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Integration of Parent and Nurse Perspectives of Communication to Plan Care for Technology Dependent Children: The Theory of Shared Communication[☆]

Barbara K. Giambra^{a,*}, Marion E. Broome^{b,1}, Teresa Sabourin^c, Janice Buelow^b, Deborah Stiffler^b

^a Cincinnati Children's Hospital Medical Center, 3333 Burnet Ave, Cincinnati, OH 45229-3039, United States

^b Indiana University, School of Nursing, 1111 Middle Drive, Indianapolis, IN 46202, United States

^c University of Cincinnati, 2600 Clifton Ave, Cincinnati, OH 45221, United States

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ABSTRACT

Purpose: The purpose of this qualitative research study was to expand our understanding of the process of communication between parents of hospitalized technology dependent children and their nurses originally detailed in the Theory of Shared Communication (TSC).

Design and Methods: This grounded theory study was conducted with five parents of technology dependent children hospitalized in a large Midwestern children's hospital and nine nurses who care for technology dependent children admitted to the same hospital during July and August 2013. Semi-structured interviews and journals (parents only), field notes and a demographic survey were used to collect data which was analyzed using constant comparative analysis.

Results: Parents verified the concepts of the TSC and relationships among them. Nurses' perceptions of communication with parents reflected the same parent identified and verified concepts upon which the TSC was originally grounded including respect for own and other's expertise, asking, listening, explaining, advocating, verifying understanding and negotiating roles to achieve mutual understanding of the child's plan of care. The nurses' perceptions differed stylistically but not categorically from those of the parents.

Conclusions: The addition of the nurse's perspectives to the verified TSC expands our understanding of this process of communication.

Practice Implications: With the integration of nurse and parent perspectives, the TSC can be used to enhance communication and care for hospitalized technology dependent children and their families.

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Hospitalized children who are technology dependent, are usually accompanied by their parents who know their child and child's usual care best. Technology dependent children are those who rely on a medical device and require substantial ongoing care (Office of Technology Assessment, 1987). Nurses and parents must communicate effectively to form a partnership to provide the most optimal care for these children (Avis & Reardon, 2008; Institute for Patient- and Family-Centered Care, 2010). In a previous study, the Theory of Shared Communication (TSC) was developed based on the perceptions of parents of technology dependent children regarding their communication with nurses while their child was hospitalized (Giambra, Sabourin,

Broome & Buelow, 2014). That study provided many insights into the communication between parents and nurses but remained grounded in the parents' perspectives. The authors believed that in order to fully understand parent-nurse communication in the context of caring for hospitalized technology dependent children, it was important to verify the TSC with another sample of parents and potentially expand the theory based on nurses' perceptions of communication with parents. The research questions guiding this study were: 1) Can the propositions of the TSC, its categories, and presumed relationships among them be verified among a new sample of parents of currently hospitalized technology dependent children? 2) What are the perspectives of the nurses caring for hospitalized technology dependent children regarding nurse-parent communication?

Shared Communication

The Theory of Shared Communication (TSC), the product of a grounded theory study (see Fig. 1), was developed from parent perspectives. The TSC describes the process of communication between parents of hospitalized technology dependent children and their nurses to co-

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* Corresponding author.

E-mail address: Barbara.giambra@cchmc.org (B.K. Giambra).

¹ Duke University Health System, Duke University School of Nursing, 4142 Pearson Building, Durham, NC 27710, United States (present address).

Model of Parent-Nurse Shared Communication Around Child's Plan of Care

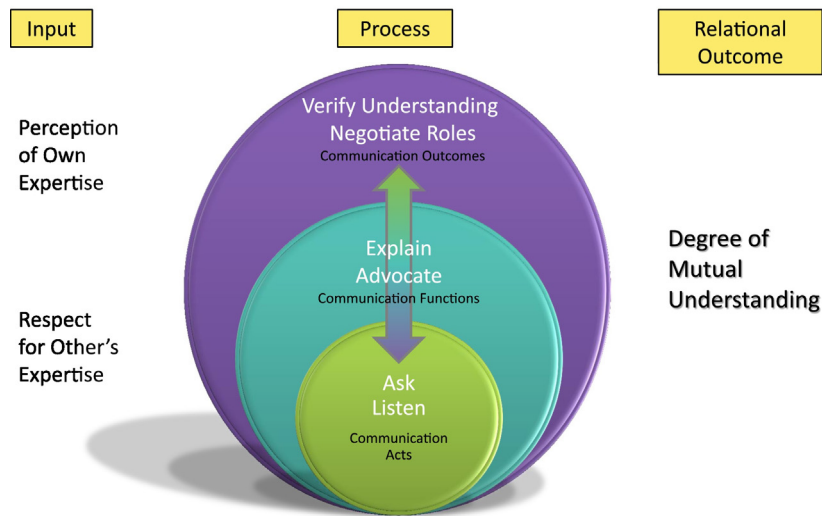


Fig. 1. Model of parent-nurse shared communication around child's plan of care.

create and come to mutual understanding of the child's plan of care (Baxter, 2011; Giambra, Sabourin, et al., 2014; Jacoby & Ochs, 1995). The concepts included in the TSC include the antecedent input of respect, the communication acts, functions and outcomes that make up the communication process and the relational outcome of mutual understanding of the child's plan of care.

