International Journal of Health and Medical Sciences
volume 9 pp. 8-13 doi: https://dx.doi.org/10.20469/ijhms.9.30002

SIR-PRESS Protocol: Ensuring the Safety of Healthcare Providers in Breaking Bad News

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Abstract: Communication in medical practice is a cornerstone between patients and their relatives and healthcare providers. Physicians are often faced with delivering bad news in their practice and for the inexperienced in communication, it may lead to negative consequences for them and the patients. Good communication requires training and vital to the delivery of bad news are teamwork, compassion, respect, and empathy. Persistent assaults on healthcare providers at their places of work have become a pandemic and there is a need to stop the threats by all means because many physicians have lost their lives suddenly in the hands of violent patients and their relatives. Violence has been commoner in emergency units, outpatients and obstetrics, and gynecology units than in other units. The precipitating factors were reported to be poor communication between doctors and patients and delayed consultation. The revelation of the death or life-threatening condition of patients, request for payment of hospital fees, increased waiting time, and inaccurate treatments have been identified as causes of violence in the hospital. To take care of the safety of healthcare providers before breaking bad news, the SIR-PRESS protocol is recommended. This particular protocol incorporates the security of health workers, especially in breaking very bad news which may precipitate violent reactions.

Keywords: *Bad News, healthcare providers, SIR-PRESS protocol*

Received: 05 February 2023; ***Accepted:*** 10 April 2023; ***Published:*** 5 June 2023

I. INTRODUCTION

A healthcare provider is an individual who provides preventive, curative, promotional, or rehabilitative healthcare services systematically to people, families, or communities. Communication in medical practice is a keystone between patients and their relatives and healthcare providers. Primary care physicians are often faced with delivering bad news in their practice and for the inexperienced in communication, it may lead to negative consequences for them and the patients. Bad news examples include news on unfavorable diagnoses, unfortunate prognosis and patients' death [1]. The worst form of breaking bad medical news is speaking about death [2]. Good communication requires training and the delivery of bad news requires teamwork, compassion, respect, and empathy. Patients present with stories that include symptoms of the diseases, personal problems, social complaints, and their beliefs. Physicians need to develop excellent communication skills to successfully take a good history, conduct a thorough physical examination, and recommend appropriate investigations to aid in diagnosis. Good communication methods help to improve adherence to medications, patient satisfaction, and treatment outcomes. One of the major challenges in communication faced by the healthcare provider is breaking bad news. This is an art in medicine that must be learned properly by healthcare providers through training and re-training for their relief and that of the patients. This is very important

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because every human being should be respected. The way it is delivered will go a long way to affect patients' quality of life, the response of their relatives, and their relationship with the health care system. Recurrent attacks on healthcare providers at their places of work have become a pandemic and there is a need to stop the menace by all means because many physicians have lost their lives unexpectedly in the hands of violent patients and their relatives. In Nigeria, most Secondary Healthcare centers do not have good security outfits to secure the lives of their healthcare providers from occasional physical assaults prevalent in those hospitals. Violence in the workplace especially in healthcare facilities is on the increase globally.

"SIR-PRESS" Protocol is proposed as a process of communication in delivering bad news to the patients and their relatives. The "SIR" is used as a formal and polite way of speaking to a man especially one who you are providing a service to or whose name you do not know [3]; [4] . The "PRESS" denotes trying to persuade or convince someone to believe something especially after a sustained effort [5]; [6]. Therefore, to speak to someone politely, convince him to understand the unfortunate situation and at same time secure the safety of health workers, there is a need for a comprehensive Protocol. The "SIR-PRESS" Protocol is designed to incorporate the safety of healthcare providers into breaking bad news.

II. LITERATURE REVIEW

The bad news is "any information which adversely and seriously affects an individual's view of his or her future" [7]. Training in breaking bad news is fundamental in communication between physicians and patients as it adversely affects patients' and their relatives' reactions. If a physician is not adequately knowledgeable in this, it can lead to negative consequences for him, the patients, and their relatives [8]. Episodes of workplace violence against healthcare providers are increasing globally. In a study conducted in Israel, the majority of the health workers experienced verbal abuse and about 9% experienced physical abuse. The most common reason was long waiting time and dissatisfaction with treatment [9]. Over time, the incidence of assaults against doctors and nurses has increased in China leading to the death of some of them. In the study by Yu et al, they were able to identify the poor quality of medical services and increase awareness of patients' rights as causes of the rising prevalence of assaults against healthcare providers [10].

It is usual to hear of incidences of patients and their relatives attacking healthcare workers and consequently undermining their safety. Late in December 2022, at the Federal Medical Centre, Abeokuta, Nigeria, a man, and his son assaulted the Nurse and the Medical Officer on duty very early in the morning after losing a relative. Another recently reported assault was at the University of Ilorin Teaching Hospital, Kwara State, Nigeria where a patient's relative attacked one of the doctors. In revenge, the hospital management was alleged to have seized the corpse of the patient and detained relatives of the dead [11]; [12]; [13].

