

# The Perception of Communication: The Way Clinicians and Parents of Chronically Ill Children Communicate

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## Introduction

In the United States, the CDC reports that over 40% of children are currently living with chronic illnesses, including asthma, obesity, and epilepsy (Centers for Disease Control and Prevention 2021). Due to the sensitivity of the topic and the emotional strain, their illnesses are among the most traumatic for medical personnel to grapple with. Many physicians report feeling uncomfortable with the communication of a diagnosis with pediatric patients and their parents, claiming feelings of anxiety. Parent-physician or patient-physician communication is dire to understanding the diagnosis and to the relationship and trust-building process (Nikendei et al 2011, 94-98). Many parents report negative experiences with doctor communication, which suggests the need for more communication training. Communication can be classified into four different styles: Aggressive, assertive, persuasive and passive.

## Methods

Participants consisted of three mothers and two female nurses with an age range of 23-53. The participants were gathered through word of mouth and the use of social media sites. The participants were involved in a semi-structured interview about surface-level communication and experiences with their child or clients and then a follow-up questionnaire for in-depth communication questions. The questionnaire included twelve items on a 5-point scale with anchors of strongly agree and strongly disagree. All interviews were conducted over Zoom.



## Results

### Parents act as Main Information Source

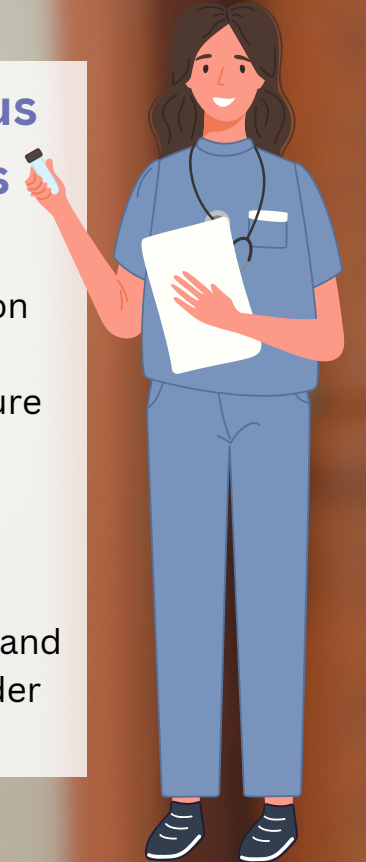
- parent translates in developmentally appropriate way
- Lack of decorum from provider
- Lifetime of questions through same source
- Trusting relationship involves compassionate communication
- Reassurance in medical field settings
- Sugarcoat situation for child's benefit
- utilizing internet as a source for knowledge

### Need for Clinician Training

- Lack of belief in patient condition
- Use of medical jargon to patients and families leads to lack of understanding
- Planning without consulting patient or family
- Ignoring concerns / lack of listening
- Revealing uncertainty in a situation to a scared family
- Hostility or annoyance with persistence --> leads to a lack of trust
- Lack of compassion with children

### Personal Evaluation Versus Questionnaire Responses

- value communication highly
- High self-evaluation of communication confidence (M=7.88, SD=0.85)
- All answered more aligned with secure communication
- Some answers skewed towards persuasive, aggressive or passive
- Task orientation or a mixture
- Different communication strengths and weaknesses, based on age, and gender



## Discussion

Parents and clinicians communicate in different ways to varying effects. The findings showed that, although clinicians have more medical knowledge, parents were the preferred source of knowledge for the children. This was due to the support provided by the parents, the age-appropriate discussion about the illness, and the emotional questions asked by the children. Additionally, it was found that many parents and other medical personnel perceive clinicians as needing more communication training because of bad bedside manners, emotional reactions, and the concern of not being heard. From the parent's perspective, the inability of the physician to communicate results in an age-appropriate manner is concerning and is indicative of the need for more training. Finally, I found that there were differences and similarities between how the participants rated their communication confidence and their actual communication, which was rated by a questionnaire. Further research should explore parent communication styles due to the role that a parent has in the child's and physician's lives when treating a chronic illness. Additionally, gathering data from physicians, and more parents would help to increase the external validity of this study.