

What training in difficult news delivery do sonographers have and what impact do sonographers who regularly deliver difficult news think this has on their levels of wellbeing and burnout?

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# Focus of the research

- Delivering difficult news to parents during a fetal ultrasound examination is a key aspect of an obstetric sonographer's role
- This project aims to understand how these experiences impact on sonographer burnout and wellbeing, and to identify whether there is an association between the delivery of difficult news and sonographer wellbeing/burnout levels
- Identify which aspects of training sonographers find most useful when delivering difficult news in clinical practice

# How will this research advance the profession of radiography?

- The project conducted a survey into experiences of difficult news delivery from the perspective of UK sonographers.
- It is the first study to assess the association between delivering difficult news and sonographer wellbeing, and to investigate which types of training may support sonographers with this aspect of care.
- It identifies the type and amount of difficult news delivery training currently received, and hopes to identify how this could be improved.
- The project aims to both enhance sonographer wellbeing and improve patient experience.

# College of Radiographers Industrial Scheme Research Award (CoRIPS)

- Application was submitted in April 2016 and approved in July 2016
  - ‘The Society and College of Radiographers (SCoR) has evaluated your application for a College of Radiographers Industrial Scheme Research Award and I am very pleased to confirm the full amount of £9,991.29 as requested has been approved, provided the panel receive satisfactory responses to the queries below’
- Support included 1 year of 0.5 WTE salary, time matched by University of Leeds
- Principle (and novice investigator) me plus co-investigators, Alison McGuinness, Consultant Sonographer, Mid Yorkshire Hospitals NHS Trust, Dr. Judith Johnson, School of Psychology, University of Leeds and Dr. Anne-Marie Culpan, Health Education England.

# The first phase

- The first phase of the project involved an online survey which was advertised to UK sonographers via the Society and College of Radiographers, the British Medical Ultrasound Society website and the Yorkshire Ultrasound Users group.
- The survey gathered information regarding sonographer experiences of difficult news delivery, training and wellbeing.

# Calling all Sonographers! How does delivering difficult news during obstetric ultrasound scans affect you?

Please help us obtain the views of Sonographers for a College of Radiographers Industrial Partnership Scheme Research Grant project investigating the effect that delivering difficult news has on Sonographers.

The link below or QR code will take you to the survey which should take no more than 10 minutes to complete

<https://leeds.onlinesurveys.ac.uk/what-training-in-difficult-news-delivery-do-sonographers-h>



We believe your views are vital to the success of this project. They will be used to inform educators about what training is required by sonographers to ensure they are better at delivering difficult news during obstetric ultrasound scans

For further information please contact Jane Arezina at [J.arezina@leeds.ac.uk](mailto:J.arezina@leeds.ac.uk) or Alison McGuinness at [Alison.McGuinness@midyorks.nhs.uk](mailto:Alison.McGuinness@midyorks.nhs.uk)

