

# The constraints during treatment in pediatric oncology: tough dialogue - a simple decision

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7<sup>th</sup> Kaunas / Lithuania International

**Hematology / Oncology Colloquium**

26 May 2022

## Objective

Communication in pediatric oncology serves several functions for family members: establishing relationship with the medical team, information exchange, confirmation of information, making decisions, creating an algorithm of actions and its implementation. The implementation of these functions maintains emotional balance, hope for success, trust in physicians, emotional support and a sense of recognition and need, consolation in emotional trauma. Receiving accurate information and its possessing is an essential aspect for cancer patients and family members to build successful and strong communication links between physician and patient, and, in the case of pediatric cancer, the child's official guardians and family members. When parents or official guardians of a pediatric cancer patient are faced with poor quality information or misunderstanding of the content received - in most cases, family members will have difficulties with decision making, doubt the veracity of the decision already made, and express a lower level of trust in physicians. Therefore, it will lead to the failure to follow the recommendations and prescriptions in full. Purpose of the research. Identification and analysis of communication barriers in communication between physician - parents (guardians) or medical staff - parents (guardians) of a pediatric cancer patients.

## Methods

A retrospective cohort multicenter study was conducted among parents of pediatric cancer patients who cared for a child while receiving scheduled chemotherapy. Information was collected through questionnaires indirectly, the information was provided by respondents anonymously, remotely, using Google forms.

106 couples of family members of pediatric cancer patients who received treatment in medical institutions of Ukraine specializing in the treatment of pediatric cancer took part in the questionnaire survey.

Categories of questions used in the questionnaire survey:

- barriers that arose during communication with physicians and medical staff during the period of undergoing the therapeutic protocol;
- a source for providing information to parents (guardians) of pediatric cancer patients;
- time for communication with the attending physician and its adequacy in relation to the required scope of information received.

## Results

The research showed that 66% of respondents (n = 70) noted difficulties in communicating with physicians. The comments to the question what exactly made the barriers for respondents shown the following points: respondents' misunderstanding of medical terminology, inadequate perception of information by parents due to significant emotional trauma, superficial behavior and irritability of doctors in the case of a request for re-provision of oral information. Some parents noted that they were embarrassed to initiate a conversation on their own to specify issues that concerned them, due to uncertainty and fear of negative criticism from physicians and medical staff (Fig. 1). Regarding communication barriers in contact with nurses and staff, 85% (n = 90) of respondents reported difficulties in contact with middle grade medical staff and junior staff, which were related to ignorance of parents and the difficulty of perceiving and reproducing new medical information about features of child care during chemotherapy, rude and superficial behavior of some health professionals, non-compliance of nurses and medical staff with deontological aspects of the work - discussion of personal data obtained from medical records or during communication (Fig. 2).

