Knowledge of health professionals about communicating bad news in an emergency room

Conhecimento dos profissionais de saúde sobre comunicação de más notícias em um pronto socorro
Conocimiento de los profesionales de la salud sobre la comunicación de malas noticiais en urgencias

RESUMO

Objetivo: Esse estudo teve como objetivo identificar o processo de comunicação de más notícias pelos profissionais de saúde que atuam em uma unidade de Pronto Socorro de um hospital de atenção secundária a rede de saúde do Distrito Federal, visando reconhecer as estratégias e a utilização do Protocolo SPIKES. Método: Estudo observacional, descritivo com abordagem qualitativa e exploratória, realizada com 24 profissionais de saúde (enfermeiros, técnicos de enfermagem, fisioterapeutas e médicos) lotados no Pronto Socorro. A coleta de dados foi realizada por meio de entrevista em profundidade com roteiro semiestruturado, cuja análise ocorreu com utilização do software Iramuteq® e da Análise de Conteúdo de Bardin, categorias temáticas. Resultado: Evidenciou-se que no âmbito do Pronto Socorro os profissionais desconhecem o Protocolo SPIKES e não utilizam nenhum protocolo para informar más notícias aos pacientes e familiares. Conclusão: Os profissionais necessitam de capacitação profissional, pois relatam possuir dificuldades para lidarem com tais situações.

DESCRITORES: Comunicação em Saúde; Educação Profissional em Saúde Pública; Serviços Médicos de Emergência; Protocolos Clínicose.

ABSTRACT

Objective: This study aimed to identify the process of communicating bad news by health professionals who work in an Emergency Unit of a secondary care hospital in the health network of the Federal District, aiming to recognize the strategies and use of the SPIKES Protocol. Method: Observational, descriptive study with a qualitative and exploratory approach, carried out with 24 health professionals (nurses, nursing technicians, physiotherapists and doctors) working in the Emergency Room. Data collection was carried out through in-depth interviews with a semi-structured script, the analysis of which took place using the Iramuteq® software and Bardin's Content Analysis, thematic categories. Result: It was evident that in the Emergency Room, professionals are unaware of the SPIKES Protocol and do not use any protocol to inform bad news to patients and family members. Conclusion: Professionals need professional training, as they report having difficulties in dealing with such situations.

DESCRIPTORS: Health Communication; Professional Education in Public Health; Emergency Medical Services; Clinical Protocols.

RESUMEN

Objetivo: Este estudio tuvo como objetivo identificar el proceso de comunicación de malas noticias por profesionales de salud que actúan en una Unidad de Emergencia de un hospital de atención secundaria de la red de salud del Distrito Federal, buscando reconocer las estrategias y el uso del Protocolo SPIKES. Método: Estudio observacional, descriptivo, con abordaje cualitativo y exploratorio, realizado con 24 profesionales de salud (enfermeros, técnicos de enfermería, fisioterapeutas y médicos) que actúan en el Servicio de Urgencias. La recogida de datos se llevó a cabo mediante entrevistas en profundidad con guión semiestructurado, cuyo análisis se realizó mediante el programa informático Iramuteq® y el Análisis de Contenido de Bardin, categorías temáticas. Resultados: Se evidenció que en Urgencias los profesionales desconocen el Protocolo SPIKES y no utilizan ningún protocolo para informar de malas noticias a pacientes y familiares. Conclusiones: Los profesionales necesitan formación profesional, ya que refieren tener dificultades para afrontar estas situaciones.

DESCRIPTORES: Comunicación en Salud; Formación Profesional en Salud Pública; Servicios de Emergencias Médicas; Protocolos Clínicos.

