

Nurses' Knowledge toward SPIKES Strategy at Oncology Wards in Baghdad Pediatrics Teaching Hospitals

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Abstract: Nurses' knowledge toward spikes strategy at oncology wards in Baghdad pediatrics teaching hospitals. A cross-sectional study was carried out among 25 nurses selected by using non probability sampling (purposive sampling). According to study findings females were 72% of the study sample, 36% of them between (30-34) years of age and 40% had graduate Institute of nursing. 84% of nurses do not know the definition of spikes strategy. Regarding to the items of setting up the interview mean is at low level (1.32). Regarding to the items of assessing the patient's (parent's) perception mean is at low level (1.24). Regarding to the items of obtaining the patient's (parent's) invitation mean of is at moderate level (1.58). Regarding to the items of giving knowledge and information mean is at low level (1.3). Regarding to the items of addressing the patient's (parent's) emotions with empathy mean is at low level (1.32). Regarding to the items of summarize and strategize mean is at moderate level (1.45). Over all instrument items mean is at moderate level (1.35). Training session to educate nurses about SPIKES strategy and how to breaking bad news and educate nurses about communication skills.

Keywords: SPIKES strategy, Nurses' knowledge, and Oncology wards

1. Introduction

Bad news is a message which has the potential to disrupt normal routines; dreams can be shattered and relationships turned upside-down, leading to very different lifestyles and choices.⁽¹⁾

Breaking bad news to patients is one of the most difficult and worrying tasks that oncologists face and one for which they are often poorly trained and emotionally ill equipped.⁽²⁾ Successful communication is an absolute need at every stage in clinical interview that cannot be overlooked.⁽³⁾

SPIKES is an acronym for presenting distressing information in an organized manner to patients and families. The SPIKES protocol provides a step-wise framework for difficult discussions such as when cancer recurs or when palliative or hospice care is indicated. Each letter represents a phase in the six-step sequence. S stands for setting, P for perception, I for invitation or information, K for knowledge, E for empathy, and S for summarize or strategize.⁽⁴⁾

The goals of SPIKES strategy is to enable the clinician to fulfill the four most important objectives of the interview disclosing bad news: gathering information from the patient, transmitting the medical information, providing support to the patient, and eliciting the patient's collaboration in developing a strategy or treatment plan for the future.⁽⁵⁾

Nurses have an important role in the process of providing information and helping patients prepare for, receive, understand and cope with the bad news they have been given.⁽⁶⁾

2. Methodology of the Study

Subjects: The study population included the nurses working in the oncology wards at different level of education, aged 20 to over 40 years. The study sample is 25 nurses selected by non probability sampling method (purposive sampling).

Questionnaire:

The sociodemographic data sheet, consisted of (3) items categorized as general information (gender, age, and level of education).

SPIKES strategy items questionnaire was constructed to assess the nurses knowledge. It was composed of (30) items which were grouped and concerned with definition of SPIKES strategy and the 6 steps which include (setting up the interview, assessing the patient's (parent's) perception, obtaining the patient's (parent's) invitation, giving knowledge and information, addressing the patient's (parent's) emotions with empathy and summarize and strategize).

The 1st item is a multi choices question which include the definition of SPIKES strategy and the other items true and false choices. The items were score and rated on two level dichotomous scale (2) for true answer and (1) for false answer and their assessment by cutoff point (0.33) due to scores (1 and 2) respectively. Scores of response are categorized according to the following:
(1-1.33) = Low ; (1.34-1.67) = Moderate; (1.68-2.00) = High

There are 17 items from the total items are had a false answer, this items are (1.2, 1.3, 1.4, 1.5, 1.6, 2.1, 2.3, 2.4, 4.1, 4.2, 4.3, 4.6, 5.1, 5.2, 5.4, 5.5.1, 5.5.2, 6.1 and 6.4)

Determination of reliability of the questionnaire is based on the Cronbach's Alpha reliability (reliability coefficient 0.83), the instrument valid through panel of experts.