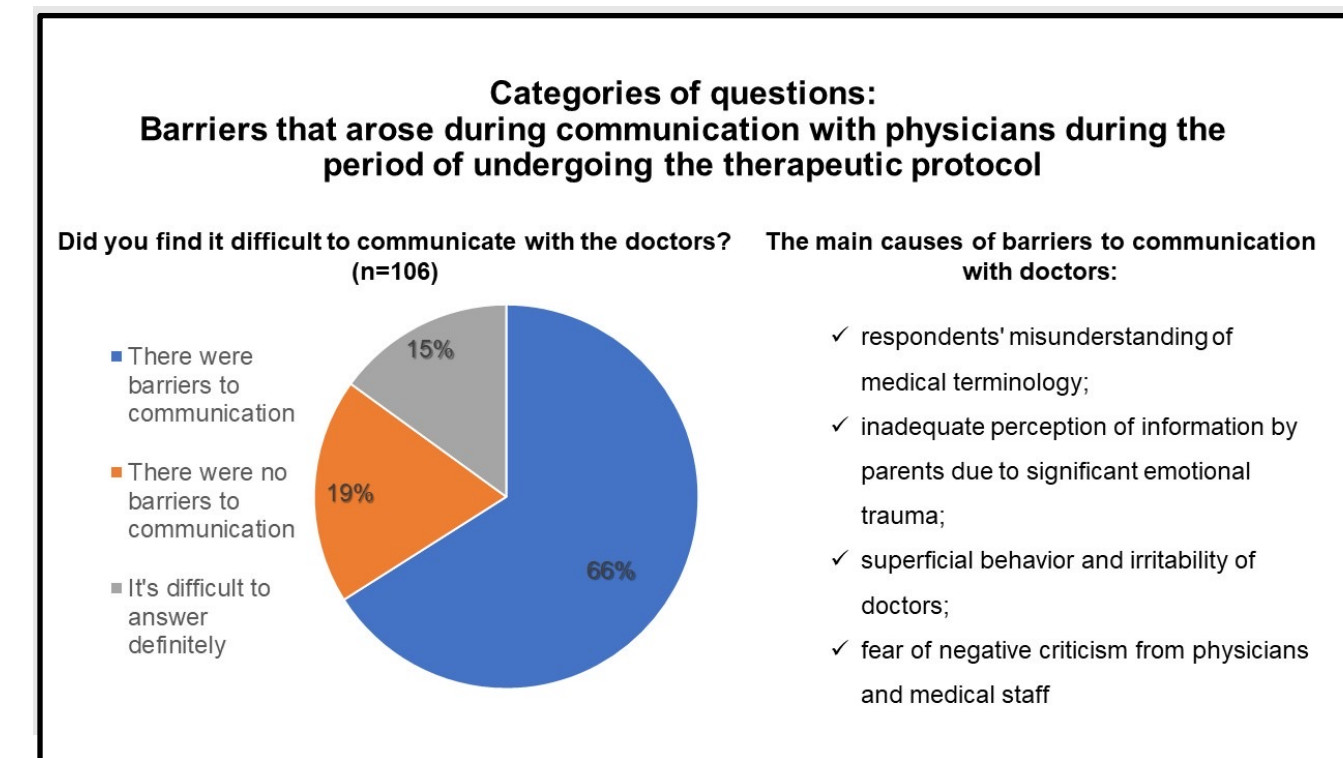


Figure 1. Categories of questions: Barriers that arose during communication with physicians and medical staff during the period of undergoing the therapeutic protocol.

Checkpoint - physicians.