RECEBIDO EM: 30/08/2023 **APROVADO EM:** 18/09/2023

How cited: Cardoso BS, Garcia IE, Santos DC, Félix EM, Rodrigues LP, Silva MM, Cardoso AMR, Pereira MWM. Knowledge of health professionals about communicating bad news in an emergency room. Saúde Coletiva (Edição Brasileira) [Internet]. 2023 [acesso ano mês dia];13(88):13267-13282. Disponível em:
DOI: 10.36489/saudecoletiva.2023v13i88p13267-13282

DOI: 10.36489/saudecoletiva.2023v13i88p13267-13282
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INTRODUCTION

The quality of the communication process is essential for health professionals, when dealing with bad news, both for the patient and their family, considering the different reactions and behaviors of people when faced with a condition that has the potential to cause suffering. [1]

Gibello, Parsons and Citero (2020) [2] understand that health communication is a fundamental issue, as it is directly related to the user's general care, whether at the beginning of diagnosis or care at the end of life, always focusing on psychobiological, psychospiritual and psychosocial well-being, in addition to satisfaction, quality and safety of the assistance provided.

Therefore, the development of this skill strengthens and supports skills in the daily exercise of health care in different contexts in health services. Along this path, the importance of deliberative protocols, constructed in a plural way, is highlighted, aiming to guide and facilitate the communication of bad news by different professionals, especially in critical areas, such as Emergency Rooms and Intensive Care Units. [3]

Bad news can be defined as any information that will bring suffering, whether due to a drastic change in life, in the present and future, for example, the negative prognosis of the clinical diagnosis, that is, changing situations that will cause discomfort and/or sadness to the patient and people involved, especially family members. [4]

In this way, it is understood that the way in which this news will be communicated may cause suffering or make adherence to treatment difficult, as well as, it may indicate paths that can offer comfort and hope. Therefore, the professional, when reporting bad news, cannot change its content, but can and must commit to strategies to reduce the impact, based on ethical and respectful commitment to the person inserted in this context. [5-6]

The experience of knowing this news for patients and family members involved in the process, in the sphere of urgencies and emergencies, generally involves a lot of suffering and anguish, as they need to deal with the experience of going through a serious prognosis, the probability of death or serious and irreversible sequelae. [7]

Given these aspects, the task of communicating bad news is usually difficult for most health professionals, therefore, establishing protocols can facilitate the identification and adop-

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tion of the main aspects to be worked on at this time. Buckman (1992) [4] developed a model to facilitate the communication process, the SPIKES protocol, which provides guidelines for communicating bad news, aiming for a clear and assertive flow to facilitate this intervention by health professionals in different work contexts. Along this path, a six-step mnemonic was established: S – Setting up: Preparing for the meeting; P – Perception: Perceiving the patient; I – Invitation: Inviting to dialogue; K – Knowledge: Transmitting information; E – Emotions: Expressing emotions; S – Strategy and Summary.

In this way, the SPIKES protocol aims to provide greater safety for workers, with the main objectives being understanding the situation in general by patients and their families,

The provision of information about the situation in question, based on the perception of the feelings of the people involved, the acceptance of the demands and feelings presented at the time and finally, the establishment of a plan. [8]

In view of the above, this study aimed to identify, from the speeches of health professionals who work in Emergency Rooms, the use of the SPIKES Protocol in the process of communicating bad news.

METHOD

Descriptive, exploratory study, of a qualitative nature, since this methodology allows the researcher to work with the universe of meanings, motives, aspirations, beliefs, values and attitudes, which correspond to a deeper space of relationships, processes and phenomena that cannot be reduced to the operationalization of variables. [9]

Convenience sample composed of 24 health professionals working in an Emergency Room of a Public Hospital, working for at least six months and with a workload of at least 20 hours. The determination of the number of participants followed the principle and strategy of saturation, that is, when no additional data was found. [10]

The interviews were carried out between September and December 2021, conducted by the nursing students themselves on the unit's premises, guaranteeing privacy and confidentiality to the participants. It is carried out with the in-depth method based on a semi-structured script, and based mainly on the steps of the SPIKES protocol.