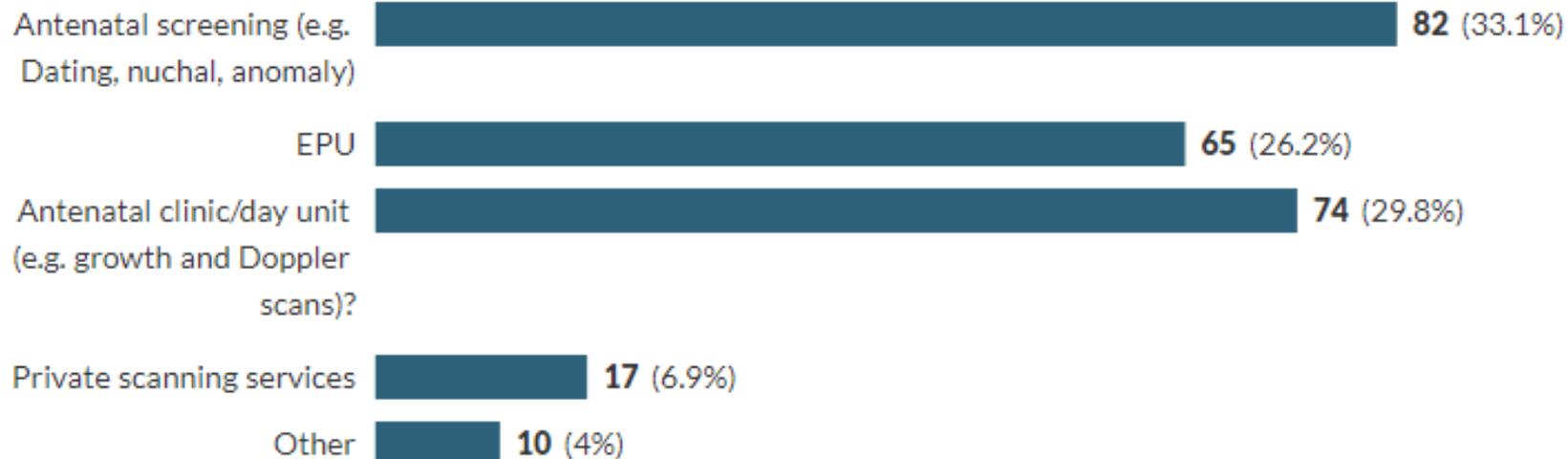
# Respondent demographics

- Bristol Online Surveys was available for 6 months
- Unfortunately, there were only 91 Respondents; 86 females and 3 males
- The majority were diagnostic radiographers (79). The other respondents included 8 from midwifery, 1 from medicine, 1 from life sciences and 1 therapy radiographer
- Age range from 25 years to 62 years with years of experience since qualification of 1 to 37 years.
- Qualifications included DMU (32), PG Cert (15), PG Dip (43) and MSc (10); 1 respondent did not state their qualification

# Work patterns

- Respondents worked between 0-52 hours in a variety of Obstetric Ultrasound settings

Which of the following services do you work in? (Tick all that apply)

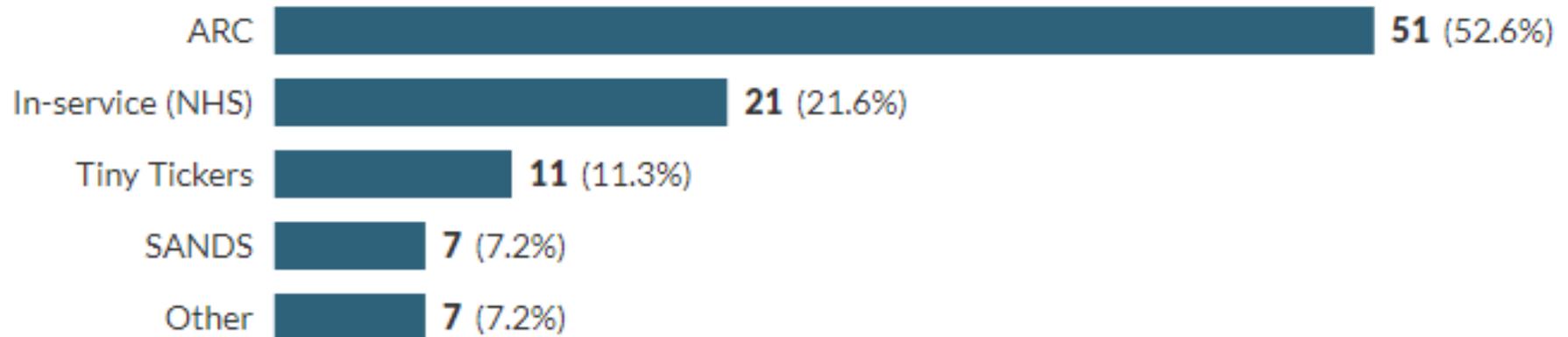


- 1 respondent worked in all these areas whilst 9 worked in gynaecology, general medical, education, in-patients and emergency, vascular, Midwifery, paediatrics or musculoskeletal

