptions of breaking bad news in Atbara, Ad-damer, and Alsalam Teaching Hospitals.

Methods: A cross-sectional descriptive hospital base study was conducted in Atbara, Ad-damer, and Alsalam teaching hospitals from the 1st of December 2018 to the 8th of January 2019. The information was gathered using a closed-ended questionnaire and analyzed with a statistical computer program (SPSS) version 21.

Results: The study revealed that 54% of doctors were not trained in breaking bad news, and only 46% of doctors were trained. The main age group whom they trained was between 25 and 30 years old. Also, more males were trained than females, with 56.7% and 41.4%, respectively. The study showed that the registrars were more trained than medical officers and house officers, with 63.2%, 36%, and 50%, respectively. 74% of doctors didn't hear about the global policy of breaking bad news. There was an association between certain factors and the level of training of doctors as conducted through the chi-square test as follows: age p value (0.0059), gender p value (0.014), clinical position p value (0.0024) and specialty p value (0.0019).

Conclusion: We concluded that half of doctors were not trained, and the majority of doctors didn't hear about the policy of breaking bad news.

Keywords: Breaking Bad News; Doctors; Perception; Sudan

Introduction

Bad news is defined as "any news that adversely and severely affects an individual's view of his or her future, providing serious case disclosure to anyone who needs expertise, experience, and compassion" [1]. It is also defined as (situations where there is either a feeling of no hope, a threat to a person's mental or physical well-being, a risk of upsetting an established lifestyle, or where a message is given which conveys to an individual fewer choice in his or her life) [2]. The bad news may be a devastating diagnosis such as metastatic cancer with a poor prognosis and a high mortality rate. It may also include treatment failure or developing drug side effects. There is a wide variety of what can be considered bad news, for example: fetal congenital anomalies, disabilities after trauma, fertility problems, chronic illness, neoplastic disorders, a loved one's death, contagious diseases, or any other conditions that may negatively alter the patient's views of his or her life, hopes, and dreams. Regardless of the content of

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the bad news, breaking it to the patient and his/her family or guardian is not a simple mission at all. As a result, in medical practice, a global policy and excellent communication skills are required. Despite many articles and theories that have addressed this topic, there are a very limited number of studies with small sample sizes from both medical staff and recipients. There is increasing awareness regarding the importance of breaking bad news in medical societies [3]. Unfortunately, this part of medical practice has not received enough training in the past because medical schools are focused on the scientific part only, whereas communication skills are supposed to be acquired by postgraduates through observation. Breaking bad news is one of the most important and difficult responsibilities in the practice of medicine, although virtually all doctors in clinical practice encounter situations entailing bad news at some point in their medical practice.

Methods

Study Design

Cross-sectional, descriptive hospital-based study.

Study Area

The study was conducted at Atbara, Ad-damer, and Alsalam teaching hospitals. Atbara teaching hospital is situated in the western north of Atbara town. It's about 14292 meters. It was built in 1904 during the period of the English government. Furthermore, it has wards and referral clinics for surgery, medicine, pediatrics, and obstetrics, as well as a dialysis and diabetes center, casualty, and newly built CCU and ICU. There are about two laboratories and three pharmacies, and other services such as x-rays and ultrasound. Ad-damer teaching hospital is situated in the western south of Ad-damer town. It was built in 1967. It consists of wards and referential clinics for surgery, medicine, pediatrics, and obstetric specialties, a center for dialysis, casualty, and ICU. There is about one laboratory, three pharmacies, and other services such as x-rays and ultrasound.

Study Period

From the 1st of December 2018 to the 8th of January 2019.

Study Population

All house officers, medical officers, and registrars work at Atbara, Ad-damer, and Alsalam teaching hospitals during the period from December 1st, 2018 to January 8th, 2019.

Sample Size

100 doctors.

The Tool and Technique of Data Collection

Data were gathered through direct interviews with doctors using a closed-ended questionnaire.

Data Analysis

The data were analyzed by using the statistical computerized program for social sciences, SPSS (version 21).

Data Presentation

Frequency and percentage descriptive statistics. A formal letter from the department of community medicine to the medical director of Atbara, Ad-damer, and Alsalam teaching hospitals from whom we received verbal consent to conduct the research. We also received verbal consent from the responders after explaining our research objectives.

Results

In a descriptive cross-sectional hospital based study, 100 doctors were enrolled to assess their perception toward BBN, fulfilling all inclusion criteria, SPSS version 25 was used for analysis and obtaining the following results. The study revealed that (79%) of participating doctors were younger than 30 years and only (4%) were older than 35 years.70% were females, only (22%) had passed SMSB part 1exam, (73%) were graduated after the year 2015 and only (7%) graduated before the year 2011. The majority of them (47%) were medical officers, (34%) house officers and (19%) registrars. There were participants from several departments: Internal Medicine (28%), Pediatrics (26%), Obstetrics & Gynecology (24%), Surgery (19%) and Family Medicine (3%). Most of the participants (70%) were working at Atabara Teaching Hospital, (23%) in Aldamer TH and (7%) in Alsalam TH, as shown in Table 1.