The interviews lasted around 11 minutes, as the professionals were in the Emergency Room setting and in the midst of the critical moment of the pandemic caused by the new coronavirus. Audio recording was requested, and your consent was requested by signing the image and sound authorization form. To maintain the anonymity of the participants, the names were changed to the letter E, systematically followed by the interview number, thus presenting themselves as: E1, E2, E3, E4... and so on, successively.

In processing the data, the Reinert method (Descending Hierarchical Classification) of the Iramuteq® software (Interface de R pour les Analyzes Multidimensionnelles de Textes et Questionnaires) version 0.7 Alpha 2 was used. [11] This software allows the association of text segments considered relevant, the grouping of statistically significant words, the suggestion of relevant categories and themes, and data processing.

In this sense, the software is not a data analysis method, but a tool to process them, thus, for the analysis of word classes generated by the software, Bardin's Content Analysis was used, thematic category modality, which involves searching through a set of data in order to find repeated patterns of meaning. [12] Quantitative sociodemographic data were tabulated and subjected to simple descriptive analysis.

This work was approved by the Ethics and Research Committee, under Opinion No. 4,718,194.

RESULTS AND DISCUSSION

The group of participants is made up of 8 doctors, 8 nurses, 5 nursing technicians and 3 physiotherapists, 41.66% female and 58.33% male. Regarding age group, the average was 41 years old, ranging between 29 and 57 years old. With regard to marital status, 16 professionals are married, 6 are single and 2 are in a stable relationship.

Using the Iramuteq® software, the Descending Hierarchical Classification (DHC) was obtained in the analyzed writing. Thus, five classes emerged: class 1, 14.3%; class 2, 22.9%; class 3, 17.9%; class 4, 14.3%; and class 5, 26.4%. Figure 1 presents the dendrogram and the respective class designations, so that the class designation was made after analyzing the semantic proximity between the words.

Definition of bad news

This class highlights professionals' thinking regarding understanding bad news. The results show a difference in professionals' understanding of the concept, some attribute it to the possibility of death, others are able to visualize in a more comprehensive way the meaning attributed to bad news, such as a bad prognosis or the indication of a patient for palliative care.

These aspects echo the thinking of Fontes et al (2017) [1] where they emphasize that bad news can be understood as any information that will cause suffering to the patient and their family, changing their perspective of the future or health prognosis.

> *Bad news is death, bad prognosis of disease, diagnosis of disease, the fact that the patient is palliative and he still doesn't know these things are very bad for me. E18*
> *I consider bad news to be information for patients and families that will cause great suffering, I think that's basically it. Death, a serious illness, a bad prognosis,*

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Class 3	Class 5	Class 2	Class 1	Class 4
17,9%	26,4%	22,9%	18,6%	14,3%
course (curso)	porque (because)	óbito (death)	tentar (to try)	reservado (reserved)
capacitação (training)	chegar (to arrive)	paciente (patient)	situação (situation)	leito (hospital bed)
participar (to participate)	falar (to speak)	informar (to inform)	hora (hour)	espaço (space)
comunicação (communication)	dizer (to say)	coisa (thing)	apoio (support)	existir (to exist)
mau (bad)	bem (well)	sentir (to feel)	familiar	passar (to pass)
hospital	condição (condition)	trabalhar (to work)	humanidade (humanity)	geralmente (usually)
respeito (respect)	doutor (doctor)	plantão (medical duty)	humanizado (humanized)	mesmo (same)
nunca (never)	difícil (hard)	mal (bad)	momento (moment)	gente (people)
comunicar (to communicate)	ano (year)	geral (general)	colocar (to place)	envolver (to involve)
considerar (to consider)	filho (son)	prognóstico (prognostic)	receber (to receive)	junto (together)
família (family)	saber (to know)	exemplo (example)	dever (duty)	procurar (to search)
habilidade (ability)	gente (people)	cirurgia (surgery)	comunicar (to communicate)	humano (human)
empatia (empathy)	grave (serious)	agora (now)	possível (possible)	informação (information)
triste (sad)	preciso (precise)	ruim (bad)	profissional (profesional)	não (no)
explicar (to explain)	ainda (still)	maneira (way)	médico (doctor)	processo (process)
bom (good)	vir (to come)	acontecer (to happen)	deixar (to let)	profissional (profesional)
notícia (news)	diferente (different)	conseguir (to achieve)	entender (to understand)	forma (form)
tarefa (task)	chamar (to call)	frequência (frequency)	informação (information)	área (area)
gostar (to like)	meio (middle)	antes (before)	melhor (better)	triste (sad)
aqui (here)	ali (there)	preparar (to prepare)	ficar (to stay)	só (alone)
depender (to depend)	vez (turn)	má notícia (bad new)	esperar (to wait)	enfermeiro (nurse)
más notícias (bad news)	querer (to want)	costumar (get used to)	sentimento (feeling)	importante (important)
pronto socorro (Emergency Room)	habilidade (ability)	ler (to read)	possuir (to possess)	apoio (support)
momento (moment)	hoje (today)	área (area)	tudo (everything)	costumar (use to)
sentir (to feel)	aí (there)	parente (relative)	saúde (health)	tarefa (task)
já (already)	sensibilizar (sensitize)	dar (to give)	abordar (approach)	protocolo (protocol)
prognóstico (prognostic)		muito (a lot)	dor (pain)	
			importante (important)	