The communication process proposed in the TSC is predicated on the input of each person in the dialogue having respect for their own expertise and for the expertise of the other and includes 6 categories of communication behaviors; asking, listening, explaining, advocating, verbalizing understanding and negotiating roles in the parent-nurse communication process leading to mutual understanding. The TSC proposes the communication acts of asking and listening, communication functions of explaining and advocating, and communication outcomes of verifying understanding and negotiating roles are essential, interrelated communication behaviors necessary to achieve the relational outcome of mutual understanding of the child's plan of care. 'Asking' includes nurses and parents asking questions to establish a relationship with one another, clarify or verify the child's previous, current and/or future care, or establish expertise about the care of the child. 'Listening' includes parents and nurses actively attending to each other's questions, explanations and thoughts about the care of the child. Both asking and listening were foundational for the other communication behaviors in the process. 'Explaining' was described by parents as the way either the parent or nurse illustrated the child's care. 'Advocacy' was enacted by parents by using asking, listening and explaining to ensure safe, accurate and appropriate care for their child, especially if they thought or observed something was amiss. Parents also expected nurses to advocate for optimal care for their child, if necessary. The use of asking, listening and explaining to achieve advocacy is an example of the interrelated nature of the theory's categories. Additionally, parents 'verified understanding' by asking nurses to explain aspects of the child's care, thus confirming the nurse understood the care. Parents also verified nurses' understanding of the care by observing the actions of the nurse. 'Role negotiation' using the previously described communication acts and functions was explained by parents as a way to delineate the extent of or limits on their involvement in the hospitalized child's care and also highlights the inter-relatedness of the categories. Parents clearly understood that both parents and nurses had an important role to play in the care of their child (Giambra, Sabourin, et al., 2014).

The relational outcome of the communication process is the parent's and nurse's mutual understanding of the child's plan of care at that

moment. The plan of care and communication about the plan naturally evolve during the course of a child's hospitalization. From the parents' perspective communication acts, communication functions and communication outcomes are interrelated. This dynamic process is non-linear; evolving as the dialogue between the parent and nurse is co-constructed. For instance, a parent may advocate for being able to suction the child's tracheotomy rather than waiting for the nurse. This request includes asking, may include explaining the parent's rationale and may lead to or incorporate negotiation of roles. The nurse listens, verifies the parent's understanding of the procedure, and perhaps negotiates who will suction the child throughout the day or explains why this role cannot be negotiated. Despite its title, however, the TSC was derived from the perspectives of parents only. The perceptions of nurses caring for families of hospitalized technology dependent families were still missing.

An integrative review of the literature was undertaken by the authors after the TSC was developed to verify the included categories and discover others that may need to be included in the TSC (Giambra, Stiffler & Broome, 2014). The study focused on communication between parents of hospitalized technology dependent children and their nurses and its effect on their mutual understanding of optimal care for the child. The review of six studies supported the inclusion of respect for one another's expertise in the TSC (Avis & Reardon, 2008; Ford & Turner, 2001; Giambra, Sabourin, et al., 2014; Shields, Hunter, & Hall, 2004). Other categories in the TSC that were supported by the review included explaining, advocating, verifying understanding through observation of high quality care, and role negotiation (Avis & Reardon, 2008; Ford & Turner, 2001; Giambra, Sabourin, et al., 2014; Margolan, Fraser, & Lenton, 2004; Shields et al., 2004; Shields, Young, & McCann, 2008). Additionally, nurses' caring attitude and emotional support were found to impact parent-nurse communication (Avis & Reardon, 2008; Ford & Turner, 2001; Giambra, Sabourin, et al., 2014; Margolan et al., 2004; Shields et al., 2004; Shields et al., 2008). These aspects of relational communication were thought to be enacted through the communication behaviors of the TSC such as asking questions and listening, and their significance as distinct communication behaviors was not clear. No studies were found however, that described the process of communication between parents of hospitalized technology dependent children and their nurses in its entirety or with the perspectives of both parents and nurses. Therefore, further development and potential elaboration and verification of the theory was warranted. Specifically, we tested the propositions that respect is an

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