Seminars in Pediatric Surgery 22 (2013) 139–143

Contents lists available at SciVerse ScienceDirect

Seminars in Pediatric Surgery

journal homepage: www.elsevier.com/locate/sempedsurg

Enhancing working relationships between parents and surgeons

David R. DeMaso, MD[a,b,c,d,*], Ioana Simona Bujoreanu, PhD[a,c]

[a] Department of Psychiatry, Boston Children's Hospital, Boston, Massachusetts
[b] Department of Cardiology, Boston Children's Hospital, Boston, Massachusetts
[c] Department of Psychiatry, Harvard Medical School, Boston, Massachusetts
[d] Department of Pediatrics, Harvard Medical School, Boston, Massachusetts

ARTICLE INFO

Keywords:
Parents
Physicians
Surgeons
Family
Treatment alliance
Working relationship

ABSTRACT

The working relationship between parents and surgeons is fundamental in providing excellent health care to children and adolescents. The breakdown of this working relationship has a significant potential for detrimental effects on individual well-being and adverse systemic outcomes. Collaborative, deferential, and problematic partnership types of family participation in medical decision-making are important models to understand in enhancing and maintaining successful working relationships. A pragmatic approach involving prevention, recognition, and resolution steps is outlined that can help surgeons to avoid as well as to respond effectively to difficult and stressful interactions with parents.

The working or treatment relationship between parents[e] and pediatric surgeons is fundamental in providing excellent health care to children and adolescents. As such it is important that surgeons demonstrate a commitment to family-centered care, including demonstrating respect and compassion to all patients and families and working collaboratively and cooperatively with patients and their families to provide optimal patient care.[1] It is important for surgeons and their treatment team to demonstrate a commitment to communication, as evidenced by being able to listen, understand, elicit, and provide information effectively to families with the aim of high-quality patient care.

The purpose of this article is to help promote a patient care environment that is conducive to providing comprehensive surgical care of the highest quality by focusing on the surgeon's relationship with parents and by providing surgeons with responses that can enhance their working or treatment relationship with parents.

Understanding the context of the surgical experience

Surgery for children and adolescents is a stressful event for anyone by any standard. By the virtue of the invasiveness of the procedure, uncertainty about outcome, and the presence of anesthesia along with the passive role the child and family play during the actual operation, surgery can be conceptualized as a threat to the emotional well-being of children and parents.[2–5] Both patients and parents may have fears about survival, poor outcome, and alteration of life style, which may be manifested as anxiety, guilt, depression and withdrawal, or anger.[6,7] All these emotional demands will ultimately play out in the working relationship with the surgeon and the treatment team.

There are personal and contextual factors that influence both the short- and long-term adjustment of families facing surgery.[2,3,8] Subjective aspects involve individual temperament; coping styles; developmental factors; family, cultural, and religious beliefs; social supports and resources; and preexisting mental illness as well as previous experiences with the health care system, medical procedures, individual providers, and institutions.[7,9] Objective aspects influencing how children and their parents experience the health care system are related to the medical complexity of the presenting condition, the onset of the medical event leading to surgery (acute versus gradual affecting the degree of preparedness of the patient and parents), the course of medical event (progressive, episodic, or chronic), the degree of incapacitation due to the medical event (mild, severe, or multi-system), and the complexity of the proposed surgery.

Based on these factors, the working relationship between the parents and the surgical treatment team emerges as a mediating factor for the surgical experience and other health outcomes, such as adherence and health-related quality of life.[8]

Understanding the tasks of the surgical experience

As parents and surgeons enter into a working relationship and prepare for the surgery, they each have to work on several

* Corresponding author at: Department of Psychiatry (Hunnewell 121), Boston Children's Hospital, 300 Longwood Ave, Boston, Massachusetts 02115.
E-mail address: david.demaso@childrens.harvard.edu (D.R. DeMaso).

[e] Hereafter, "parents" refers to the child's primary caretakers, regardless of whether they are the biological or adoptive parents or legal guardians.

1055-8586/$ - see front matter © 2013 Elsevier Inc. All rights reserved.
http://dx.doi.org/10.1053/j.sempedsurg.2013.05.001

inter-related tasks. Simply put, the surgeons' role is to use their training, knowledge, and experience to provide the patient and family with the benefits, risks, and alternatives of the proposed surgical intervention. The parents' role is to provide the values (their own conception of the "good") with which to evaluate these alternatives and to select the one that is best for their child.[10]

Gaining education regarding their child's illness is a critical coping task for parents when their children need surgery. This can prove to be quite a challenging task in the light of the potentially unfamiliar world of health care and its associated biomedical jargon.[8] Surgeons play an important role in the development of parents' cognitive understanding through correcting erroneous beliefs, augmenting medical knowledge, and educating parents regarding the medical consequences associated with each therapeutic choice available.[5] This preparation is a needed step that can help modulate the management of the associated emotional connotations of the medical experience.