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Importance of training through professional protocol and skills	Difficulties and feelings of professionals when communicating bad news	Definition of bad news	Requirements for communicating bad news and professional skills	Need for a suitable environment for communicating bad news

Figure 1. Dendrogram of the Descending Hierarchical Classification with the partitions and content provided by the Iramuteq® software. Source: Research data.

an incurable disease. E24

Therefore, communicating bad news is considered one of the most challenging and important responsibilities of a healthcare professional. It consists of sharing with patients and family members news about the need for hospitalization or conditions that could lead to a life-threatening situation. [13]

Requirements for communicating bad news and professional skills.

In this class, the participants' speeches point out some conditions that they consider necessary for communicating bad news, such as empathy, welcoming, safety, knowledge and feeling prepared to be able to accommodate people's demands, preventing your own suffering from preventing you from accepting people's suffering, in that moment of fragility in which they find themselves. Calsavara, Comin and Corsi (2019) [14] emphasize that communication makes it possible to reduce conflicts and misunderstandings between professionals, patients and family members.

This bad news can generate denial, so you need to have common sense, the delicacy of knowing how to explain the preparation of each known family member who arrives to seek information. I separate my professional life from my personal life. E2

When communicating bad news, professionals must be confident, sure of what they are going to say and not get carried away by emotion, because at this time we need to provide support to the patient, if you get as emotional as the patient, you will not provide the necessary support. E10

I consider sensitivity, family perception, the best time to deliver the news and peace of mind to be important in communicating bad news. E14

Professionals also report how interaction with patients tends to be when communicating bad news and highlight the importance of ethics and humanized care in this stressful moment. They understand that it is a challenge and that each patient's reaction is different, which is why they value objectivity and clarity in their statements.

I sit down and talk about this situation, in the best possible way, in the most humanized way possible, and so, even to give information we have to have that part of humanity, you can't just say he died, you know. E13

I try to be as ethical as possible, normally when the patient and family receive bad news they are very shaken, sometimes angry, desperate, sometimes they don't understand you, sometimes they feel that you are to blame for that bad moment. E17

Importance of training through professional protocol and skills

This class addresses professionals' opinions regarding the need for training, lack of knowledge of protocols and the perception of their professional skills.

Here it's freer even without any protocol because here we don't have a protocol for that, as far as I know there isn't. E13

I believe we don't use protocol here, the times I've seen is when people talk they ask what the family member is, then they say the severity and that the person died. E19

Therefore, there is a lack of standardization of conduct, especially when communicating bad news, which makes it difficult to adopt more appropriate conduct in the different situations experienced by professionals, as suggested by Koch, Rosa and Bedin (2017). [15] However, although there is no specific protocol in the unit where they work, professionals try to communicate bad news in a welcoming and respectful way.

