



Empathy and tact in breaking bad news (BBN): teaching empathic communication skills to medical students

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Abstract: *One of the most challenging responsibilities for a medical professional is breaking bad news (BBN), which calls for not just communicating essential information but also doing so with sensitivity and empathy. As a result, there have been several studies on how to properly inform patients and their families of bad news. This systematic review aims to conduct a thorough evaluation of relevant literature and studies in order to be knowledgeable of the strategies and methods that are and ought to be used in teaching those in the medical field with regards to breaking bad news.*

Key Words: *English for medical purposes, breaking bad news, empathic communication, communication skills*

1. INTRODUCTION:

Communication plays a vital role in many aspects of human life and systems. It is especially important to maintain good relationships with people and the entire society (Ahmad, 2016). This goes for the field of medicine as well. Communication also proves itself to be necessary as it connects prospective health practitioners, medical professionals, their patients, and other stakeholders. If an individual fails to establish good communication within the healthcare community, the quality of care and the connection of people within the community will be jeopardized (Ratna, 2019). Therefore, one of the top concerns in the medical field should also involve ensuring that effective communication occurs.

One of the medical circumstances in which effective communication is highly critical is when health professionals need to deliver bad news to their patients and their family members. Delivering bad news has always been a challenging undertaking for everyone and it goes without saying that people would want to avoid giving terrible news if they had the option. However, this has been one of the obligations that are expected of those who work in or are aspiring to careers in medicine (Alshami et al., 2020). Despite being required of them and requiring years of training and experience, medical professionals nevertheless feel intimidated when it comes to breaking bad news (BBN). This may be because of the negative consequences that the patient/s may experience after they deliver it (Monden et al., 2016).

In addition to that, there have been reports where patients feel that the doctors and other health professionals that informed them of their health status were not empathetic enough and therefore, they felt much worse (Kee et al., 2018). This demonstrates that effective patient communication involves more than just providing them with the information they require, rather it also entails ensuring that the information being conveyed is laced with empathy (Rosenzweig, 2012). With that being the case, this truly emphasizes the need of having tactful and empathetic communication with patients and their family as this may aid in their understanding of their present health status and provide a positive perspective (Sengupta et al., 2022).

2. RESEARCH OBJECTIVES :

The best approaches to convey bad news with tact and empathy have been presented by plenty of scholars over the years. In this paper, the researcher will review several studies and pieces of literature that address the value, advancement, and modes of effective and empathic communication in the medical industry in order to:

- (1) describe how empathic communication fits into the roles of medical practitioners and students,
- (2) discuss empathic communicative strategies and patterns in breaking bad news (BBN), and



- (3) identify ways to develop empathic communication skills in breaking bad news.

Furthermore, the researcher will share her own perspectives on the findings of this systematic review that will help readers learn more about the practice of language teaching or learning and/or other pertinent perspectives relating to language education.

3. METHOD :

This review will employ a qualitative descriptive research design, specifically content analysis, as its method of examining the selected studies and literature. A qualitative descriptive design is applied when the paper intends to provide a logical and straightforward description and/or summary of the informative contents of the data, while arranging it into varieties of ways such as according to time and chronology, main themes and subthemes, broader content to specific content and vice versa, etc. (Lambert & Lambert, 2012). As previously noted, content analysis will be utilized in this work to identify and observe the attitudes, perspectives, and motivations of its author(s) as well as to derive verifiable and dependable conclusions regarding the contexts in which the texts were employed (Drisko & Maschi, 2016).

4. LITERATURE AND STUDIES REVIEW AND DISCUSSION:

Role of Empathic Communication in the Medical Field

Communication skills are one of the most important aspects of becoming a good doctor aside from being able to perform medical and administrative tasks. Deveugele et al. (2005) conducted a research which highlighted the importance of good communication skills in the makings of a high-quality doctor. Based on their research, they claimed that good communication is necessary to achieve the World Health Organization's (WHO) standards of being a "five-star doctor". This includes being attentive to the emotional needs of their patients and being empathetic and friendly.

