ARTICLE

# Exploration of Parent–Provider Communication During Clinic Visits for Children With Chronic Conditions

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## ABSTRACT

**Introduction**: The purpose of this study was to explore the communication behaviors demonstrated by parents of children with chronic conditions and provider team members when communicating about the child's care in outpatient clinics using concepts from the Theory of Shared Communication (TSC).

**Methods**: This was a secondary data analysis of 30 previously recorded pediatric clinic visits. Communication among parents and provider team members was analyzed using a researcher-developed coding scheme based on the TSC.

**Results**: Provider team members dominated communication during clinic visits, showing more frequent use of *asking, explaining, advocating,* and *negotiating* behaviors than parents. Parents were engaged in communication with frequent *asking, explaining,* and *advocating* behaviors.

**Discussion**: Parents of children with chronic conditions and multidisciplinary providers demonstrated the communication behaviors of the TSC in an outpatient clinic setting. Provider dominance of communication in the clinic setting may disempower parents and impair relationships. J Pediatr Health Care. (2017) ■, ■-■.

## KEY WORDS

Communication, parent–provider relationships, pediatric

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## BACKGROUND/SIGNIFICANCE

Children with chronic conditions and their parents are often seen in outpatient clinic settings by a team of providers including nurse practitioners (NPs), physicians (MDs), and registered nurses (RNs). Ideally, parents engage in shared decision making about treatments for the child with the provider team (Lipstein, Dodds, & Britto, 2014). Key components of shared decision making include sharing information, building consensus, and eventually reaching agreement about the treatments

to be included in the child's plan of care while respecting the family's preferences (Shay & Lafata, 2014). Members of the provider team may differ from one another in their use of communication behaviors when discussing the child's care with parents. Communication between parents and team members may contain both content and relational elements. *Content elements* are the pieces of information the speaker is trying to communicate to the receiver. *Relational elements* are those that influence how each party views the other and their relationship, such as messages of dominance, receptivity, and trust. Relational communication affects provider relationships, satisfaction with care, and adherence (Atreja, Bellam, & Levy, 2005; Carnevale et al., 2016).

Providers' use of relational elements such as interpersonal sensitivity, empathy, and positive affect in collaborative dialog about the child's plan of care have been positively associated with parental satisfaction, adherence, disclosure of psychosocial concerns, and the creation of positive relationships (Brand, Klok, & Kaptein, 2013; Hart, Kelleher, Drotar, & Scholle, 2007). However, NPs, MDs, and RNs alike have been found to control conversations with little perceived input from chronically ill patients and parents in the outpatient clinic setting by being directive or dominating the conversation (Berry, 2009; Cabral, Horwood, Hay, & Lucas, 2014). Conflicts may arise from differences in parent and clinician beliefs about the goals of the child's plan of care (Callery & Milnes, 2012), leading to poor relationships.

The importance of relational communication behaviors rather than simple information exchange in the outpatient setting, however, is an understudied area of the communication process (Dean, Oetzel, & Sklar, 2014). To address this deficit and further explore the relational communication behaviors used by the provider team to discuss care with families of children with chronic conditions in the outpatient clinic setting, we used the Theory of Shared Communication (TSC) as a guide (Giambra, Sabourin, Broome, & Buelow, 2014).

The TSC was developed using grounded theory methods to discover parent and nurse perceptions regarding the process of communication that leads to mutual understanding of the child's plan of care in the inpatient setting (Giambra et al., 2014). The TSC posits that both parent and nurse must have respect for each other's expertise and a sense of their own expertise to facilitate effective communication. Relational communication behaviors included in the process are *asking, listening, explaining, advocating, negotiating roles,* and *verifying understanding* (defined in Table 1). The use of these behaviors was perceived by both parents and nurses to be foundational for the achievement of mutual understanding of the plan of care for the child with a chronic condition while the child was hospitalized (Giambra, Broome, Sabourin, Buelow, & Stiffler, 2017). Whether the TSC communication behaviors used by parents and nurses in the inpatient setting are also used in the outpatient clinic setting to discuss the care of a child with a chronic condition has not been studied.

The purpose of this study was to explore the communication behaviors used by parents of children with chronic conditions and by the members of the provider team when communicating about the child's care in the outpatient subspecialty clinic setting. This study was a secondary data analysis of previously recorded clinic encounters including NPs, MDs, RNs, and parents of children with inflammatory bowel disease (IBD) or juvenile idiopathic arthritis (JIA). The original study analyzed parent–provider communication during rheumatology or gastroenterology clinic visits to assess shared decision making around the option to treat the child with biologics. The aims of the current investigation were to (a) describe the communication behaviors used by parents of children with JIA or IBD and by members of the provider team caring for them in the outpatient clinic setting using concepts from the TSC and (b) compare the type and frequency of communication behaviors used by parents and by the provider team members in the outpatient clinic setting.

## METHODS

This study was a secondary data analysis of 30 previously video- and/or audiorecorded clinic visits and accompanying transcripts. The clinic visits took place at a large, urban, freestanding children's hospital in the Midwestern United States. The original study analyzed parent–provider communication during these clinic visits to identify the extent to which decisions about a very specific treatment option (the use of biologics) were shared between MDs or NPs and parents (Lipstein et al., 2014). The use of biologics was discussed during only approximately two thirds ($n$ = 21) of the 30 total recorded clinic visits. In this study, we analyzed the process of communication used by each parent and provider team member (MD, NP, RN) during the clinic visit as they discussed the plan of care for the child, treatment options, and the medical decisions included in the plan, beginning when the MD or NP entered the examination room. The mean length of time of recorded parent–provider communication analyzed was 46.66 minutes (range = 22–102 minutes) Parent communication with the RN was captured in only half of the clinic visits and only at the end of the visits. Specifically, we analyzed the communication behaviors used in each utterance, that is, uninterrupted chain of spoken language, by a parent or member of the provider team.

The previously recorded clinic encounters consisted of interactions between provider team members, parents, and patients who were 18 years of age or younger and had either IBD or JIA, who consented and assented to have their clinic visit recorded for the researchers to