Among the 100 participating doctors, only (46%) had been trained about breaking bad news, first person to receive bad news were a patient in only (30%), (50%) family and (20%) were both patient and family. (56%) of participating doctors were comfortable to discuss diagnosis issue with family or patient, (24%) were not and (16%) were not sure. Most of the study participants (77%) told the patients everything about diagnosis, while (18%) didn't and (5%) were not sure about. (26%) informed the patients about diagnosis in single visit. (47%) of participating doctors took patient hope before, while (25%) didn't and (28%) were not sure. (49%) of study participants relied on relatives' consent to inform patient about diagnosis, (42%) did not rely on, while (9%) were not sure about. (41%) of participating doctors told patient diagnosis and prognosis, (15%) avoided difficult questions from patients, (14%) tell patient truth only if patient ask, (21%) refer the patient to another doctor, while (9%) lied to the patients. (66%) of study participants thought that patients didn't want to know about diagnosis, (16%) of thought the reverse, while (18%) were not sure. Most of participating doctors (77%) were depressed about breaking bad news, while (17%) were not and (6%) were unsure. (81%) of study participants explained bad prognosis but (60%) of them gave false hope and remaining (21%) didn't, (17%) gave false

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Table 1: Demography, Qualifications and Job description of study participants.

Factor	N	%
· Age		
< 25 years	31	31
25 < 30	48	48
30 <35	17	17
>35	4	4
· Gender		
Male	30	30
Female	70	70
· Qualifications		
MBBS*	78	78
MBBS & SMSB* part 1	22	22
· Year of Graduation		
Before 2011	7	7
2011 – 2012	6	6
2013 – 2014	14	14
2015 – 2016	25	25
2017 – 2018	48	48
· Clinical Position		
House Officer	34	34
Medical Officer	47	47
Registrar	19	19
Specialty		
Internal Medicine	28	28
Pediatrics	26	26
Obstetrics & Gyn.	24	24
Surgery	19	19
Family Medicine	3	3
· Work place		
Atabara TH*	70	70
Aldamer TH	23	23
Alsalam TH	7	7

*Gyn. Gynecology, MBBS *(Latin Abbreviation of)* Bachelor of Medicine and Surgery, SMSB Sudan Medical Specialization Board, TH Teaching Hospital.

Table 2: Training, Perception and Practice regarding Breaking Bad News.

Parameter	N	%
Training about BBN*		
Trained	46	46
Untrained	54	54
First person to receive BN*		
Family	50	50
Patient	30	30
Both	20	20
Doctors feeling when discussing diagnosis issues		
Comfortable	56	56
Not comfortable	28	28
Not sure	16	16
Telling the patient everything about diagnosis		
Telling	77	77
Not Telling	18	18
Not sure	5	5
Number of visits to inform the patient about the diagnosis		
Single visit	26	26
Partial Information	74	74
Telling the patient according to patient hope and survival lessens		
Take their hope	47	47
Not taking	25	25
Not sure	28	28
Relying on the relative consent to inform the patient about the diagnosis		
Rely on consent	29	29
Not rely on	42	42
Not sure	9	9
Decision about concealing the diagnosis		
Tell the patient	41	41
Take him to another doctor	21	21
Avoid difficult questions	15	15
Tell the truth if the patient asks	14	14
Lie to the patient	9	9
Patients whom want to know about the diagnosis		
Patients want to know	16	16
Do not want	66	66
Not sure	18	18
Depressing after breaking bad news		
Depressed	77	77
Not depressed	17	17
Not sure	16	16
Stressful situations in breaking bad news		
Explaining bad prognosis+ giving false hope	60	60
Explaining bad prognosis	21	21
Giving false hope to terminal patients	17	17
None of above	2	2
Avoid telling the patients about their final diagnosis		
Avoid telling the patient	28	28
Do not avoid	60	60
Not sure	12	12
Doctors who used multi-bed hospital room to deliver bad news		
Multi-bed hospital	21	21
No multi-bed hospital	64	64
Not sure	15	15
Preparing the patient for bad news among study group		
Prepare	65	65
Do not prepare	28	28
Not sure	7	7
Giving follow-up plan and some hope		
Give follow-up plan and hope	89	89
Do not give	4	4
Not sure	7	7
Know about breaking bad news policy		
Know	26	26
Don't know	48	48
Not sure	26	26

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hope to terminal patients. (60%) told patients about their final diagnosis, while (28%) avoided that, and (12%) were not sure about. (21%) of study participants used a multi bed hospital room to deliver bad news, while (64%) didn't and (15%) were not sure. (65%) of participating doctors prepared the patients for bad news, (28%) didn't and (7%) were not sure about. The majority of study participants (89%) gave follow-up plan and hope, the rest either didn't (4%) or were unsure (7%). Only (26%) of participating doctors knew about breaking bad news policy, while (48%) didn't know and (26%) were unsure. As shown in Table 2.