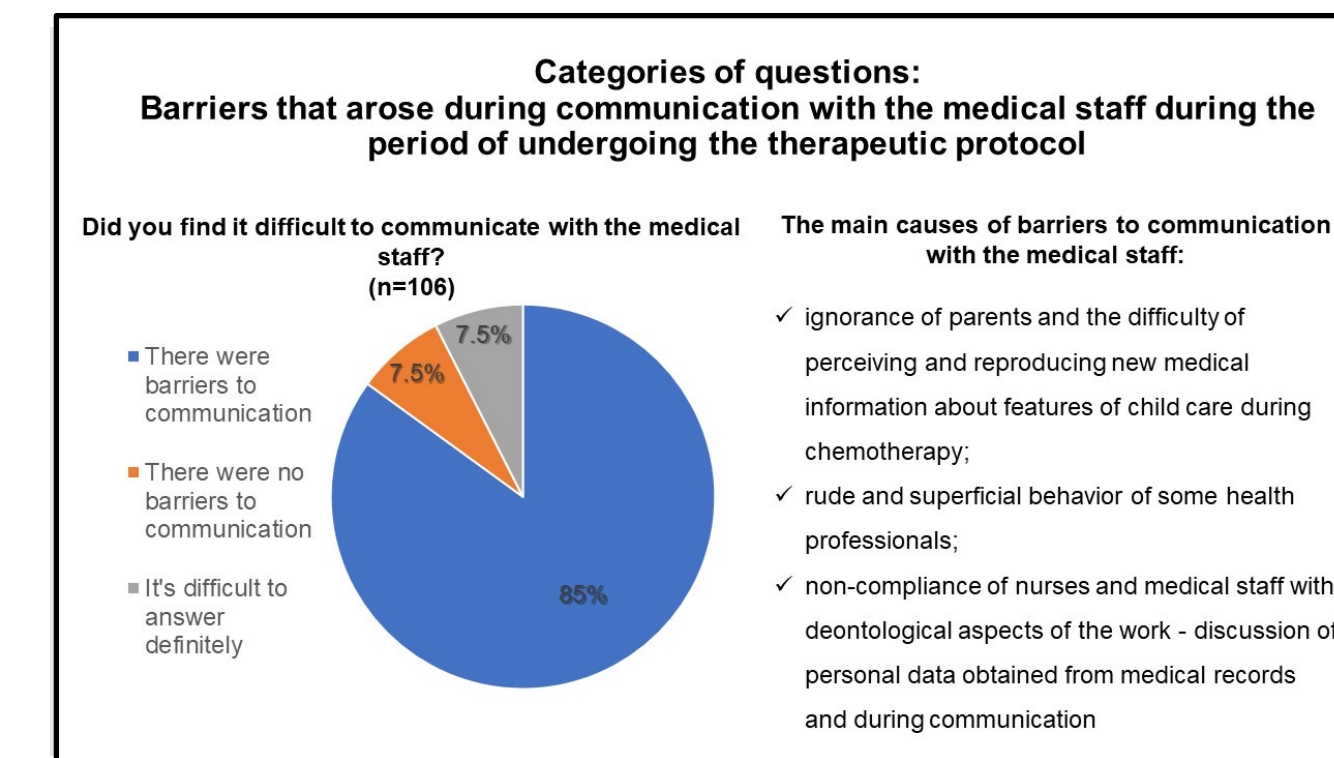


Figure 2. Categories of questions: Barriers that arose during communication with physicians and medical staff during the period of undergoing the therapeutic protocol.

Checkpoint - medical staff.

The respondents indicated the most convenient source of information about the disease of a pediatric patient (features of the pathology, treatment options and features of care during and after the main therapy of the disease) as follows: attending the physician - 79.5%, Internet resources - 11.4%, and middle grade medical staff - 5.7%. None of the respondents in this question noted the option: "other doctors (departments in which the patient is treated and doctors of other institutions specializing in the treatment of pediatric cancer)", which indicates a high level of trust in the physician that treats a child in each case and the desire to receive information only from a specialist who is directly involved in maintaining the therapeutic protocol and correction of the child's condition (Fig. 3).

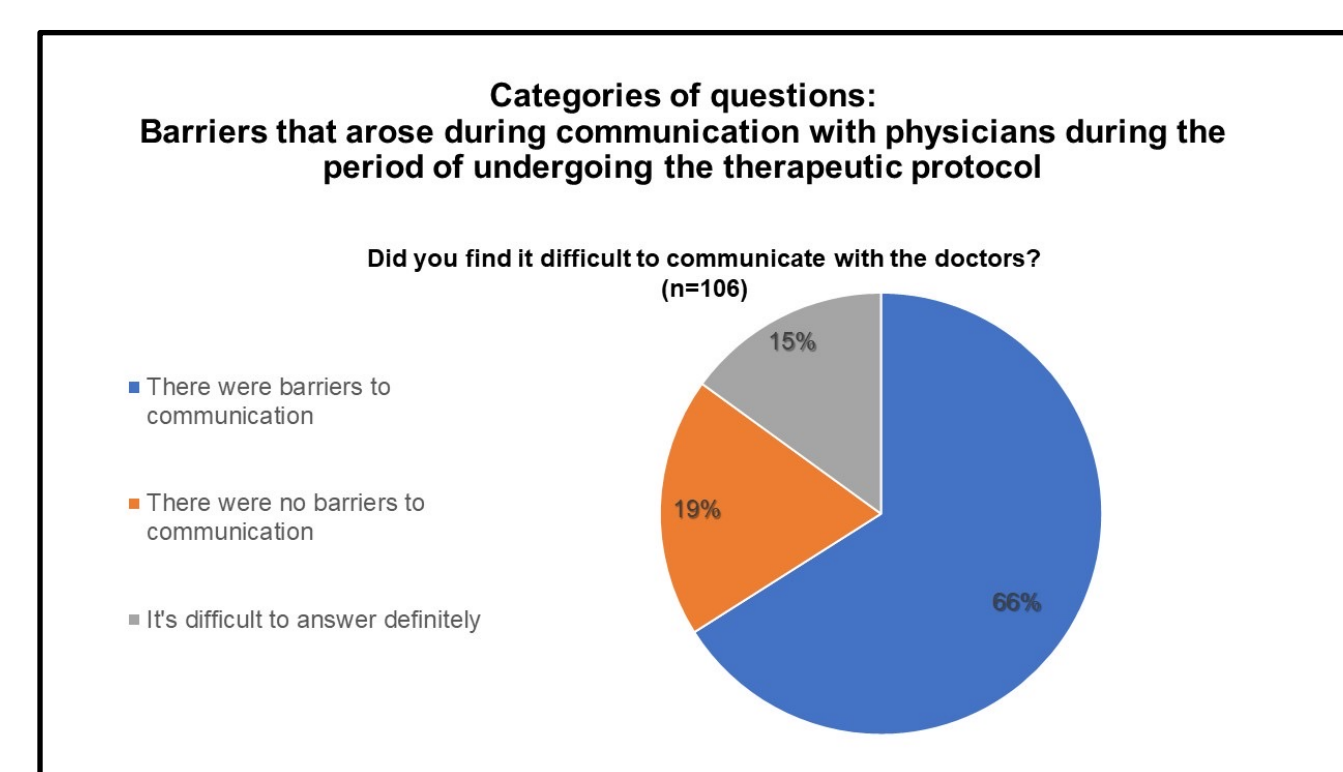


Figure 3. Categories of questions: A source for providing information to parents (guardians) of pediatric cancer patients

