

COMMUNICATION: EMPATHY AND DELIVERING BAD NEWS



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Communication: Empathy and Delivering Bad News

At the conclusion of this presentation the audience will be able to:

- Define Empathy
- Describe the importance of communication skills when delivering bad news
- Specify situations in which the SPIKES protocol would be beneficial to guide the conversation
- Describe aspects of the SPIKES protocol that could increase comfort and confidence when communicating bad news to patients

Communication: Empathy and Delivering Bad News

Bad News

- Any information that changes a person's view of the future in a negative way

EMPATHY

- The ability to understand and share the feelings of another. Clinical Empathy means having emotional attunement to serve the cognitive goal of understanding the emotion of the patient.

Communication: Delivering Bad News

- One important aspect of the APP repertoire is the ability to “break bad news” to patients and families
- This communication skills not only applies to the APP’s working in the end-of –Life care where death is imminent
- All APP’s and all health care providers break bad news on different levels and all types of patient population.
- Breaking bad news is a multifaceted task that can be managed successfully if it is done correctly.

Communication: Empathy

Why is Empathy important ?

Breaking negative news to patients is difficult and it requires patience, refined communication and empathy to:

- Understand what patients are experiencing.
- Foster trust, so a partnership begins to form.
- Provide patients with high quality patient care.
- Acknowledge the patients emotional state
- Listening attentively, so we can engage our patients.
- Empowering our patient will allow them to be proactive and in charge of their health care.

Effective Communication Skills

Effective communication combines a set of 4 skills:

- Engaged listening
 - Nonverbal communication
 - Managing stress in the moment
 - Asserting yourself in a respectful way
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- Effective communication is needed to :
 - Understand the emotion and intentions behind the information
 - listen in a way that gains the full meaning of what's being said
 - Makes the other person feel heard and understood.

Communicating Bad News

Communicating bad news happens frequently in a day to day practice and is unavoidable.

- Requires high quality on going effective and accurate communication skills
- The use of a protocol or guideline can assist the APP in an action plan prior to engaging in difficult conversation
- Communication must be accurate or it can lead to negative consequences for patients, families, and physicians.

Examples of Bad News

- New potentially life threatening diagnosis
- Deterioration of a chronic condition
- Recurrence of Cancer
- Hospice and /or Palliative Care conversation

A Six-Step Strategy for Braking Bad News

- One framework that health professionals find helpful is a protocol developed by Baile and Buckman (2000).
- SPIKES – A Six- Step Protocol for Delivering Bad News
 - S- Setting
 - P- Perception
 - I- Invitation
 - K-Knowledge
 - E- Empathy
 - S- Summarize
- The components convey the major points to be considered when giving bad news. Also incorporates a step-by- step technique, which provides several strategies for addressing the patient's distress

The Goal of the Protocol

The goal is to enable the clinician to fulfill the four most important objectives of the interview disclosing bad news:

1. Gathering information from the patient, to determine knowledge and expectations and readiness.
2. Transmitting the medical information based on needs and desires
3. Providing support by reducing the emotional impact and isolation experienced by the bad news
4. Eliciting the patient's collaboration in developing a strategy or treatment plan for the future

The Barriers of the Protocol

Most providers may experience some form of anxiety during the delivery:

- The burden of responsibility for the news and fear of negative evaluation.
- Trying to be honest with the patient and not destroy their hope.
- Dealing with the patients emotions.
- Finding the right time.
- Not enough training on disclosing unfavorable information

STEP 1: S—SETTING UP the Interview

This step involves planning for the conversation and thinking about setting goals for the meeting

- Become knowledgeable about the individual situation
 - ✓ Have all information available
 - ✓ Treatment options, including risk and benefits
 - ✓ Plan conversation and be prepared
- Arrange for some privacy
- Involve significant others
- Sit down
- Make connection with the patient
- Manage time constraints and interruption
- Book appointment in extended time block

STEP 2: P— Assessing the Patient's PERCEPTION

This step is to establish what is already known by the patient and family about the situation.

- Use open-ended questions to create a reasonably accurate picture of how the patient perceives the medical situation.
- What have the patient been told about their medical situation so far? Use the information to tailor the bad news to what the patient understands.
- Determine if the patient is engaging in any variation of illness denial.
- Evaluate coping strategies

STEP 3: I— Obtaining the Patient's INVITATION

During this step ask permission to share information and determine what information the patient would like to receive

- While a majority of patients express a desire for full information some patients do not.
- Ask the patient if they prefer to have a family member told first
- When a clinician hears a patient express explicitly a desire for information, it may lessen the anxiety associated with divulging the bad news.
- If the patient is not prepare to hear the news it can impact understanding
- However, shunning information is a valid psychological coping mechanism and may be more likely to be manifested as the illness becomes more severe.

STEP 4: K— Giving KNOWLEDGE and Information to the Patient

The bad news is shared at this step in the protocol

- Share information slowly avoid bluntness
- Examples of phrases that can be used include, “Unfortunately I've got some bad news to tell you.
- Giving medical facts using the patient’s vocabulary and try to use nontechnical words such as “spread” instead of “metastasized” and “sample of tissue” instead of “biopsy.” Also, avoid excessive bluntness.
- Pause and allow time for the patient to process the new information
- The patient that knows that bad news is coming may lessen the shock that can follow the disclosure of bad news.

STEP 5: Empathy Addressing the Patient's options with Empathic Responses

During this step it is important to display understanding for the patient

- Observe for emotional reactions. This may vary from silence to disbelief, crying, denial, or anger.
- When patients get bad news their emotional reaction is often an expression of shock, isolation, and grief.
- Offer support and solidarity to the patient by making an empathic responses.
- Identify the emotion experienced by the patient by naming it to oneself. If a patient appears sad but is silent, use open questions to query the patient as to what they are thinking or feeling.

STEP 6: S— STRATEGY and SUMMARY

During this step summarize information that was presented and plan for the next step

- Patients who have a clear plan for the future are less likely to feel anxious and uncertain.
- Presenting treatment options to patients when they are available is not only a legal mandate in some cases, but it will establish the perception that the physician regards their wishes as important.
- Sharing responsibility for decision-making with the patient may also reduce any sense of failure on the part of the physician when treatment is not successful.
- Ask the patient to summarize what is understood

References

- Chesanow, N (2016) Delivering 'Bad' vs 'Serious' News to Patients. *Medscape*. Retrieve from https://www.medscape.com/viewarticle/856955_2
- Corey, V.R. & Gwyn, P.G. (2016) Experiences of Nurse Practitioners in Communicating Bad News to Cancer Patients. *Journal of the Advance Practitioner in Oncology*. 7(5), 485-494
- Harman, S., & Arnold, P. (2016) *Discussing serious news* .
<https://www.uptodate.com/contents/discussing-serious-news#>
- Hollyday, S., & Buonocore, D. Breaking Bad News and Discussing Goals of Care in the Intensive Care Unit. *AACN Advanced Critical Care*. 26(2).131-141
- Jerry L .Old, M. (2011). Communication Bad news to your patient. *FMP*, 31-35.
- Kaplan, M (2010) SPIKES : *A framework for breaking bad news to patients with cancer*.
Clinical Journal of Oncology nursing 14(4). 514-516
- Margaret Quinn Rosemzweigh PHD, F.-B. A. (2012). Breaking Bad news: A guide for Effective and empathetic communication . *The Nurse Practitioner*, 1-4.