There is no protocol here, if there is, no one has ever informed us, but I try to find out when I am the one giving the bad news, I ask if they already knew that the patient was in serious condition, if they know about the patient. E20

In this sense, the planning of educational actions aimed at training professionals who work in critical patient

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care, such as the emergency room, for the development of skills to communicate bad news, considering that the participants recognize the absence of these skills and point out the importance of managers favoring the implementation of these actions through permanent education within the scope of the work unit itself.

> *I didn't participate in training to provide this type of information, but if I had and it was during my working hours I would make it important. It's really important to have training, because we either involve too much or involve less, you know. And I think it's not a matter of not getting involved, it's a matter of providing reassurance, because sometimes I'll give bad news and cry along with the patient, we need to have training. E21*

Other possible strategies highlighted by some participants include educational actions in partnerships with other institutions.

> *I already participated in a bad news communication a while ago. I was part of the organ donation and transplant committee, we did this work to approach family communication. I already took a course on how to communicate bad news, but it was this course at Einstein a while ago. E2*
> *I have already participated in two training courses in communicating bad news, one at USP and the other in palliative care. When communicating bad news, the professional must be empathetic. If there was a training course on how to communicate bad news here in the emergency room, I would like to participate. E11*

Therefore, the vast majority of professionals do not feel prepared to deliver the news, as they act on intuition and let emotions prevail when transmitting it. [16] This is illustrated in the speech of professionals, who report developing attachment to patients and sadness when they identify with a situation.

> *But we don't always succeed. There are several factors, if you are a mother, a sister, if you have a similar relative or someone in your family who went through the same situation, we are not just professionals, we are human. E18*

It is noteworthy that participants consider training in communicating bad news as something important and necessary, given the need to be better prepared emotionally, as well as offering security and the necessary support at this time to the people involved.

Need for a suitable environment for communicating bad news

This class highlights the difficulties regarding the structure of the hospital, which makes it impossible to offer an adequate place that provides greater privacy for professionals, patients and families to communicate bad news, and, consequently, professionals usually talk to people in emergency beds or corridors, among other places. However, professionals present their anguish in the absence of a more appropriate space, as they understand it as one of the aspects that can increase the suffering of the people involved.

These aspects are also highlighted by Rech (2021) [17], as the author highlights the need to guarantee a private, uninterrupted and peaceful environment. However, according to what was observed, there is no structural condition for offering this environment, and, consequently, a welcoming environment that alleviates the levels of stress and anguish of patients and professionals, promoting greater tranquility and adequate acceptance of the different demands that may arise at this time.

> *Bad news is given in the same environment, there is no separate environment here, all notifications with any professional happen at the bedside. E2*
> *There is generally no reserved space here, here we talk in the hallway or on the bed, but it is usually in the hallway. You call the patient to a separate business and talk. There isn't this reserved space you're talking about, it isn't here. E13*
> *The place where we deliver bad news is not usually reserved, family members come to the door and it is not a reserved place. E19*

Analogous to this thought, Rech (2021) [17] states that although circumstances make the environment challenging, the ability to communicate and empathize with the circumstances can ease the burden of bad news. In this way, it is clear that there is an effort on the part of a small number of professionals to carry out the steps of the SPIKES protocol, even if the professional in question does not understand what it is specifically about, as they also report not using any protocol.

> *I think the care process should be more reserved, I don't know if that's possible, because I've been working here for many years and I don't see that, as we don't have much space. E18*
> *There is no specific protocol, it was more about care and the perception that each person will look and react in a different way. We were learning a little blindly, there was no specific protocol applied. E2*
> *I have no knowledge about the SPIKES protocol. E1*

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It is necessary to realize that there are teams with different perspectives and ways of working, considering that, the stages of grief are not worked on in the emergency room, and that some health professionals express themselves in a very impersonal and detached way, justifying the lack of involvement as a form of protection.