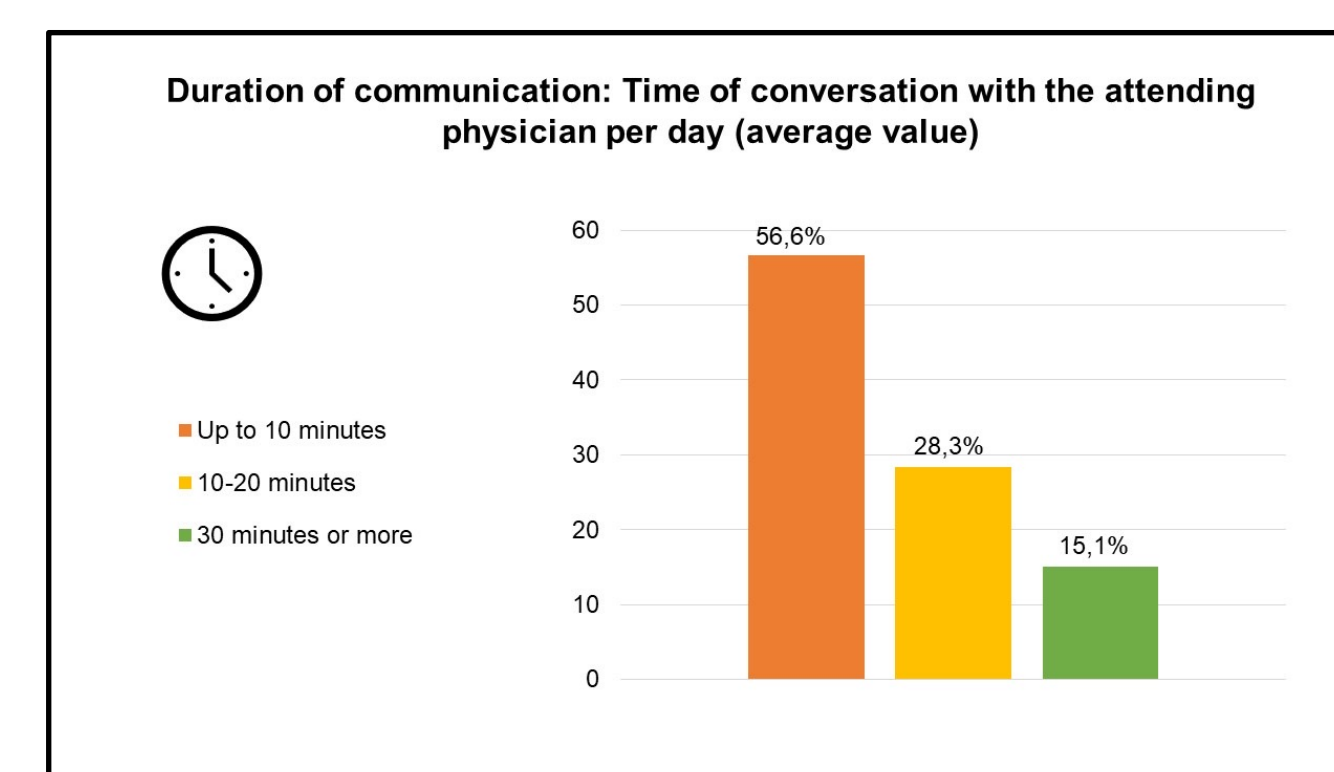


Figure 4. Categories of questions: Time for communication with the attending physician and its adequacy in relation to the required scope of information received. Checkpoint - Duration of communication.

Analysis of the answers in the section of questions classified as "Time of communication with the attending physician and his adequacy in relation to the required scope of the information to be received" revealed the following: the vast majority of physicians communicate with parents (guardians) of patients up to 10 minutes a day (Fig. 4), at the same time 41.5 % of doctors use only working hours for this, 17% - only morning examinations of patients (Fig. 5). 60.4% of cases have shown that there was enough time for communication with the physician to address the main issues, the vast majority of respondents (56.6%) noted that physician who were directly involved in the treatment of pediatric cancer patients were available throughout the day, using additional communication tools (telephone, e-mail, messengers of social platforms, etc.). On the other hand, 39.6% (42 respondents) indicated a lack of time for doctors to communicate, which is why 9.4% of respondents still have unresolved questions about certain aspects of their child's cancer (Fig. 6).