# Training on Delivering Difficult News Since Qualification

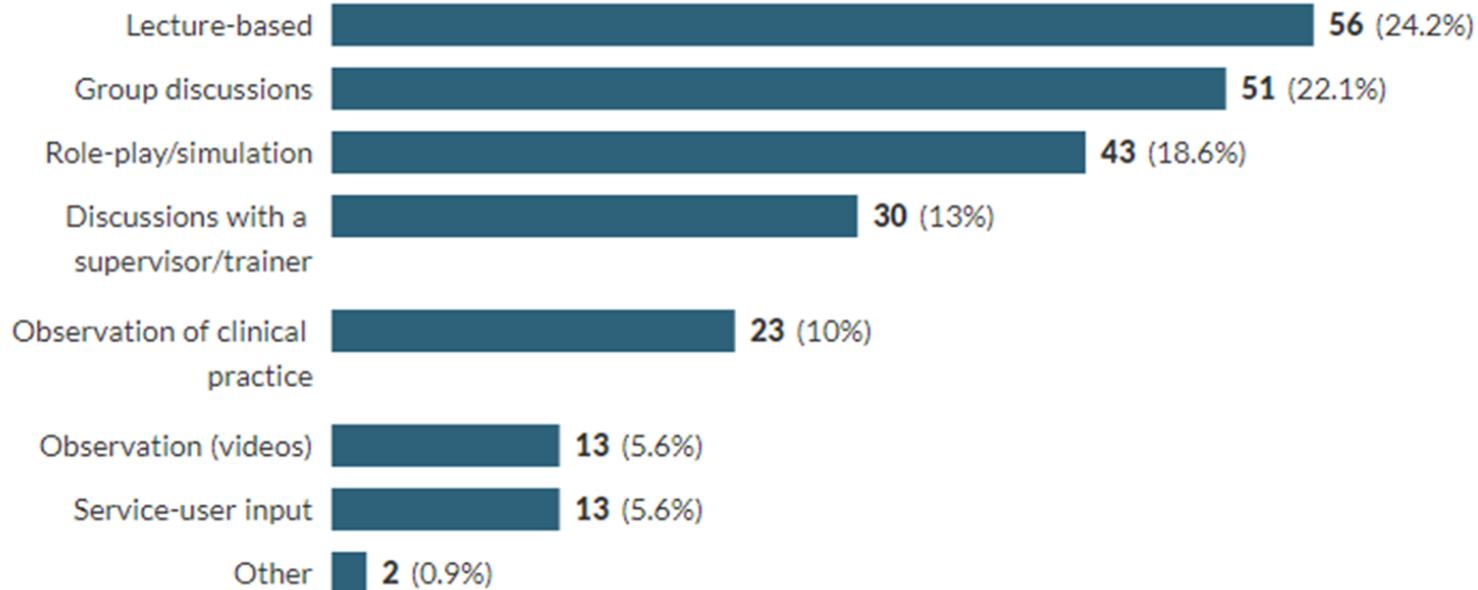
- 69 respondents had received delivery of difficult news training since qualification
- Of these, the majority (52.6%) accessed the Antenatal Results and Choice (ARC) training

If yes, where from (Tick all that apply)



# Training methods used

- A variety of methods were used in the training with the lecture-based training the most commonly utilised



## Most important/useful aspects of training in delivering difficult news

- Interestingly, only 10% of training involved observation of practice, despite the fact that 50% of respondents felt that was most useful training method
- Only 5.6% of respondents' training had service user input despite the fact that 23.1% of respondents considered it to be important/useful
- Lecture based training was only considered to be most useful by 5.7%, yet this was the method most often utilised (24.2%)

## Other training methods and importance

- Although observation of videos were considered most useful by 16.4%, these were only utilised in 5.6% of the training
- Group discussions were considered most useful by 13.5% of respondents and utilised in 22.1% of training
- Discussions with supervisors was used in 13% of training and role play/simulation and this was utilised in 18.6%. Both were considered most useful by 8.6% of respondents
- However, one respondent commented that **'...I hate role play and so do most people I talk to and I don't feel I learn well in that situation.'**