A statistical analysis was performed using the Microsoft office excel 2007 and SPSS package (version 16).

3. Results

Table 1: Distribution of the Study Sample by their General Information

Variables		Number	percentage
Gender	Male	7	28
	Female	18	72
	Total	25	100
Ages (years)	20-24 years	2	8
	25-29 years	1	4

Level of education	30-34 years	9	36
	35-39 years	6	24
	40 years and more	7	28
	Total	25	100
	graduate Junior high nursing	6	24
	Graduate Institute of Nursing	10	40
	Graduate of the College of Nursing	7	28
	Graduate of master degree in nursing	2	8
	Total	25	100

No.= number, %= percentage

Table (1) indicated that 72% of nurses' gender were females, the age group (30-34) and 40 and more years were 36% and 28% respectively and 40% of nurses had graduate from institute of nursing.

Table 2: Distribution of Nurses knowledge toward Spike strategy Items

No.	Items	True answer		False answer		M. S	Ass.
		f	%	f	%		
-	Definition of SPIKES strategy	4	16	21	84	1.16	L
1. Setting up the interview							
1.1	Choose a quiet and appropriate environment for unpleasant news	21	84	4	16	1.84	H
1.2	The patient is alone when revealing unpleasant news and does not prefer to be with one of his family.	4	16	21	84	1.16	L
1.3	It is preferable to set a distance between you and the patient when you transfer the news and you have a certain checkpoint as an office	1	4	24	96	1.04	L
1.4	Be careful not to look directly into the eye of the patient or his family when talking to them	3	12	22	88	1.12	L
1.5	Preferably look anxious when talking with the patient or his family about the subject	3	12	22	88	1.12	L
1.6	Do not allow the patient to cry after the news	5	20	20	80	1.2	L
1.7	Reducing sources of hassle such as keeping your phone in a common position or cutting off conversation gives a sense of importance	20	80	5	20	1.8	H
Total mean		1.32	Assessment		L		

f= frequency, %= percentage, M. S= mean of score, Ass.= assessment, level of assessment: (1-1.33) = low = L, (1.34-1.67) = moderate = M, (1.68-2.00) = high = H

Cont. table (2)

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No.	Items	True answer		False answer		M. S	Ass.
		f	%	f	%		
2. Assessing the patient's (parent's) perception							
2.1	After the transfer of the news, it is better to know what information the patient or his family about his health	-	-	25	100	1	L
2.2	Finding the gap in the information that the patient or his family does not know about his / her health condition (expecting the patient or his / her family for his / her condition and the real situation).	18	72	7	28	1.72	H
2.3	Do not allow the patient or his family to deny the state of his health	2	8	23	92	1.08	L
2.4	Standing in front of the denial of the patient or his family to his condition creates a good relationship between the patient and the nurse	4	16	21	84	1.16	L
Total mean		1.24		Assessment		L	
3. Obtaining the patient's (parent's) invitation							
3.1	It is preferable to take the consent of the patient or his family about the disclosure of unpleasant news.	14	56	11	44	1.56	M
3.2	The patient or his family has the right to accept or reject the disclosure of unpleasant news.	15	60	10	40	1.6	M
3.3	Prefer the question of the patient or his family about the axes of information needed by treatment, diagnosis or measures.	15	60	10	40	1.6	M
Total mean		1.58		Assessment		M	
4. Giving knowledge and information							
4.1	After starting to tell the news, you should tell the patient or his / her family that there is bad news and there is nothing to worry about that we can treat. This gives the patient or his or her	3	12	22	88	1.12	L

	time to prepare psychologically						
4.2	Speak in a high voice to affect a person	4	16	21	84	1.16	L
4.3	Use of medical terminology when detecting his condition	3	12	22	88	1.12	L
4.4	Give the information as small parts then make sure the person understands it.	15	60	10	40	1.6	M
4.5	Follow the pattern of giving the information and if it is understood, move to another stage and if the person does not understand it, it will be returned.	16	64	9	36	1.64	M
4.6	Do not increase the emotion for the patient or his family during the disclosure of bad news.	5	20	20	80	1.2	L
Total mean		1.3		Assessment		L	

f= frequency, %= percentage, M. S= mean of score, Ass.= assessment, level of assessment: (1-1.33) = low = L, (1.34-1.67) = moderate = M, (1.68-2.00) = high = H

