



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

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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.¹



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 Knafl²

Literature search

- Six databases
- Main concepts:
 - child
 - caregiver/parent
 - clinician/provider
 - communication
 - prognostic
 - 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).