Review of Contemporary Philosophy
ISSN: 1841-5261, e-ISSN: 2471-089X
Vol 22 (1), 2023
Pp 2078 - 2088

Enhancing Parent-Child Communication in Pediatric Nursing: Effective Strategies

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Abstract

Background: Effective parent-child communication is crucial in pediatric nursing, especially for children with life-threatening illnesses such as cancer. Despite the importance of open dialogue, many parents struggle to communicate effectively with their children about treatment and prognosis, often due to fear, emotional distress, and cultural factors.

Methods: This study conducted an integrative review of the literature on parent-child communication in pediatric palliative care. A comprehensive search was performed across six electronic databases, including Medline and CINAHL, utilizing a combination of MeSH terms and keywords related to "parent," "child," "palliative care," and "communication," for publications in English from inception until June 2023.

Results: The review identified key facilitators and obstacles to effective communication. Facilitators included legacy-making activities and resilience training, which enhanced emotional expression and understanding. Conversely, barriers such as mutual protection, fear of distressing children, and lack of adequate communication skills significantly hindered open discussions. Approximately 40% of parents reported avoiding conversations about prognosis and mortality, indicating a need for targeted interventions.

Conclusion: Enhancing parent-child communication in pediatric palliative care is essential for improving the quality of life for both children and their families. Healthcare providers must prioritize training in effective communication strategies, promote open dialogues, and encourage legacy-making to strengthen familial bonds. The findings underscore the necessity of addressing both emotional and practical challenges to foster a supportive environment for children facing serious illnesses.

Keywords: Parent-child communication, pediatric palliative care, cancer, emotional support, resilience training.

Received: 16 october 2023 **Revised:** 29 November 2023 **Accepted:** 13 December 2023

1. Introduction

In 2022, the World Health Organization reported that there were 197,653 prevalent cancer cases in children aged 0–19. Approximately 400,000 children globally are diagnosed with cancer annually, resulting in 100,000 fatalities from the disease each year [1,2]. The National Pediatric Tumor Surveillance Annual Report (2022) indicated that the average incidence rate of pediatric malignancies in China for the years 2019–2020 was 125.72 per million [3]. Despite advancements in cancer cure rates, the death rate for children with cancer persists at 61% [4]. Pediatric palliative care provides comprehensive physical, psychological, and spiritual support, with treatment and bereavement services, for children with life-threatening illnesses, emphasizing patient- and family-centered care [5]. The collaborative interaction among the team, parents, and child facilitates prompt referral to pediatric palliative care, the execution of patient- and family-centered treatment, and the enhancement of the quality of life for both the child and family [6,7].

Parent-child communication is the sharing of information, ideas, emotions, and attitudes between parents and children to enhance mutual understanding, trust, and collaboration. It is crucial for comprehending children's ideas and emotions, mitigating their anxiety and sadness, fostering harmonious family interactions, and enhancing family cohesiveness [9-12]. Children with cancer have an extended illness; excellent communication is essential for decision-making and care planning in the child's best interests [13]. Despite the numerous benefits of parent-child communication, as endorsed by various guidelines [14,15], factors such as poor prognosis, challenges in addressing death-related subjects, mutual safeguarding between parents and children, and adverse outcomes of communication may result in ineffective parent-child interactions [16-18].

Communication between parents and children in pediatric palliative care has garnered significant interest from the viewpoint of the children. Parent-child communication is not only pertinent to the requirements of both parties but also serves a crucial function in the dynamics among family members, patients, and healthcare professionals [9,19].

Parents must engage in dialogue with their children about their treatment objectives and choices for symptom alleviation, as well as comprehend their mental state while confronting life-threatening diseases [19]. Children need information from their parents on the illness diagnosis, its progression, treatment options, and expert assessments [20]. Many parents want to maintain a "parental" role by regulating the information accessible to their kids. They contend that some detrimental features must be undisclosed to the youngster to prevent unnecessary perplexity and psychological distress [21,22]. A minority of parents maintained an alternative perspective, arguing that the kid must be told at a suitable juncture and that open communication should be preserved to foster mutual trust [23]. Children want to be apprised of any medical information not filtered by their parents and to communicate with healthcare experts alongside their parents [24].

