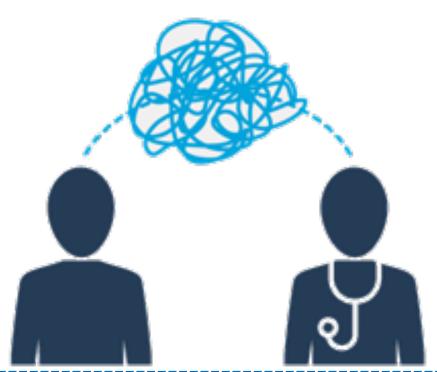


# Prognostic communication between parents and clinicians in pediatric oncology: an integrative review

Na Ouyang, PhD student, MSN, RN; Shelli Feder, PhD, APRN, FNP-BC, ACHPN; M. Tish Knobf, PhD, RN, FAAN

# INTRODUCTION

- Prognostic communication (PC) between clinicians and parents in pediatric oncology is challenging.
- PC is essential for parents to make decisions.
- PC is different from other communications.<sup>1</sup>



# OBJECTIVES/AIMS

To synthesize the evidence on PC in pediatric oncology and provide recommendations for future research.

### Aims:

- 1. Review definitions and measurements of PC
- 2. Synthesize quantitative and qualitative evidence of PC and its effects on parental outcomes
- 3. Provide recommendations for clinical practice and identify opportunities for future research

# METHODS

The five-step method by Whittemore and Knafl<sup>2</sup>

### Literature search

- Six databases
- Main concepts:
- child
- caregiver/parent
- clinician/provider
- communication
- prognostic
- o cancer

### **Studies selection**

- Inclusion criteria:
- PC between parents and clinicians
- Parents of children with cancer
- Original study with full-text paper
- In English

# **Data analysis**

- Data extraction:
- Author (year)
- Methods (setting, design, theory)
- Children's cancer type
- Sociodemographic characteristics
- PC measurement timing and tools
- Results
- Data analysis:
- Descriptive method
- Narrative method

# **Quality appraisal**

- JBI cross-sectional study checklist
- JBI qualitative study checklist

### RESULTS

### Included studies

- 19 studies included out of 5,538 screened.
- 14 quantitative studies and 5 qualitative studies.
- 15/19 published in recent 10 years.
- All conducted in Western developed countries.

# Participants' characteristics

- 804 parents of 770 children with cancer.
- Most children (40.1%) with hematologic cancer, following solid tumors and brain tumors.
- Most parents female, higher than high school educated, and non-Hispanic White.

### **Quantitative and Qualitative studies**

- Three major components of PC: prognostic disclosure, quality of information, and quality of communication.
- High-quality PC → positive parental outcome.
- Few (4%) conversations about prognosis during a child's cancer experience.

### Gaps

- · Most PC measured in the first year after diagnosis.
- Lack of explicit PC definitions and theories.
- Lack of validated measurements.
- Lack of diverse settings and participants.

# REFERENCES

- 1. van der Velden et al., Curr Treat Options Oncol. 2020, 21(5).
- 2. Whittemore and Knafl. JAN. 2005, 52 (5).