Cont. table (2)

No.	Items	True answer		False answer		M. S	Ass.
		f	%	f	%		
5. Addressing the patient's (parent's) emotions with empathy							
5.1	It is one of the easiest stages to disclose bad news	5	20	20	80	1.2	L
5.2	Preferably respond with false hope	4	16	21	84	1.16	L
5.3	Find the source or cause of the patient's reaction	15	60	10	40	1.6	M
5.4	Do not encourage the patient or his family to express his feelings	8	32	17	68	1.32	L
Total mean		1.32	Assessment			L	
6. Summarize and strategize							
6.1	Ensure that the patient or his family understand the information and exclude him from participating in the treatment decision.	4	16	21	84	1.16	L
6.2	Inform the patient that you are with him in the same side.	16	64	9	36	1.64	M
6.3	Summarize the information that has reached the patient or his / her family, give him an opportunity to ask some questions and answer them	16	64	9	36	1.64	M
6.4	Do not tell him that you will provide him with other details during future dialogue sessions	4	16	21	84	1.16	L
6.5	A plan should be drawn up for the next steps and the role of each individual	17	68	8	32	1.68	M
Total mean		1.45	Assessment			M	
All total mean		1.35	Assessment			M	

f= frequency, %= percentage, M. S= mean of score, Ass.= assessment, level of assessment: (1-1.33) = low = L, (1.34-1.67) = moderate = M, (1.68-2.00) = high = H

The findings of the study in table (2) indicated that nurses' responding level (pre test) to the items by using mean of score, the item of definition of spikes strategy 84% of nurses do not know the definition, there is a low level in all items of setting up the interview of spikes strategy except items number (1.1 and 1.7) which shows a high level of mean score assessment and finally the total mean is at a low level (1.32). Regarding to the items of assessing the patient's (parent's) perception, there is a low level in all items except item (2.2) which is in a high level, and finally the total mean is at a low level (1.24). Regarding to the items of obtaining the patient's (parent's) invitation there is a moderate level and total mean is at moderate level (1.58). Regarding to the items of giving knowledge and information, there is a low level in all items except items (4.4 and 4.5), it is in a moderate level and finally the total mean is at a low level (1.3). Regarding to the items of addressing the patient's (parent's) emotions with empathy, there is a low level of assessment for items (5.1, 5.2, 5.4 and 5.5.2), a moderate level of assessment for items (5.3, 5.5.1, 5.5.3 and 5.5.6), a high level of assessment for items (5.5.4 and 5.5.5) and the total mean is at moderate level (1.45). Regarding to the items of summarize and strategize, there is a low level in all items except items (6.1 and 6.4) which are in a moderate level, at the total mean is at moderate level (1.45). The grand mean of the instrument items is (1.38) at moderate level of assessment.

4. Conclusions

Females were 72% of the study sample, 36% of them between (30-34) years of age and 40% had graduate institute of nursing. 84% of nurses do not know the definition of spikes strategy. Regarding to the items of setting up the interview mean is at low level (1.32). Regarding to the items of assessing the patient's (parent's) perception mean is at low level (1.24). Regarding to the items of obtaining the patient's (parent's) invitation mean of is at moderate level (1.58). Regarding to the items of giving knowledge and information mean is at low level (1.3). Regarding to the items of addressing the patient's (parent's) emotions with empathy mean is at low level (1.32). Regarding to the items of summarize and strategize mean is at moderate level (1.45). Over all instrument items mean is at moderate level (1.35). It is important to manage the stress and anxiety and other psychological problems of families during breaking bad news and important to educate nurses about SPIKES strategy, how to breaking bad news and educate nurses about communication skills.

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