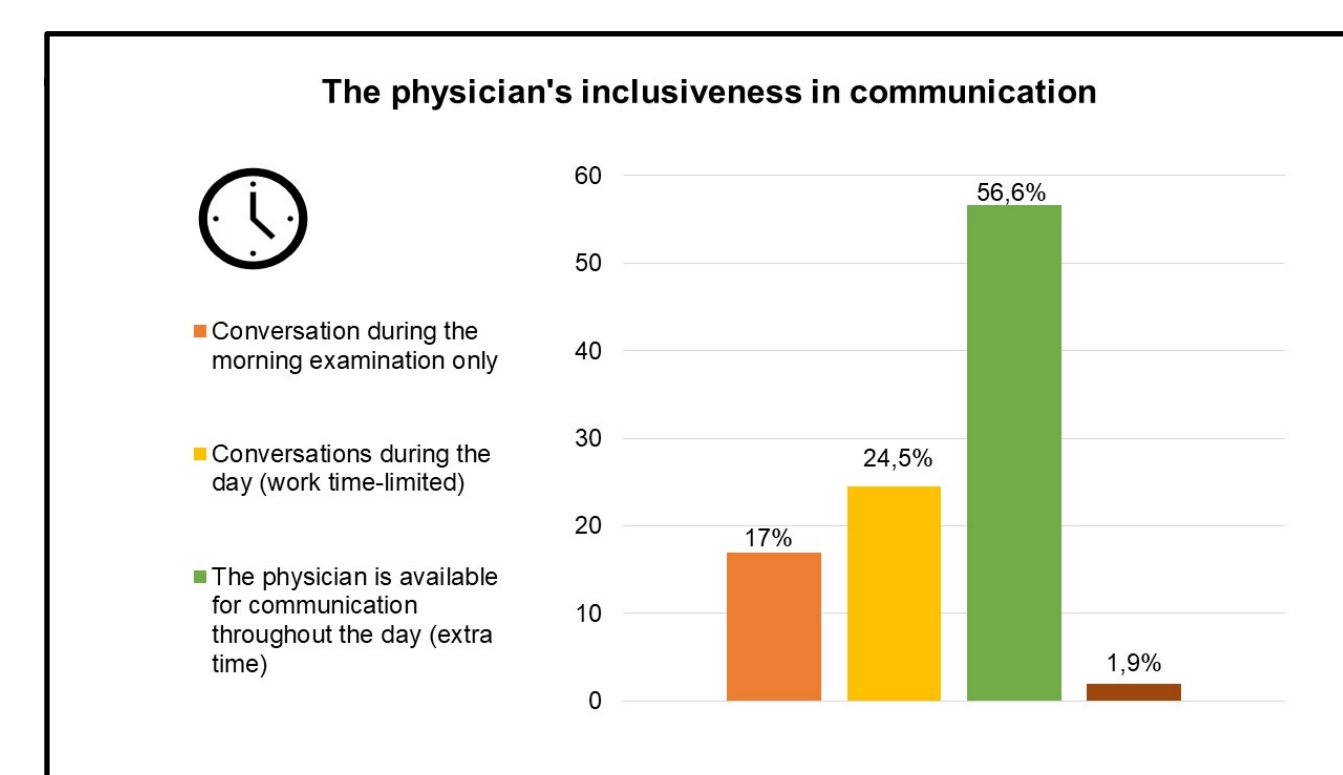


Figure 5. Categories of questions: Time for communication with the attending physician and its adequacy in relation to the required scope of information received. Checkpoint - The physician's inclusiveness in communication.

