

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.

METHODS AND RESULTS³

The search included studies:

- children (< 18 years old) accompanied by companions
- CINHALL, MEDLINE, PsycINFO
- studies published from 2009-2019

Search identified 2,781 articles:

- 1,927 further review
- 163 full text papers
- 25 studies included in the review

Screened for irrelevant articles and duplicates

Eligibility checklist developed

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

RESULTS⁶

- 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

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