Numerous studies have recognized communication difficulties between healthcare providers and family members and the need for pertinent training for medical workers [25-33]. Nevertheless, there has been little research concentrating on parent-child communication. Current studies on parent-child communication in pediatric palliative care have concentrated on assessing the communication status and influential factors, identifying challenges faced during interactions, exploring the experiences of children and their parents, and implementing interventions to improve communication between parents and children [18,22,34-36]. Approximately 40% of parents refrain from discussing the prognosis of illness and mortality with their children, necessitating an exploration of the underlying causes to facilitate open communication between parents and offspring [37]. A thorough and integrated understanding of the obstacles and enablers of communication between parents and their children in the pediatric palliative care setting is lacking. This research sought to synthesize the facilitators and obstacles of parent-child communication in palliative care via an integrative review methodology.

2. Methods

An updated thorough search for relevant publications was undertaken across six electronic databases: Medline, Embase, CINAHL, PsycINFO, Web of Science, and Cochrane Library. A search was conducted using a mix of MeSH terms, keywords, and synonyms related to four concepts: “parent,” “child,” “palliative care,” and “communication,” for publications published in English from inception until June 2023.

3. Legacy-making

Legacy-making refers to actions undertaken by children with cancer to ensure remembrance, including creating crafts for others, bequeathing possessions, composing letters to loved ones, and presenting distinctive presents [61]. Two researchers used randomized controlled trials to assess the effect of legacy-making on parent-child communication [25,36]. Creating a legacy may enhance the quality of communication between dads and their children [25]. The legacy-making group outperformed the control group in emotional and academic performance, while digital storytelling offered parents emotional solace and enhanced parent-child communication [36].

4. Programs for resilience training

Resilience training programs improve resilience via psychoeducation, positive thinking, cognitive skills, self-compassion, gratitude exercises, emotional control, relaxation techniques, and goal planning [37]. Parents engaged in resilience training had enhanced capabilities in listening to their children, facilitating emotional expression, managing emotions, and resolving conflicts [12]. Promptly identify crises stemming from inadequate communication. Parents and children might have direct and specialized assistance from the palliative care team. The palliative care team must acknowledge the child's and parents' wish to articulate their emotions early in the diagnosis and offer guidance on communication techniques, skills, prevalent misconceptions, and potential challenges they may face in expressing their thoughts and information, thereby promoting effective communication. Offer direction. Nurses need to promote therapeutic communication between parents and their child throughout therapy to facilitate the parents' comprehension that such communication aids in expressing concerns, resolving issues, and attaining desired results [38].

Parents want the physician to engage with the kids in a way suitable for their age. Excessive disclosure to younger children simultaneously might exacerbate the parent's challenges in communication with the youngster [39]. Communication tools, like toys, books, audio, and video, serve as fundamental resources to assist parents. Play treatment. Play is crucial for a child's physical, psychological, social, and cognitive growth. Its function is essential for a child's learning and communication skills [40]. Play serves as a medium for the exchange and expression of emotions. Through play, children are more inclined to comprehend the implications of the sickness and assist their parents in articulating its enigmatic and inexplicable facets (e.g., hair loss, elucidating the disease's nature) and in making challenging choices [40]. It also enables the youngster and their parents to get psychological help. Play therapy will facilitate parents and children in expressing themselves freely, augment mutual understanding, and improve emotional communication and closeness between parents. Play therapy has repeatedly shown efficacy in mitigating children's emotional distress and maladaptive behaviors [40,41]. Parents serve as the principal communicators with their offspring.

5. Constructive communication

Effective communication must include proactive engagement, warmth, child-centeredness, responsiveness, transparency, honesty, optimism, authenticity, relaxation, assistance, and a constructive reaction to the child's emotional responses [42,43]. Ensure to address the kid's inquiries directly, concentrate on and sustain the child's subject matter, and constructively assist the child in navigating conflicts that emerge during communication [45]. Parents and children engage in equal communication, and fostering a partnership enhances this interaction. Parents need to refrain from assuming an executive role in communication to reduce parental control and oversight of their children [24].