Aside from this, Deveugele et al. (2005) also indicated that patient satisfaction is closely tied to a doctor's competency. In such instances, it shows the professionalism of the doctors since they are able to alleviate the pain and anxiety that their patients experience. On the other hand, failure to make the patients feel satisfied reflects the bad performance of a doctor. Therefore, since patients are satisfied when they feel respected and cared for, it follows that medical professionals must be empathetic.

Additionally, a doctor's responsibility is not limited to providing a cure to a disease, but also helping to mitigate its effects on their patients' health; if not preventing an them to have one. Bukowski et al. (2022) expressed that one of the main roles of medical practitioners is to provide quality healthcare by avoiding poorly communicated bad news to their patients because it may adversely affect their patients' health and satisfaction and that better patient care is a goal of more empathetic methods of breaking bad news (BBN).

Moreover, Ferreira da Silveira et al. (2017) emphasized that breaking bad news, although delivered mainly out of empathy and concern, is a legal responsibility of a health practitioner. Doctors have the responsibility to deliver the truth of their patients' conditions to them and their family members as stated by the law. It is also noted in their study that the term "bad news" is contextualized as any information that was conveyed with the suggestion of a significant unfavorable change that would have an impact on the individual's view on life or future chances. Therefore, with the knowledge that the information health practitioners have may either make or break their patients' lives, it is important to communicate bad news to them in an appropriate and effective manner.

Communicating Bad News to Patients and Their Families

Throughout the years, there have been various researchers and proponents who ventured on the ways and strategies of delivering bad news and some of those are now considered as standardized. Bukowski et al. (2022) and Ferreira de Silveira et al. (2017) presented the standardized protocol called SPIKES (Setting, Perception, Invitation, Knowledge, Empathy and Emotions, and Summarizes) in their research which lays down the procedure of breaking bad news to patients and their family members. The SPIKES protocol for delivering bad news has four goals: gathering patient information; communicating medical facts; offering patient support; and enlisting patient participation in creating a plan or course of action for the future. This standardized procedure is recommended to be followed by medical students and medical practitioners.

Silverman et al. (2013) provided another strategy of breaking bad news that is similar to the SPIKES protocol. This strategy involves following a series of steps like SPIKES which begins with setting the timeline from the last sessions and laying an agenda. The next is giving the patient(s) and their family members the essential, pertinent, and sufficient information while taking care to prevent information overload. After that, the time will be allotted for



observing the patient and/or the family members' reaction. This step makes sure that the medical practitioner is sensitive to the way their patients take in the negative update and is empathetic enough to give them time to process. The fourth step is to provide a series of steps, plans, and options on how the patient/s can manage and mitigate the effects of their condition. This vital step ensures that the interlocutors feel that the medical professional assists them in times when they need support. Lastly, closing the session by summarizing everything that was discussed in a way that is easy for the patient/s and their family members to understand, asking them if they have any questions or concerns, and setting up future appointments.

On the other hand, other strategies in breaking bad news do not rely too much on steps to break bad news to patients with tact and empathy. Kee et al. (2018) argued that empathy can be better shown by doctors and other medical practitioners if they are observant of the paralanguage that they use: their use of non-verbal communication to patients such as eye contact, facial expressions, and body posture. This means that medical students and health practitioners may follow protocols and steps in breaking bad news, but they should also observe their non-verbal language when doing so.

Aside from that, medical students and professionals should bear in mind that their manner of talking with patients should be done with utmost concern and respect. In the same study by Kee et al. (2018), thirty-eight (38) patient complaints about young doctors' poor communication skills were examined in this study using qualitative content analysis. According to the analysis's findings, junior doctors' negative attitudes—particularly their lack of respect and empathy while speaking with patients—are the main cause of complaints. Poor verbal and nonverbal communication as well as inadequate and ambiguous information content are examples of other types of communication failures. Researchers propose that their study may be utilized as a reference to develop relevant learning materials to address the communication skill needs of medical professionals, in this case younger doctors, as it identified the areas of communication that they are lacking.