> *We don't work through the stages of grief with the patient here. We work coldly, that patient's companion may develop a pathological process due to the loss of the patient, and there is no mechanism for you to work on the loved one's grief. E4*
> *Not getting involved. We as professionals cannot get involved with this, even though we have our human side we have to be technical and professional, we cannot get involved and I try to do it this way. E13*

Difficulties and feelings of professionals when communicating bad news

This category highlights the difficulties faced by professionals in communicating bad news and their feelings in relation to this situation, which highlights the lack of knowledge about a specific protocol for communicating bad news, misinformation and insecurity among health professionals.

Furthermore, the data obtained shows that before informing the patient about bad news, the professional experiences anticipatory stress, fear and anxiety. In this sense, Baile (2015) [18] states that training for transmitting bad news could increase professional confidence, reduce discomfort, in addition to providing awareness of emotions and helping to find ways of coping to deal with the stress that this situation causes, reducing anxiety and making communication more effective.

> *It's difficult, even though we're prepared, because each situation is different, today you're in one, tomorrow you're in a different one, it's very difficult to get used to it, even so we still feel a bit inhibited, embarrassed. E13*
> *I don't know if we'll ever be prepared to do this kind of thing, but I think that every time we do it, we learn new ways to do it that are less traumatic. E24*

The empathy of healthcare professionals is valued by patients and their families, especially when communicating bad news. Regarding this, some participants stated that they received support from the team when communicating bad news, reporting that it can be a lonely moment and the support of other professionals is essential, considering that, for some participants, this moment becomes more painful because they do not have support from other professionals on the team to offer support.

> *I find it difficult, I don't know how to tell you, I'm afraid of people's reaction to needing a psychologist and not having one at that moment and not being able to handle it later because we don't know what their reaction will be. E1*
> *When it comes to breaking bad news I don't feel well, I usually call a psychologist, a social worker, I never go alone. E9*
> *When I go to follow up or give news, I call a friend, someone to help and talk, because it really is difficult. E16*

Therefore, it is important that professionals identify skills to be developed, as well as their weaknesses and circumstances that may impede the bond with the patient and family. [19] In this sense, it is clear that some participants become very sensitive and overly involved with the situation, which results in suffering due to impotence and inability to do something that could change the situation presented to family members and patients.

> *It takes supernatural strength to be there not to cry, sometimes it's difficult to do so, but we go and do it. E9*
> *I've already followed you and as I tell you, we feel influenced, sensitized and sometimes it gets a little disruptive at work, you know? Like, it kind of unbalances us a little, it makes us very sensitive and sometimes it gets in the way. E18*

It is understood that managing one's own feelings and those of others involved presents a great challenge, considering the different events involved, such as, understanding what actually involves communicating bad news, how to deal with the situation, and mainly, the fear of providing effective communication, eroding the professional and patient relationship.

CONCLUSION

The development of this study made it possible to analyze the performance and perception of Emergency Room professionals regarding bad news information and perception in relation to the SPIKES protocol. It was identified that the SPIKES protocol is not used in the process of communicating bad news, in addition to there being a lag in the training of servers and the presence of intrinsic barriers to carrying out effective communication, since the interpretation of bad news is subjective and has several meanings for the professionals interviewed.

Given this, participants report not using any type of protocol, thus perceiving weaknesses inherent in dealing with feelings of anxiety, fear and frustration in the face of bad news, adversity in informing in an empathetic way,

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without getting too involved with work problems, letting them affect your personal life, and also the existence of a structural barrier in the environment itself in not having a reserved place to inform them in a humanized way.

This study shows that the provision of continuing education for professionals in the Emergency Room is extremely important so that, when communicating bad news, the worker feels safe and empowered to do so. Training in communicating bad news is a crucial tool to minimize possible psychosocial and spiritual damage, remedy stigmas involved in the entire scope presented and enhance technical and humanized assistance.

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DOI: 10.36489/saudecoletiva.2023v13i88p13267-13282
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