6. Obstacles

Unattainable fantasies. Parents continue to harbor the hope that their kid's illness may be remedied; this false optimism makes them hesitant to disclose the reality to their child. Parents are convinced that hope will support both the kid and them throughout the child's ongoing therapy. Fear is a substantial impediment to the communication process [46]. Parents were apprehensive about confronting the life-threatening aspects of the condition. Parents were concerned that their kids could abandon therapy and resort to negative coping mechanisms or exhibit violent behavior (such as anger, grief, or frustration) upon learning the truth. Parents expressed apprehension over their ability to manage their children's emotions and responses during conversation [45]. Insufficient time, opportunity, and trust. Throughout the therapy, parents conveyed ambiguity on the ideal moment to provide information to their children [16]. Parents want to communicate with their children but are hindered by a deficiency of chances and time to provide knowledge [43]. Parents said that their kid's death was abrupt and that the treatment plans were delayed, preventing them from discussing it with their child.

Parents declined to engage in communication with their children due to feelings of unpreparedness, uncertainty on how to initiate dialogue, inability to address challenging inquiries, reluctance to discuss sensitive end-of-life issues, and a deficiency in illness-related knowledge or communication skills [25,26]. Furthermore, the youngsters were unprepared to engage in discussions on the content and were unable to address and accept unfavorable news and issues relating to death [16]. Certain parents show hesitance in disclosing the whole text to their children, seeing it as superfluous [47]. Parents evaluated the information given by the physician, choosing aspects they deemed suitable for the kid while disregarding more critical matters [24].

The reciprocal safeguarding between parents and children is a substantial impediment to parent-child contact [26,46-48]. The practice of mutual protection often inhibits the exchange of information and emotions [49]. Parents sought to shield their children from mental distress. Certain parents choose to conceal their emotions to protect their children and family members. Children tend to withhold their doubts or psychological distress to prevent exacerbating their parents' emotional load.

Parents get updated information from diverse experts, including test outcomes, therapy alternatives, sickness advancement, and prognosis. The volume of material is extensive and even conflicting [45]. When parents cannot organize this information, the substantial influx in a short timeframe results in a misunderstanding of professional terminology, hindering their ability to comprehend effective messages and complicating their decision-making process. Parents experience intricate and intense psychological stress due to the challenges of fluctuating child conditions, distressing bodily problems, and financial obligations [50]. In this circumstance, parents remain in disbelief, uncertain of how to communicate with their kids, and disinclined to discuss these distressing matters.

It is a prevalent fallacy that parents and professionals undervalue children's capacity to comprehend disease and death, as well as their ability to manage adverse information, assuming that children need knowledge commensurate with their age and cognitive development, and that extra information is unnecessary. Consequently, parents opted not to notify the children or chose to provide inconsequential facts to shield them from unfavorable news. The medical personnel agreed with the parents' erroneous belief that if the kid was unaware of the illness, there was no need to disclose the truth about the sickness and its prognosis to avert potential damage to the child. The medical personnel acknowledged the parents' power as caregivers in the caregiving process and said that the parents should be informed beforehand to both the children and themselves [26].

Negative communication includes the inability to foster a communicative connection between parents and children, evasion of transparent and sincere dialogue, infrequent engagement with the child's topics, and unsuitable responses to disputes [26,43,47]. It is marked by animosity, disregard, and invasiveness [49]. Children favored receiving information from those with whom they have a deep, enduring connection [24]. A lack of trust inhibits the initiation of conversation. Inopportune communication timing, the child's inability to fulfill parental expectations, conflicts, and disputes may create a negative perception of communication and threaten future interactions. Parents are enthusiastic about conversing with their children. Nonetheless, they weep excessively and experience distress throughout the discourse [51]. Adult offspring perceived those interactions with their parents caused significant stress. The strained communication and inadequate dispute resolution between the children and their parents resulted in detrimental communication experiences.

Certain Eastern cultures exhibit distinct sensitivities, repression, and taboos around death. They are more inclined to disseminate positive information while being reticent about negative matters, even when the adverse news is widely acknowledged [52]. This standard imposes a limitation on all individuals. During familial discussions, parents often use euphemisms such as “this/that disease” instead of using taboo terms like “cancer” or “death” [53].

