A SYSTEMATIC REVIEW OF HEALTHCARE PROVIDER–
PATIENT–PARENT COMMUNICATION AND DECISION-
MAKING WITHIN PAEDIATRIC HEALTHCARE.

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BACKGROUND AND HYPOTHESES

**Background**
- Literature primarily focused on dyadic interactions
- Need for more research on paediatric triadic interactions

**Aim**
- To evaluate and synthesise empirical studies of triadic communication within children’s healthcare.

**Hypotheses**
- Identify and describe the roles taken on by healthcare provider– patient–parent during healthcare encounters
- Explore the facilitators and barriers that occur during triadic communication in healthcare encounters
- Investigate interventions in the area of triadic communication.
The search included studies:
- children (< 18 years old) accompanied by companions
- CINHAL, MEDLINE, PsycINFO
- studies published from 2009-2019

Screened for irrelevant articles and duplicates
Eligibility checklist developed

Search identified 2,781 articles:
- 1,927 further review
- 163 full text papers
- 25 studies included in the review

Inductive and deductive data extraction techniques
Established four broad themes and three sub-themes
RESULTS

Emergent Themes:

- interactions within dyads [10, 11]
- communication interventions [12-15]
- types of communication and acknowledging children [16, 17]
- triadic communication [3, 18-21], which produced the following sub-themes:
  - topics discussed and information sharing [22, 23]
  - dynamics and characteristics [24-31]
  - Barriers and facilitators to triadic communication [32, 33]
RESULTS

- GSD-Y had no effect on HbA1c but reduced amotivation (MI)
- Use of life skills approach by GSD-Y, transformed clinic visits
  - more person-specific, meaningful, improving triadic communication.
- Shortage of paediatric communication interventions

- Training HCPs is feasible
  - Some intervention work better than others
- Good communication skills:
  - encouraging joint decision-making & fostering confidence to manage T1DM -> positive clinic experience
- Negative communication skills -> little benefit in attending the clinic
• Young people not acknowledged as active participants, marginalised, bystanders

• adolescents’ cognitive sophistication

• current structure of clinic visits -> hindering adolescent involvement

• Focus on diabetes task completion and glycaemic control;

• conflict, depersonalization, disengagement

• De-emphasize blood glucose and HbA1c

• Focus on the adolescents

• participation framework -> passive behaviour exhibited by children

• parents’ concerns and questions -> HCP undivided attention not given to the child

• shifts in HCP’s attention irreversible

• Confidentiality assured vs confidentiality breached

• Nonadherence -> embarrassment and negative emotions

• Confidential topics -> decrease in active participation
LIMITATIONS AND CONCLUSIONS

Limitations
• Articles written in English only
• Grey literature excluded from the review
• Some studies published earlier than 2009 were included

Conclusions
• Children remain marginalised
  - parent and HCP take centre stage
• A balance must be found

Future research
• Enhance current understanding of triadic interactions
• Visit structure to encourage and empower active participation
REFERENCES


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