Developing Medical Communicative Skills in BBN

Recommendations to improve medical communicative skills in breaking bad news encourage both traditional and contemporary methods. In line with the current trends in education, there are also suggestions of digitalizing the teaching-learning process. Schick et al. (2020) emphasized that future doctors' communication abilities can be improved by implementing e-learning, particularly the usage of interactive, video-based instructional methods. Examples of these involve modelling communicative skills through the presentation shown in a video and simulating doctor-patient situation using interactive videos.

Contrastingly, there are also suggestions of using traditional methods. Silverman et al. (2013) encourages medical practitioners and prospective health professionals to read frameworks, research, guides, and recommendations from reputable experts in the field on how to communicate with patients. An example of which is the well-known framework known as the Calgary-Cambridge Guides, which is a comprehensive exposition of the steps in breaking terrible news so that it may be used with more intensity, depth, and purpose.

There are contrasting recommendations on how to improve the medical communicative skills of medical students and professionals but it does not mean that these cannot be incorporated. Schick et al. (2020) supports this notion by also claiming that the fusion of technology and traditional teaching methods can improve the communicative competence of potential medical professionals.

Several of the analyzed literature and studies also recommend a more applied and problem-based method of instruction to improve the medical students and professionals' communicative skills. Kee et al. (2018) recommended formulating a simulation-based communications module based on the analysis of patient complaints and feedback. These complaints and feedback reflect the areas of patient-doctor communication that need improvement and, therefore, could act as a springboard for improvement.

Additionally, Deveugele et al. (2005) reported that continued practice and simulation of BBN may improve their empathic communication skills. In doing so, they implemented the Objective Structured Clinical Examination (OSCE) – a didactical method which allows the students to practice communicating with their patients. Small groups of learners were given the task of reading patient documents and seeing real videotapes. They were then asked to perform a role play or simulation in which they will be assessed through OSCE. In their research, it was reported that the continued implementation of this assessment is believed to be beneficial for medical students to enhance their communication skills in terms of dealing with patients despite challenges in executing it.

However, not all strategies in developing medical empathic communication skills focus on the manner of the delivery of lesson. There is also an expressed need for the recalibration of knowledge on the students and professionals' part and the qualification of their teacher as well. Lodhi et al. (2018) expressed that doctors and other medical professionals should undertake English language refresher courses and workshops to ensure continuous English proficiency, especially in the field. They also stressed that English instructors should be medical practitioners or at least



an expert in teaching medical students to be effective. The instructor's method of teaching also should be content and problem-based. Deveugele et al. (2005) also believe that the communication skills of medical students may be better improved if the instructor/teacher is also a medical specialist. This highlights the notion that the teacher plays a vital role in the improvement of the students' skills.

5. SUMMARY OF FINDINGS:

It is impossible to dispute the significance of language and communication in the medical area. It is a competency that should not be disregarded for any healthcare professional. One of the communication abilities required in this line of work is the capacity to deliver high-quality treatment while showing empathy toward the patients. While it is possible that any medical professional can outline specifics to enlighten patients about their conditions, not all are able to demonstrate true concern and care for their patients. In this review, reports from patients were evaluated, and it was discovered that the absence of empathic communication left patients feeling like their doctors do not support them emotionally. This led to complaints about the professionalism of the doctors and other medical professionals. English for Medical Purposes (EMP) is highlighted for this reason because it is important to teach medical professionals and those who aspire to be one how to communicate the information that the patient/s need/s, as well as to enhance the manner in which that information is provided.

There is also a desire that the EMP instructors and teachers have some background in the medical industry, if not actually work in it. According to the literature evaluated in this study, medical practitioners think that instructors and educators who have expertise in providing healthcare will be better equipped to teach good communication in the medical context than those who do not. This just serves to demonstrate the importance of the teacher aspect in the EMP teaching-learning process.

All things considered, this systematic review has yielded a wealth of useful information. A medical professional's ability to communicate empathically has proven to be crucial, and it should be given due consideration. Given this, there is a lot of potential for more research on this subject. To ensure effective communication in the medical field, it is hoped that further study will be done in the domain of EMP in the future.

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