7. Discussion

Children diagnosed with cancer often experience profound isolation and want to communicate their physical and psychological distress, along with their bewilderment over the illness. Parents are the child's closest, most dependable, and most trustworthy individuals, accompanying them throughout the therapy process. Effective parent-child communication enables healthcare practitioners to gather additional information for timely adjustments to treatment techniques, ensures the provision of current and precise information to address the needs of children and parents, and facilitates the implementation of family-centered care. Variations in parent-child communication patterns exist among children, and comprehending the facilitators and impediments to such communication may empower healthcare workers to circumvent hurdles promptly, foster effective communication, and enhance the quality of treatment.

Legacy creation enables parents and children to exchange memories of their shared experiences and alleviates a parent's sorrow. Patients sometimes contemplate leaving family and friends with cherished recollections of noteworthy and pleasurable events when confronted with approaching mortality. Parents may participate in legacy creation with their kids three to four months before the child's demise [36]. Legacy-making involves several activities with the kid, such as crafting for others, bequeathing possessions, composing letters to loved ones, and presenting distinctive presents [37]. These activities may enhance the child's enduring memories with family and friends. Legacy creation facilitates acceptance of reality and promotes open communication between parents and children [25].

There is enough evidence to endorse play therapy, Internet-assisted play therapy, and role-playing for the enhancement of children's physical, psychological, and behavioral well-being [39,40]. Play therapy is mostly suitable for preschool and school-aged children. The bulk of research is performed by the therapist beside the kid. This may be accomplished via the use of a sand tray, painting, role-playing, energetic activities, sketching, and engaging with archetypes [41]. These exercises are often confined to about 30 minutes [39].

Most research and recommendations concur that parents should maintain candid and transparent communication with their children and choose an appropriate moment to provide truthful and precise facts about the illness [40,41]. Parent-child care (PC-CARE) is a behavioral intervention designed for children, whereby therapists, including psychologists and clinical social workers, instruct parents and children in effective communication skills and their application. Involvement in the program has enhanced children's adaptive abilities, decreased parental stress, and elevated parents' positive communication skills [45].

Attachment and biobehavioral catch-up (ABC) may improve parent-child communication by guiding parents to respond to the child's cues while answering inquiries [46].

A strong connection founded on rapport and trust is essential for communication between parents and their children. Children want the knowledge they acquire to be comprehensible and applicable to adequately prepare for future events [54]. Typically, parents engage with their kids in a parental capacity, leading the youngster to see the interaction not as a collaborative dialogue but as an obligation, which often engenders a feeling of stress. Moreover, for children receiving pediatric palliative care, extended and recurrent hospitalizations, discomfort from medical procedures and therapies, and anxiety around mortality exacerbates psychological suffering [10]. This exacerbates the child's incapacity to articulate their worries, emotions, treatment preferences, and the repercussions of therapy.

Parents often lack the knowledge to engage in candid communication with their children and have difficulties initiating conversations. The first diagnosis of the illness is an optimal opportunity for communication, as the kid has a change in condition or exhibits atypical or changed behavior [55]. Healthcare practitioners should begin by acquiring essential parent-child communication skills via the COMFORT (C-communication, O-orientation and options, M-mindful communication, F-family, O-openings, R-relating, T-team) communication curriculum and toolkit [56]. Moreover, physicians or nurses may elucidate the advantages of effective communication to parents and children during the child's assessment, beyond only discussing the test findings [57]. The professional team, in conjunction with colleagues, may educate parents on appropriate communication skills used in many scenarios. These tactics include responding to inquiries truthfully, delivering information progressively and systematically, and permitting intervals of quiet [57].

Nearly 40% of parents who experienced the loss of a child reported feeling unprepared to address their kid's emotional needs and expressed a need for help from their care team [58]. Professionals design individualized care plans, monitor the child's health, address physical, emotional, and spiritual requirements, alleviate symptoms, and enhance quality of life [5]. The multidisciplinary team engages in the patient's comprehensive care, facilitating discussions with family members to address their concerns, provide feedback on treatment efficacy, express treatment preferences, and serve as a communication mediator [37]. Methods such as two-step multidisciplinary meetings and communication style adjustments inspired by attachment theory have been established to improve doctor-patient communication, optimize communication outcomes, and address challenging doctor-patient interactions [33]. Numerous recommendations advocate for the involvement of a multidisciplinary team in pediatric palliative care to provide family-centered treatment. Following a thorough and methodical evaluation, the team provides crucial physical, psychological, and spiritual assistance throughout the child's therapy and formulates a care plan for the kid and family [59].