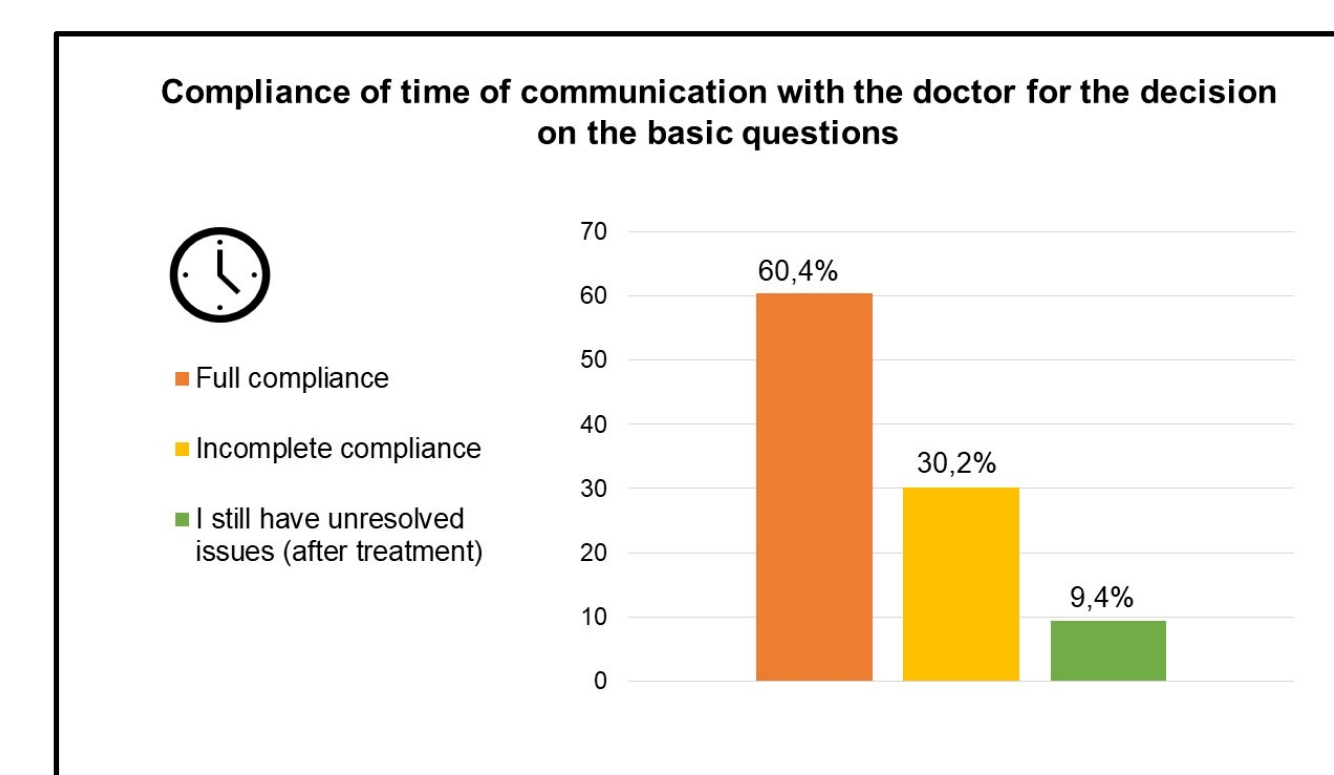


Figure 6. Categories of questions: Time for communication with the attending physician and its adequacy in relation to the required scope of information received. Checkpoint - Compliance of time

## Conclusions

The conducted research that involved an anonymous survey made it possible to explore the existing communication problems from a different angle: a more open and broad assessment of the quality of communication between the physician/ health care provider and the parents (guardians) of the pediatric cancer patient. Lack of adequate communication between patients' parents and physicians and medical staff due to insufficient preparation of parents for emotionally traumatic situations, lack of adequate psychological support for pediatric oncology caregivers, lack of time for physician and medical staff to communicate and provide basic information regarding the disease, the basics of care, prognosis and possible variations of therapeutic protocols make a set of problems that can be solved using the following steps:

- adequate information awareness of parents and family members of the cancer patient,
- developments communication skills of physicians and staff of medical institutions specializing in the diagnosis and treatment of childhood cancer,
- involvement of qualified psychologists in the complex work on the diagnosis.

In the course of the research, the team of authors proposed a tool to solve the problem of lack of information awareness of pediatric cancer patients and eliminate related communication errors - creating a video channel with visual thematic and clearly structured content.

The creation of such a resource would help to solve a number of issues:

- Establish a communication channel between parents of patients with pediatric cancer and physicians and medical staff.
- Provide answers to the most common and basic questions about the disease to the parents.
- Save physicians' time for conducting information work with parents on the disease that their child has, peculiarities of the course of this pathology, diagnostic methods, as well as technical features of manipulations, treatment methods and teaching basic skills in caring for a child with oncological diagnosis during and after the treatment.

## Key words

pediatric cancer, pediatric oncopatient, communication in oncology, communication barriers.