The most age group trained on breaking bad news was older than 35 years (75%), followed by younger than 25 years (51%), then (25 < 30) years old (44%), and the least trained age group was (30 < 35) years; only (35%). Male participants were more trained with (56%) versus (41%) for female doctors. Registrars were the most trained with (70%) followed by house officers (50%) then medical officers (36%). Study participants from family medicine were all trained (100%) then surgery (51%), obstetrics (50%), pediatrics (46%) and least trained were Participants from internal medicine with (32%). As shown in Table 3.

Discussion

To the best of the author's knowledge, this is the first study in the perception of doctors in breaking bad news in the River Nile State and in Sudan as a whole, assessing the perception and experience of the doctors in breaking bad news.

Table 3: Correlation of Demography, Clinical Position and Specialty with Breaking Bad News Training.

Parameter	Trained N(%)	Untrained N(%)	P. value
Age			
< 25 years	16 (51.6)	15 (48.4)	0.0059
25 <30	21 (43.7)	27 (56.3)	
30 < 35	6 (35.3)	11 (64.7)	
>35	3 (75.0)	1 (25.0)	
Gender			
Male	17 (56.7)	13 (43.3)	0.014
Female	29 (41.4)	41 (58.6)	
Clinical Position			
House officer	17 (50.0)	17 (50.0)	0.0024
Medical officer	17 (36.2)	30 (63.8)	
Registrar	12 (63.1)	7 (36.9)	
Specialty			
Obstetrics & Gyn.	12 (50.0)	12 (50.0)	0.0019
Pediatrics	12 (64.1)	14 (35.9)	
Internal Medicine	9 (32.1)	19 (67.9)	
Surgery	10 (52.6)	9 (47.4)	
Family Medicine	3 (100)	0 (0.0)	

There are few studies regarding this issue in developing countries especially Africa, in one study conducted in southeastern Nigeria regarding breaking bad news in clinical setting between health professionals, they found that only 22.1% of health professionals received formal training about BBN, they concluded that large proportion of respondents in this study were incompetent in BBN, as they showed low level of training and little knowledge about BBN concept and policies [4]. The results of this study demonstrate that more than half of doctors didn't have training in breaking bad news due to lacking of the training programs in Sudan, in contrast to the similar study done at comprehensive cancer center, at King Fahad Medical City, Riyadh, Saudi Arabia [5] which reveled about 70% of their doctors had training in breaking bad news. In a survey conducted among patients in tertiary care hospitals in Pakistan, most respondents (40.5%) stated that it is absolute right to know about breaking bad news [6]. The current study showed about 50% of doctors preferred to discuss diagnosis issues with close relatives rather than the patient because they felt more comfortable and easier to handle it with them, and this finding is in agreement with a similar study performed in the Qassim region and published at Oman Medical Specialty Board [7]. In our study showed 77% of doctors feeling depressed after breaking bad news and describe that's more stressful situation, 60% of study group when explaining bad prognosis, they gave false hope to the patient and their families. More than 60% of our doctors preparing and informing their patients about bad news in multi visits, trying to reduce the psychological impact. Our hypothesis is there may be big limitation in awareness, training and implementation of principles of breaking bad news. The purpose of this study is to evaluate the perception of doctors in breaking bad news in Atabra, Ad-damer and Alsalam teaching hospitals through a cross-sectional descriptive hospital-based study conducted in Atabra, Ad-damer and Alsalam teaching hospitals from December 2018 to January 2019. This study is novel and constitute a basis for further studies and work up concerning breaking bad news in River Nile State and across Sudan.

Conclusion

From this cross-sectional study, we concluded that there is good relationship between the level of training and the clinical position of doctors. Also, our study showed that the obstetricians and pediatricians were well-trained rather than other specialties. Half of doctors thought that the family should be told first about bad news. Unfortunately, the majority of doctors didn't hear about the global policy of breaking bad news.

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Conflicts of Interest

The authors have no conflicts of interest to declare.

Ethical Statement

The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Contributions

(I) Conception and design: All authors; (II) Administrative support: All authors; (III) Provision of study materials or patients: All authors; (IV) Collection and assembly of data: All authors; (V) Data analysis and interpretation: All authors; (VI) Manuscript writing: All authors; (VII) Final approval of manuscript: All authors.

References

1. Dr Jacqueline Payne [Internet] (2022).
2. Bor R, Miller R, Goldman E, et al. The meaning of bad news in HIV disease: Counselling about dreaded issues revisited: Semantic scholar [Internet]. Undefined (1993).
3. Ichikura K, Matsuda A, Kobayashi M, et al. Breaking bad news to cancer patients in palliative care: A comparison of national cross-sectional surveys from 2006 and 2012 [Internet]. Palliative & supportive care 13 (2015):1623-1630.
4. Breaking bad news in clinical setting - health professionals ... [Internet] (2013).
5. Physicians' perceptions of breaking bad news to cancer patients and family [Internet] (2022).
6. Sarwar MZ, Rehman F, Fatima, et al. Breaking bad news skill of postgraduate residents of Tertiary Care Hospital of Lahore, Pakistan: A cross-sectional survey [Internet]. JPMA. The Journal of the Pakistan Medical Association 69 (2019): 695-699.
7. Breaking bad news issues: A survey among physicians [Internet] (2022).

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