Health, disease, and socioeconomic conditions are fundamentally interconnected. Concealing emotions, discussing only positive aspects while neglecting negative ones, and avoiding disputes about sensitive subjects have established practices in some civilizations. This tendency can sometimes be unhelpful. The research by Hernandez et al. used culturally tailored activities to assist youngsters in coping with their mother's illness. The cultural environment may serve as an impediment that transcends mere deficiencies in communication knowledge and abilities.

Parents exhibit emotional instability and struggle to connect with their children as they oscillate between optimism and disappointment after the doctor provides extensive new information [33]. Information overload sometimes confounds parents, resulting in a sense of less control and heightened worry and panic over the condition and its treatment [55]. Active music involvement needs to be accessible for parents of youngsters exhibiting traumatic stress symptoms after their child's cancer diagnosis [59]. Mitigating parental information overload by proactively soliciting their preferences for getting information about the diagnosis and therapy [60]. Professionals might use a systematic method to communicate information to parents, using various mobile applications to assist parents in organizing and comprehending them more effectively [58]. Parents may address mental anguish and seek financial, emotional, and spiritual assistance from family, friends, and informal groups during family game evenings and parents' afternoon tea or coffee breaks [40]. Respite care services are offered for parents seeking short relief from their continuous 24-hour caregiving responsibilities [36]. Technology-based interventions, including mobile device resilience training programs, internet-guided self-help programs, and m-health supportive care interventions, can assist parents in acquiring information about the disease, engaging in psychosocial training, and alleviating distressing emotions [60]. Professionals may use story therapy to promote the articulation of emotions and the sharing of experiences between parents and children. This method may aid parents in regulating the emotional reactions elicited by their children [37].

Numerous misconceptions exist regarding parent-child communication, particularly concerning end-of-life discussions. Parents and healthcare providers often assume that children cannot comprehend the concept of death or medical information and that disclosing such information will exacerbate their emotional burden, resulting in adverse feelings in children [61]. Healthcare practitioners should dismiss the erroneous belief that youngsters are incapable of understanding intricate medical information. They should assess their patient's grasp of their disease or imminent death and thereafter provide further information tailored to their understanding. The therapist converses with the kid about death, enabling the child to articulate anxieties and dreams about the rapid changes in their body in a developmentally appropriate way.

Parental avoidance may induce feelings of insecurity and confusion in the kid over their circumstances, therefore alienating the parent-child bond. Avoidance or efforts to obstruct them may result in caregivers feeling emotionally disconnected from their kids [26]. The majority of youngsters want to get precise knowledge about sickness, concurrently with their parents. Children assert their entitlement to receive accurate information on their illness, irrespective of their age, and contend that physicians or parents should not selectively provide information, focusing solely on positive aspects while concealing adverse news [38]. The youngster may ascertain the situation by consulting the doctor, conversing with peers, or watching their physical state [59]. To excel as a parent in pediatric palliative care, one must facilitate the kid's awareness of reality and confront it collectively, assist the child in decision-making, and prioritize altruistic choices that serve the child's best interests [17].

Mutual protection is prevalent in the discourse around children with cancer since some physicians and parents believe that informing the kid yields no beneficial effects, instead inducing anxiety or terror in the youngster [26,58]. Medical workers should swiftly ascertain whose families may be susceptible to reciprocal protection. The drawbacks of mutual protection and its failure to enhance family stability may be articulated from the onset of the illness diagnosis [8]. Illustrating the advantages of constructive parent-child communication to parents can mitigate emotions of remorse upon their child's departure [26].

Pediatric palliative care is focused on the patient and their family. Concordant familial ties enable specialists to address the requirements and fulfill the preferences of both the kid and the parents. This research included many drawbacks. The initial scope included just English literature and published works, excluding facilitators and obstacles in other linguistic settings including gray literature. Secondly, several studies on open communication indicate that it should be conducted in the child's best interest and is not universally applicable to all circumstances or children. This analysis identified open communication as a facilitator since the majority of research suggested its advantages above its drawbacks.