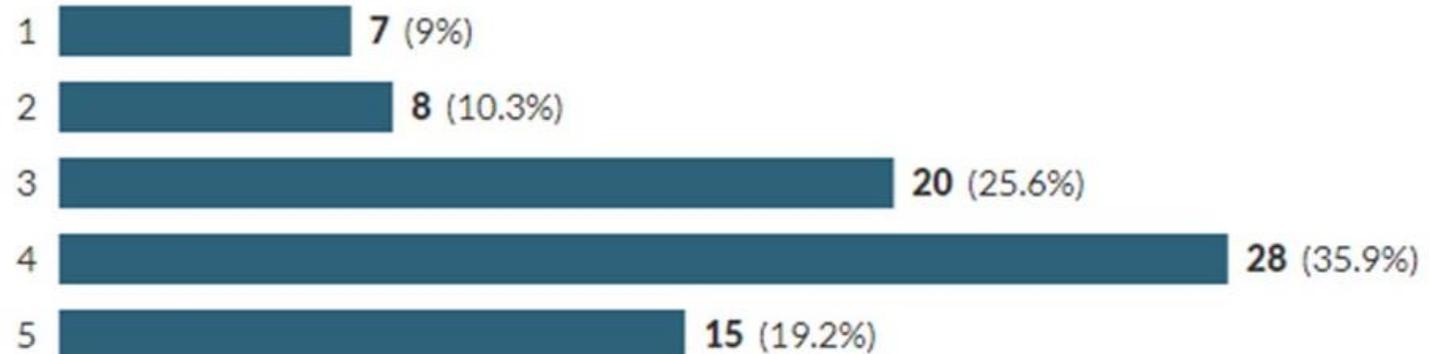
# Impact of training

- The majority of respondents (55.1%) felt that the training had improved their delivering difficult news skills

To what extent did this training improve your delivering difficult news skills?

No Effect vs Large Effect

1=no effect; 5= large effect



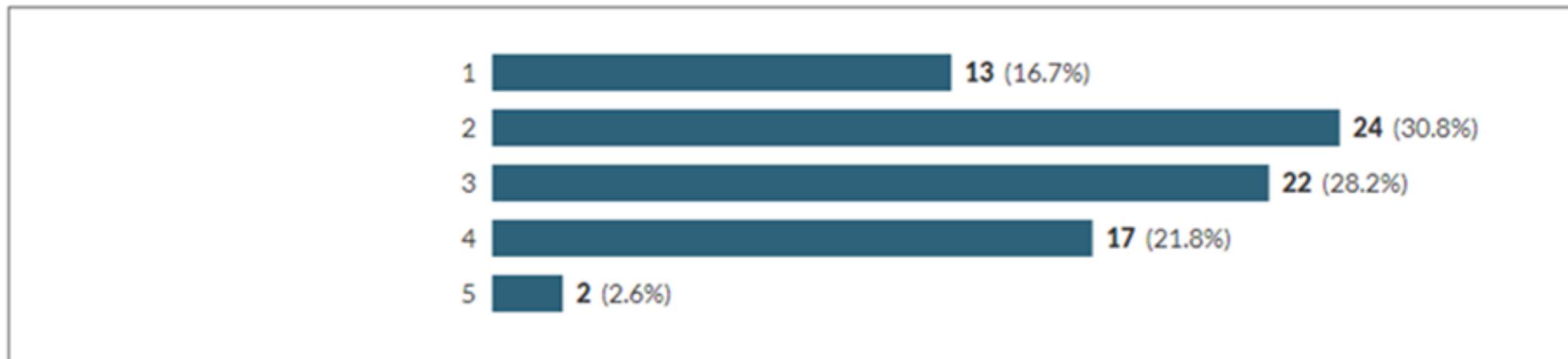
# Did the training reduce the stress/burnout caused by delivering difficult news?

- However, the majority of respondents (75.7%) felt that additional training had had **no impact** on their stress/burn out

To what extent do you think this training reduced stress and burnout in relation to delivering difficult news?

