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Developing an Operational Guide for Breaking Bad News to Patients and Families in Intensive Care Units: a Qualitative Study

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ABSTRACT

Introduction: Breaking bad news is a process that requires the team participation of healthcare providers for the patient. Providing solutions appropriate to patient's cultural situations, values, and preferences to adapt to the conditions and cope with the hardships of the disease has received attention in different countries. Solutions and guidelines have been provided in this regard. Therefore, this study was conducted to develop a practice guide for breaking bad news to patients and their families in intensive care units.

Methods and Materials: The present content analysis qualitative research was conducted in special care units (Hospitals of Shahid Beheshti University of Medical Sciences) between February 2022 and January 2024. This study has three phases. In the first qualitative phase, a purposively selected interview was conducted with 31 in-depth interview participants. After analyzing the data, the first draft of the practice guide was developed. In the second stage, the initial draft was discussed and reviewed in four focus group meetings by experts, and a secondary draft was designed based on the opinions and suggestions of stakeholders and experts. In the third step, using the Delphi method based on the Likert scale, the practice guide compiled by 43 experts in policy, decision-making, management, education, research, and clinical was validated. Items with a score above three were accepted as primary and secondary steps.

Results: This practice guide was compiled in eight main stages and 43 sub-stages for breaking bad news to patients and families in special care units. These stages include (1) assessment, (2) planning, (3) coordination, (4) bad news announcement, (5) emotional support, (6) summary and documentation, (7) referral, and (8) follow-up. Additionally, eight management measures were identified to improve the process of breaking bad news. These measures involve providing executive infrastructures, seeking advice from clinical psychologists, offering educational facilities, monitoring and providing feedback through the medical ethics committee, establishing a supervisory committee, ensuring legal protection for those who disclose the news, and clearly defining and communicating the responsibilities of individuals involved in the process.

Conclusion and Discussion: Current practical guidance outlines eight main steps for delivering bad news. These stages address the conditions before, during, and after the announcement, considering the patient's preferences, their family, and the medical staff. Following this practical guide, the actions and concerns of all parties involved are minimized, ensuring a more positive outcome. Given patients' and their families' diverse social and cultural backgrounds, medical staff are required to familiarize themselves with the scientific and standardized methods of breaking bad news and adhere to the principles of professional ethics in this area.

Keywords: Health personnel, Intensive care units, Medical staff

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