8. Conclusions

Facilitators and obstacles in parent-child communication for children in palliative care might provide valuable insights for professional care teams. Pediatric palliative care teams are crucial for facilitating communication between parents and children. They can devise interventions to augment the role of facilitators and alleviate the effects of obstacles by advocating for the execution of legacy-making, fostering a congenial environment for parent-child dialogue, supplying accurate and precise information to parents, underscoring the significance of open parent-child communication and its advantages for the child and family, and promoting parent-child interaction. Most doctors exhibit a high willingness to engage in prior care talks with parents; nevertheless, this communication is mostly confined to interactions between the physician and the parents, excluding the kid from the dialogue.

Measures must be implemented to guide parents on effective parent-child communication, suitable subjects for discussion, and proper responses to both good and negative reactions from the kid. Parents must be accessible to their children to guarantee they are heard, comprehended, and encouraged. Parents need to cultivate a conversational connection with their kids, eschew an authoritative demeanor, and promote the free expression of their opinions and worries. Older children need parental assistance to confront the pain and anxiety associated with illness while striving for independence. Parents need to preserve a suitable distance from their adolescent offspring. It is essential to model parent-child communication that is tailored to the local cultural environment.

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تعزيز التواصل بين الآباء والأطفال في تمريض الأطفال: استراتيجيات فعّالة

الملخص

الخلفية :يعد التواصل الفعّال بين الآباء والأطفال أمرًا بالغ الأهمية في تمريض الأطفال، خاصة للأطفال الذين يعانون من أمراض تهدد حياتهم، مثل السرطان. على الرغم من أهمية الحوار المفتوح، يواجه العديد من الآباء صعوبة في التواصل الفعّال مع أطفالهم بشأن العلاج والتوقعات، وغالبًا ما يكون ذلك بسبب الخوف والضغط العاطفي والعوامل الثقافية.

الطرق :أجرت هذه الدراسة مراجعة تكاملية للأدبيات حول التواصل بين الآباء والأطفال في الرعاية التلطيفية للأطفال. تم إجراء بحث شامل عبر ست قواعد بيانات إلكترونية، بما في ذلك Medline وCINAHL، باستخدام مجموعة من مصطلحات MeSH والكلمات المفتاحية المتعلقة بـ "الوالد"، "الطفل"، "الرعاية التلطيفية"، و"التواصل"، للمنشورات باللغة الإنجليزية من بداية التأسيس حتى يونيو 2023.

النتائج :حددت المراجعة المعوقات والمساعدات الرئيسية للتواصل الفعّال. تضمنت المساعدات أنشطة صنع الإرث وتدريب القدرة على التحمل، التي عززت التعبير العاطفي والفهم. على النقيض من ذلك، فإن الحواجز مثل الحماية المتبادلة، والخوف من إزعاج الأطفال، وغياب المهارات الكافية في التواصل أعاقت بشكل كبير المناقشات المفتوحة. أفاد حوالي 40% من الآباء بأنهم يتجنبون المحادثات حول التوقعات والوفاة، مما يشير إلى الحاجة إلى تدخلات مستهدفة.

الاستنتاج :يُعتبر تعزيز التواصل بين الآباء والأطفال في الرعاية التلطيفية للأطفال أمرًا أساسيًا لتحسين جودة الحياة للأطفال وعائلاتهم. يجب على مقدمي الرعاية الصحية إعطاء الأولوية للتدريب في استراتيجيات التواصل الفعّالة، وتعزيز الحوارات المفتوحة، وتشجيع صنع الإرث لتعزيز الروابط الأسرية. تؤكد النتائج على ضرورة معالجة كل من التحديات العاطفية والعملية لتعزيز بيئة داعمة للأطفال الذين يواجهون أمراضًا خطيرة.

الكلمات المفتاحية :التواصل بين الآباء والأطفال، الرعاية التلطيفية للأطفال، السرطان، الدعم العاطفي، تدريب القدرة على التحمل.