No Effect vs Large Effect

1=no effect; 5= large effect



# Emotional support

- The majority of respondents (98.9%) gained emotional support from co-workers/peers
- A large proportion of respondents (59.2%) did not feel supported by their supervisor
- A large number of respondents received support from non-work related sources, such as family (57.5%) and non-work friends (32.9%)
- Only 33.3% received support from other professionals

## Co-workers/peers



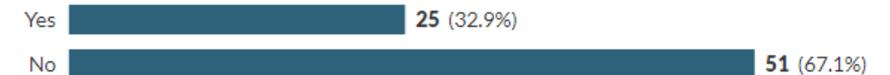
## Supervisor



## Family



## Non-work friends



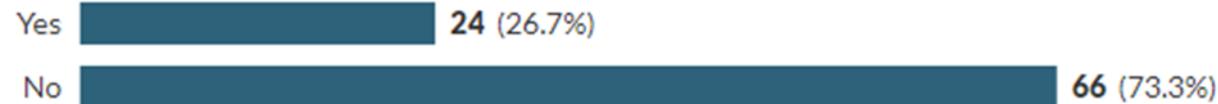
## Other professional



# Have you ever considered leaving the profession due to stress?

- 24 (26.7%) respondents had considered leaving the profession due to stress

Have you ever considered leaving the profession due to stress?



- However, the stress was only caused by delivering difficult news in only 5 (20.8%) of the respondents

If you answered 'YES' was this due to stress related to delivering difficult news?



## Reasons for the responses given

- Where respondents stated that this was not due to delivering difficult news, the main reasons for stress were workload issues and lack of support in general:-
  - ‘More due to workload than one individual stressful situation. A lack of management support has also contributed’
  - ‘Not due to delivering bad news. Due to bullying at work and patient expectations of scans now’
  - ‘Find work load and WRULDs more impact than breaking bad news’
  - ‘The professional stress was more to do with the increasing workload rather than being directly related to the breaking bad news’

## However, some respondents did give reasons related to delivering difficult news.....

- ‘Pressures on our services including severe time constraints make it difficult to give patients the time they need in the case of bad news. As a result I feel I am becoming less and less compassionate because I can not take the time I need to help a patient.’
- ‘Find little support from fetal centre - only get feedback on cases that we did not do as well as expected - never hear about all the anomalies that we do pick up and need intervention.’
- ‘It is the continual nature of the work, with no let up. After I give a patient bad news, I then have to carry on with the next patient as if nothing has happened. also it inevitably takes more time to give bad news to a patient and the list is then running late, so there is no time to recover and take a deep breath.’
- ‘Diary always fully booked so no respite to give enough quality time to parents when breaking bad news’

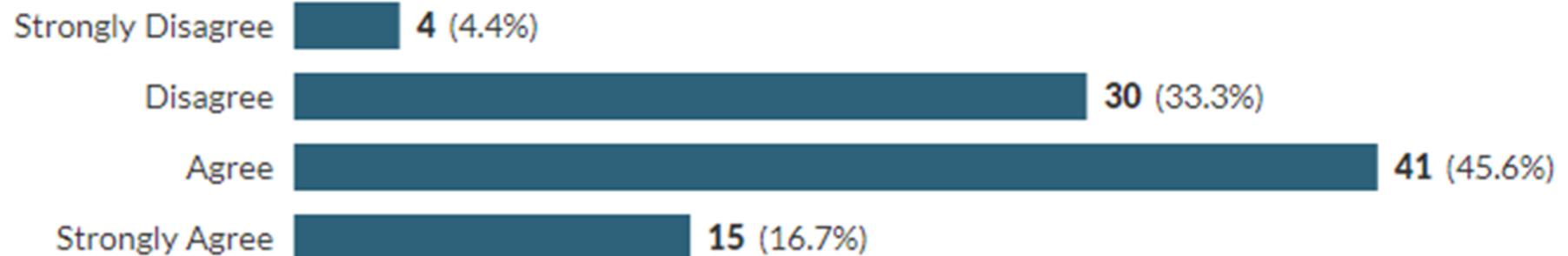
- 'I view delivering bad news as a process which I did not cause the outcome, but rather help the patient overcome their difficult situation. This helps me deal with stress related to delivering bad news.'
- 'Although breaking bad news can be difficult and lead to difficult situations, I have a good team support network at work who listen to each other and help after dealing with a difficult situation'
- 'I find working part time allows me to cope with stressful situations as I have time away and I can reflect on situations that I have been involved in.'
- 'I feel that having skills to help patients through difficulties is a privilege'
- 'I sometimes feel anxious, so much so that I can't sleep, get night sweats, loss of appetite. But, my job is so important to me that I pick myself up and carry on, I love and am very proud of the job I do even though I sometimes feel it will kill me in the end.'