To assess patients' response to the manner bad news is being delivered to them by doctors, Janaszczyk found that clinicians' behavior and the way they communicate with the patients affect patients' decision to continue the treatment [14]. They reported that the results of their study would be used as a basis to edit the Polish protocol for communication in breaking bad news. The revelation of bad news in medicine is an art that must be learned properly by healthcare providers through training and retraining. The way it is delivered will go a long way to affect patients' quality of life and their relationship with the health care system. According to a study conducted in Pakistan, most patients would like doctors to tell the truth in breaking bad news [15].

In a study conducted in India, it was found that violence was commoner in emergency units than in other units, the precipitating factors were poor communication between doctors and patients and delayed consultation [16]. The revelation of the death or critical condition of patients, request for payment of hospital fees, increased waiting time, erroneous treatment, and poor communications were identified as causes of violence in the hospital. In the case of Pratibha and others, the study population was not clearly defined. One hundred and twelve healthcare workers and 54 people from the general public were interviewed. These participants might not be enough to achieve the objectives of this study. In another study conducted in India, physical abuse and verbal abuse of health care providers were reported. Busy times, high patient volumes, increased periods of waiting, severe illness, and deaths of patients were associated with violence.

Good communication strategies were proposed to reduce the incidence of violence [17]. Baig et al reported that training on de-escalation improved healthcare providers' confidence in dealing with patients' aggression [18]. They conducted a quasi-experimental study involving 154 healthcare providers. Kumar et al reported a higher prevalence of violence against female doctors than male doctors and the obstetrics and gynecology department recorded a higher level of violence [19]. The study population included postgraduate doctors and resident doctors. The limitations of the study were discussed

including a sample size of 151 which was admitted to be small. They recommended further studies with bigger sample sizes. Hamdan and Hamra found out that verbal abuse, threats to life, and sexual harassment were experienced by healthcare providers in their study. About 36% of the respondents were exposed to physical abuse and 71% to non-physical abuse. The young and the new healthcare providers experienced a higher prevalence of violence. They recommended the collaboration of government and service providers to develop policies that will curb workplace violence [20]. In a study conducted in Pakistan, more than half of the respondents experienced workplace violence with verbal abuse being the most prevalent followed by bullying and threats. The most frequent perpetrators were faculty members followed by patients and their relatives. Additionally, female workers were subjected to sexual harassment [21]. In Belgium, the prevalence of physical violence was 14% among doctors; women and younger physicians were more likely to experience aggression. Psychiatry, emergency, and outpatient departments were mostly affected [22]. The prevalence of physical violence was high (12.6%) in a study conducted in South-East Nigeria and it was higher among Nurses and females. The perpetrators were patients and their relatives and they attacked with weapons [23]. It was reported that a urologist in New Orleans, United States was killed at work by a former patient, who then committed suicide. Many studies in other countries have shown increased rates of abuse toward general practitioners, especially in Canada and Australia [24]. For those involved in home care, serious concerns include the existence of arms and drugs, family violence, robbery, and car theft in the homes [25]. Homicide is a common cause of workplace death that has been reported in home-based care [26].

III. CASES

A. *Case 1: Assault on Healthcare providers*

About 17 years ago, a Registrar was on night duty at the University College Hospital, Ibadan, Nigeria. A group of men brought a "dead patient" to the Accident and Emergency unit with the hope that the patient would be revived. All resuscitative efforts proved abortive and the relatives started beating all the healthcare providers around when they realized that the patient could not be revived. The Registrar who was the only doctor on call swiftly removed her ward coat and lay on the couch beside another patient pretending to be her relative. The assailants mistook her for a patient's relative and so she escaped being attacked.

B. *Case 2: Blastic Transformation of Chronic Myeloid Leukaemia*

Twelve years ago, a relative of our patient was being treated for hyperimmune malaria splenomegaly at a specialist hospital in the Northern part of Nigeria but he was not improving clinically. He was advised to request for a referral to the University College Hospital, Ibadan, Nigeria. The young man presented with features suggestive of blastic transformation of Chronic Myeloid Leukaemia, associated with malaria and septicemia. A Senior Registrar in the managing team tried to explain the unfavorable results of the investigations to the patient and improperly told the patient that he would not survive. The patient was scared and decided to go home the next day when he noticed that the mortality rate in the medical ward was increasing. We explained the nature of his disease to him and assured him that he would survive as long as his family could fund his treatment. We also explained to him that his disease could not be treated at home. He improved considerably after two weeks and was discharged home to be managed subsequently on an outpatient basis.

C. *Case 3: Discordant Couple*

About six years ago, a would-be couple was screened for HIV infection by the church's doctor three days before their wedding ceremony. They were taken to a nearby Teaching Hospital because the doctor could not disclose the retroviral positive status of the bride in the presence of the best man and the best lady who accompanied them. At the Teaching Hospital before the test, they were told that the test could either be positive or negative and they promised the counsellor that they would be satisfied with the outcome of the results. However, the bride was positive and the groom was negative. The bride was devastated and weeping while the groom was lamenting that he had made a wrong choice. After their wedding, they presented in the clinic for the wife's treatment.