The parallel coping task for parents and the surgeon is that of educating the child about the illness and the upcoming procedure by using developmentally appropriate language and materials, especially as studies show that the child's preoperative anxiety affects postoperative recovery, such as pain reports, analgesic consumption, emergence of delirium, and sleep difficulties.[11] As up to 53% of a child's negative response to a medical procedure can be accounted by the parent's distress and since children rely on their parents to "make meaning" of their surgical experiences, the more prepared the parents are, the better the child's adjustment. Finally, educating the extended family can be helpful in mobilizing support, as surgery can require at least temporary reallocation of family resources and renegotiation of roles, structure, and rules.

The majority of parents rely significantly on the surgeon to provide them with the information needed to make decisions, and hence, one last task that families have to complete is to establish a trusting relationship with their medical providers.[8,12] Therefore, parents are vulnerable to the surgeons' ability to engage them and maintain the communication at a comfortable and accessible level.[12] The management of knowledge and the coordination of care that parents must undertake entail many steps, involve many resources (cognitive, emotional, time, financial, etc.), and can tax parents' coping, leading to frustrations, miscommunications, and withdrawal from the working relationship.

All involved parties, the child, the parents, and the surgeons, must contribute to the working relationship so as to arrive at a common understanding of the problem and its potential solutions. This is especially true when multiple specialty providers are also involved.[8] In multispecialty treatment team situations, the surgeon might assume that others have already spoken with the parents and have explained what is happening, but this assumption can lead to a flawed informed consent process and complications down the road.[5] It is ideal when parents and surgeons share the control in the decision-making process in a partnership built on the expertise about the child (parents) and expertise about the illness and treatment (surgeons).

The importance of communication in the family-centered care approach

Family-centered care has been found to lead to better health outcomes and allocation of resources, while it also increases professional, patient, and family satisfaction via incorporating the emotional, social, and developmental supports as components of health care. In this context, surgeons' ability to recognize and integrate patient and families' strengths and values, and maintain a flexible approach around institutional guidelines, procedures, and delivery of care will likely facilitate the best choice for the child and family about approaches to care.[1]

Communication among the patient, parents, the surgeon, and other medical specialists needs to be consistent, timely, and clear. Mixed and differing messages from the treatment team can significantly increase the stress experienced by a family and can raise doubt and confusion regarding their child's care. Clarity and honest communication, in addition to respect, provide structure and strength to the relationship and allow a natural delineation of limits and boundaries with regards to parent expectations and roles in the child's care and recovery. For many decades it has been shown that physician communication that is supportive, emotionally attuned to parents' needs, and combines factual information with narrative experiences promotes resilience in families in contrast to communication that uses medical jargon and a paternalistic interaction style which increases parent dissatisfaction in the clinical interaction.[13]

Types of working relationships

It is helpful to understand various types of working relationships between surgeons and families in the context of a child's hospitalization, surgery, and recovery. Because of the necessary reliance on help from surgeons, parents are particularly obliged to surrender significant control and need to forsake their traditional roles of caring for the child.[6] Yet, given the highly specialized care provided, surgeons are vulnerable to having less sense of the active physician–parent partnership in the healing process and can lose the opportunity at the time of meeting the family to form and maintain an effective working relationship with the patient/parents.

In their attempt to understand the coping and participatory style of parents whose child was hospitalized, Affleck and colleagues found that in the Neonatal Intensive Care Unit (NICU) about 25% of families sought participatory control in the medical care of their child and wanted to have an active role in the decision-making process.[12] An additional 50% of families appeared uninterested in collaborating with the physicians in the child's medical treatment, but rather assumed a passive role and adopt control vicariously. This group showed a tendency to willingly abandon all control to the physician and expressed high confidence in the competence of the health care provider to make the best medical decision. The most challenging type of family for physicians to work with was encountered in about 20% of cases and was characterized by parents' reluctance to cede control to the physician for the medical treatment decisions, while at the same time being unable to achieve a satisfactory level of participatory control.

Outside of the NICU world, the above models of family participation in medical decision-making remain true. The three types of family involvements maintain their validity and relevance to the working relationship: the "collaborative partnership," the "deferential partnership," and the "problematic partnership."

The "collaborative partnership," which constitutes the majority of working relationships outside of the NICU, is characterized by honesty, respect, and compassion with a sense of "working together." This relationship presents the providers with no or transitory problems in their treatment relationship with parents. The "deferential partnership" can present potential challenges in the era of informed consent, whereby surgeons are trained to elicit parents' unique opinions and desires and might expect to engage in a two-way discussion about the child and the surgical treatment. As discussed earlier, cultural, religious, or personal factors can underlie or contribute to the parents' passive presence and complete deferral to the surgeon's authority. While for some