# Practice and well-being

- Some of the survey questions were related to respondent well-being and asked the to what degree they agreed with certain statements
- Reassuringly, most respondents (82; 91.1%) 'always found new and interesting aspects to their work' with 43 (48.2%) feeling energised when at work and 57 (63%) feeling 'more and more engaged with work'
- 63 (70.8%) respondents considered that they tolerated work pressures well, 79 (87.8%) felt that they usually managed the amount of work well and 76 (86.1%) find work a positive challenge.
- 70 (77.8%) respondents felt tired before arriving at work and 58 (64.5%) felt worn out or weary after work
- 60 (67.4%) realised that they had starting to talk about work in a more negative way and 54 (60%) respondents often felt emotionally drained

Most respondents (62.3%) felt that this was the only work they could imagine themselves doing; however, 37.7% who did not agree.

This is the only type of work that I can imagine myself doing.



## THE SECOND PHASE

- A subset of respondents from the 1<sup>st</sup> phase will be contacted and asked to take part in a one-to-one phone interview with the researcher lasting approximately 45-60 minutes.
- 63 participants from phase 1 were willing to be contacted to take part in phase 2
- They will be asked to discuss their experiences of delivering difficult news, the training they have had and whether this has had an impact on their levels of well-being and burnout
- The data will be analysed using thematic analysis in order to gain an insight into the methods of training that support sonographers and reduce burnout and stress

# Issues and recommendations

- Gaining the time from work was a major issue due to staffing issues and the fact that the funding came to the University, not the Diagnostic Imaging Programme
- Ethical approval took much longer than had anticipated-build-in sufficient time to allow for any time delays
- Small number of respondents-next time I would go through HRA and ensure that reached a wider audience in order to try and improve number of respondents

# CONCLUSION

- The results suggest that training methods currently utilised in training of difficult news delivery do not correlate with those that the respondents found most useful and although this was felt to improve their skills in this area, it did not have any impact on their stress/burnout
- Of the 24 respondents who had considered leaving the profession, in only 5 cases was this due to delivering difficult news.
- It is hoped that the second phase of the study will give further insight and enable us to make some recommendations for improving training in difficult news delivery

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# RESOURCES

- NBCP WEB PAGE – DETAILS OF THE PROJECT AND CALL FOR EVIDENCE  
[HTTPS://WWW.SANDS.ORG.UK/PROFESSIONALS/PROJECTS-IMPROVE-BEREAVEMENT-CARE/NATIONAL-BEREAVEMENT-CARE-PATHWAY](https://www.sands.org.uk/professionals/projects-improve-bereavement-care/national-bereavement-care-pathway)
- MY MARCH BLOG (THE APRIL BLOG WILL BE PUBLISHED IN THE NEXT FEW DAYS)-  
[HTTPS://WWW.SANDS.ORG.UK/ABOUT-SANDS/MEDIA-CENTRE/BLOG/2017/03/PATHWAY-BETTER-CARE](https://www.sands.org.uk/about-sands/media-centre/blog/2017/03/pathway-better-care)
- SANDS TWITTER PAGE: [HTTPS://TWITTER.COM/SANDSUK](https://twitter.com/sandsuk)
- MANCHESTER NBCP WORKSHOP EVENT PAGE FOR 11 MAY (LONDON IS SOLD OUT):  
[HTTPS://WWW.EVENTBRITE.CO.UK/E/NATIONAL-BEREAVEMENT-CARE-PATHWAY-PROFESSIONALS-WORKSHOP-MANCHESTER-TICKETS-33211510522](https://www.eventbrite.co.uk/e/national-bereavement-care-pathway-professionals-workshop-manchester-tickets-33211510522)