IV. PROPOSED PROTOCOL TO PROTECT HEALTHCARE PROVIDERS

Healthcare workplace violence has been underreported, persistent, global, overlooked and is a pandemic that has resulted in unjustifiable loss of lives of healthcare providers [24]. Protocols have been developed in the past based on individual experiences and the severity of bad news they had for the patients and their relatives. These include SPIKES by Baile et al, ABCDE Mnemonic by VandeKieft, and Kaye's 10-step model [7], [27], [28], [29]]. Though these Protocols are helpful and sensible, they may not fully address the needs of the pa-

tients and apply to peculiarities of the environment of the healthcare providers [30]. There is a need for other protocols to take care of some problems associated with other climes. In most hospital environments in Nigeria and other developing countries, there is no assigned security personnel to protect healthcare workers in case of security breaches. To take care of the safety of healthcare providers before breaking bad news, the SIR-PRESS protocol is recommended. This particular protocol has taken the security of health workers into consideration, especially in breaking very bad news which may precipitate violent reactions. This mnemonic can easily be remembered because the SIR-PRESS denotes S-Security, I-Information, R-Relationship, P-Perception, R-Reveal, E-Empathy, S-Strategy, S-Summary.

A. *Security*

Employers should hire full-time guards for most hospitals to safeguard the lives of their staffers. The security of healthcare providers should be ensured by inviting the hospital security outfit to the ward or the clinic where the patient is being attended to before breaking bad news. The security personnel are to maintain orderliness and protect the healthcare providers from being assaulted and would not be part of the meeting. The patient should be comfortable with the venue and in most cases involve senior healthcare workers. The patient may be more comfortable with some relatives in attendance. Public awareness campaigns and training of healthcare providers in communication skills would reduce the menace of violence against them.

B. *Information*

The healthcare provider should have good knowledge of the disease including current updates so that he can educate and counsel the patient on the kind of disease he has. The healthcare worker should be calm, not in a hurry, and concentrate fully on the discussion.

C. *Relationship*

Develop a good understanding of the patients and their relatives because they have become stakeholders in disease management. A good rapport with the patients will make them more comfortable and cooperative. It is also important to ensure privacy and confidentiality. Interruptions of the meeting should be avoided as much as possible.

D. *Perception*

Assess the knowledge of the patients about the disease, causes, clinical features, severity, treatment, and prognosis. "Before you tell, ask the patient". Sometimes the patients could have good knowledge of the condition and the physician would just confirm it. The physician would be able to clarify what the patients believed from the real disease condition and his expectations. There is the possibility of a denial which could occur in unexpected bad news though people adjust over time.

E. *Reveal*

There should be a warning sentence about bad news before the revelation and the consent of the patient should be sought before disclosing the diagnosis. After disclosing the diagnosis, allow the patients to express reactions and the patient should be monitored closely to prevent self-harm. The physician should be straight-forward, try to use the words patients would understand and avoid medical jargon. Long stories and examples are unnecessary.

F. *Empathy*

Show empathy toward emotions by imagining as if you are in the patients' shoes. The healthcare personnel should allow patients to express emotions, listen carefully, and address them. Ensure that the patient is reacting to the bad news and not to something else.

G. *Strategy*

The plan of treatment should be explained to the patients. Possibly, there could be different plans available to the patients so that the patient could decide to choose one. The patients and their families are part of the management of the diseases.

V. SUMMARY

The healthcare provider should summarise their interaction with the patient by documentation and confirm the patient's understanding of the situation by asking the patient to summarise. The patient should be asked to respond by asking questions or clarifications. The patient's safety should be taken into consideration because some of them might develop clinical features of depression of different degrees and would need close monitoring by the medical team. Finally, the next plan of action that would involve the patient as a stakeholder should be discussed.

VI. CONCLUSION

Good communication with patients and their relatives is very important in the delivery of bad news but the safety of healthcare workers is equally important and should be the priority during the breaking of bad news. The "SIR-PRESS" Protocol was conceived to address this especially,

in areas where the security organization for health centers are weak. The application of Protocols in breaking bad news will help to improve the relationship between healthcare providers and patients. There should be improved security around the healthcare personnel organized by their employers to curb the pandemic of increasing episodes of violence against healthcare providers. Additionally, there is a need for legislation prescribing punishments for the perpetrators of the heinous crimes against a cohort of employees who were trained to save lives but are being killed at work. Some ways to strengthen the hospitals' security include the installation of fences, security cameras, metal detectors, and hiring guards. Training on communication skills should be included in the medical curriculum for both undergraduate and postgraduate medical education. Protocols do not cover everything and the individual cases should be handled differently depending on the circumstances.

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