

Disclosing Bad News to Patients with Severe / Life-Threatening Illnesses Differences in the Attitude between Physicians and Nurses in Israel

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BACKGROUND:

Effective and appropriate communication between patients and caregivers is of crucial importance in reducing patient and family distress and therefore, significantly contributes to achieving and maintaining a better quality of care. A problematic issue that might interfere with good communication is the disclosure of bad news. The term “Bad news” is defined as: a notification in which caregivers disclose to patients the existence of a severe condition, invoking threats to their mental or physical existence, a chance of significant disturbance of their future life style, and even a high risk of death. Scant attention has been paid to the decision making process of caregivers in disclosing bad news to patients.

STUDY OBJECTIVES AND HYPOTHESES:

To describe factors influencing the decision making process of caregivers and to find out whether physicians and nurses think and behave differently, in disclosing bad news to patients. **The research hypotheses were:** 1. Prior experience of physicians and nurses in disclosing bad news affects their future intention to disclose bad news.

2. The Theory of Reasoned Action (TRA) of Ajzen and Fishbein⁽¹⁾ can help predict the behavior of physicians and nurses in the disclosure of bad news.

METHODS :

Based on the literature review and the theoretical model of Ajzen and Fishbein⁽¹⁾, two questionnaires were constructed – one version for physicians and the other for nurses. These questionnaires were given to 100 Israeli physicians and 200 nurses working in several hospitals in Israel. **The questionnaire subjects included 59 items: Background items: demographic, education, employment and knowledge. Model variables: behavioral beliefs, behavioral attitudes, subjective norms and subjective attitudes.** Data analysis was performed with the SPSS-PC. Descriptive statistics were used to depict the demographic characteristics of the sample and responses to the TRA and its subscales. The mean and standard deviation (SD) were calculated for each response. Pearson correlation was used to determine correlations between TRA variables.

RESULTS

The response to completion of the questionnaires was 95%; most participants were working in general & geriatric hospitals. Their mean age was 40 (range 24-67). Most physicians were males (57%), most nurses were females (84%). Most physicians & nurses were secular Jewish of Ashkenazi origin. Only ~ 30% of physicians always disclosed bad news to their patients in the past; physicians reported their future decisions would be made on an individual basis. In contrast, over 76% of nurses reported that they would disclose bad news to their patients. Both physicians and nurses found it difficult to disclose terminal status information to all types of patients, most considered this task easier in the case of an elderly patient (Table 1). The Theory of Reasoned Action can predict disclosure of bad news by physicians and nurses. Behavioral beliefs, subjective attitudes and prior clinical experience with disclosure of bad news, represented the main factors influencing caregivers' disclosure. The main predictors among nurses were behavioral beliefs and prior experience. The main predictors among physicians - subjective norms and prior experience.

CONCLUSIONS & RECOMMENDATIONS

The Theory of Reasoned Action may help predict disclosure of bad news by physicians and nurses. The main predictors among nurses are behavioral beliefs and prior experience. The main predictors among physicians - subjective norms and prior experience. Studies similar to ours should be performed in physicians and nurses working in the community as well. In addition, the cultural issue is worthy of continued scientific attention. Comparative studies regarding the differences in cultural aspect of decisions reached by physicians and nurses in different societies should be performed to ascribe differences in ethical, cultural and sociodemographic characteristics. .

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1). Ajzen I, Fishbein M: *Understanding Attitudes and Predicting Social Behavior*. Englewood Cliffs, N.J: Prentice Hall, 1980.

**Table 1. Attitudes of physicians and nurses regarding specific subgroups
in which disclosing bad news seems easier ***

Variable	Physicians		Nurses	
	Mean	SD	Mean	SD
Educated patients	2.6947	1.30526	2.1263	1.24927
Offspring rather than spouses	2.5684	1.26030	2.1579	1.17573
The presence of family	2.7263	1.18898	2.7173	1.33127
Elderly rather than younger	3.4632	1.24465	3.1047	1.40283

* Values are ranking on a Likert scale of 1 (do not agree at all) to 5 (agree very much).
SD= standard deviation