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# **Observations of health care professionals sharing and contributing responsibility in paediatric caring situations**

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## **Abstract**

This study aimed to identify, describe and generate concepts regarding health care professionals' information exchanges with minors and/or their parents/guardians in paediatric caring situations. The study took place at three paediatric outpatient units at a university hospital and there were 15 health care professionals involved. Using the grounded theory and the constant comparative analysis methods, the data collection and analysis was undertaken simultaneously, using participant observation, review of medical records and follow-up interviews. The main concern of the health care professionals that emerged as the core category was: sharing and contributing responsibility, interrelated with the six categories; interchanging of knowledge, relationship-creating chat, calculated confirming, encouraging, dichotomous talking and of situation related effects. This research has explored the elements of information exchange in caring situations and highlighted the interaction between the involved persons. These findings could be valuable to health care professionals in order to develop and improve their caring skills.

**Key words:** caring situation, grounded theory, health care professional, information exchange, observation

## Introduction

Health care professionals (hcp) need to communicate with minors and their parents/guardians to be able to deliver high quality paediatric care. Communication includes, to listen, to ask questions, to try to understand and to respond to what is being communicated by the minors and their parents/guardians.<sup>1</sup> The hcp's possibility to communicate in caring situations is dependent on their receiving optimal information, which is why it is important to examine how information is exchanged.<sup>2</sup> Information exchange is considered to be the central point of a medical encounter. The discourse in information exchange is what is said, how it is said and in turn, the interaction that is required in order to have a useful conversation.<sup>3</sup> In Sweden the Health and Medical Service Act requires the hcp to give the patient individualised information. If the information cannot be conveyed to the patient personally, then it is given to a close relative instead.<sup>4</sup>

Communication should, from an ethical perspective, stand in a reciprocal relation to isolation and can be understood as being in relation to fellow human beings.<sup>5</sup> To be informed is a way of accumulating knowledge and knowledge is a direct result of social interaction.<sup>6</sup> The ethical theory of interdependence is about the fact that human beings are always intertwined with each other in some way.<sup>7</sup> This situation provides the conditions for exertion of power and individuals can therefore become vulnerable. Working with children and young people who are among the most vulnerable in our society needs to be based on mutual respect and trust.<sup>8</sup>

The trends related to child health care have developed from a situation in earlier times where the child and their parents were mostly separated while the child was hospitalised, to today's situation of family centred care.<sup>9</sup> In recent times the strategy has altered so that children's hospital services are required to be child-centred, and children are to be recognised as being active partners in their own care.<sup>1</sup> Child and family centred care is a healthcare form

that not only meets the needs of children and young people individually, but also as a part of a family.<sup>1</sup> This implies that the family's participation needs to be appreciated and respected by the hcp in their caring interventions.<sup>10</sup> The ambition for today's paediatric nursing is to adjust towards assuming the equality of children and building a supportive relationship with their parents is a prerequisite.<sup>11</sup>

The term minor is used here to define a child whose age does not yet afford them full constitutional rights.<sup>12</sup> The purpose of this study was to identify, describe and generate concepts regarding health care professional's information exchanges with minors and/or their parents/guardians in paediatric caring situations.

## **Methods**

The methodological approach is grounded theory, where the theory develops from the empirical data and the discovery of the participants' main concern. In this study, the data consists of field notes from the observations, excerpts from the minors' medical records and data from follow-up interviews with the hcp. When generating theory within grounded theory, all data can be used.<sup>13, 14</sup>

## **Sample**

At the meetings prior to the study the observer (EM) informed the hcp about the research. The 15 hcp who agreed to take part in this study were paediatric nurses, paediatric enrolled nurses and paediatricians. There were 12 female and three male hcp's aged 37 to 64 years. They had all been professionally active in health care from between 16 to 38 years and in the area of paediatric care between six and 37 years. The 13 participating minors were aged between 12 and 17 years and 11 of them were accompanied by their parents/guardians. One hcp did not

want to participate, but there were no refusals to participate among the selected minors and parents/guardians.

### **Ethical issues and approval**

On an occasion when the minor and their parent/guardian visited the hospital unit, the hcp asked them if they would agree to be informed by EM about a study, in which the focus for observation was the hcp. After being verbally informed, those agreeing to participate signed an informed consent form which included all the information about the study including confirmation that the information given by the participants would be kept confidential and, that as volunteers they could opt out of the study at any time without giving an explanation.<sup>15,</sup>  
<sup>16, 17</sup> Ethical approval was received from the Regional Ethical Review Board.

### **Data collection**

The settings were three paediatric outpatient units at a university hospital; a day care unit, a neuro – urology and bowel disorder unit and a diabetic clinic. The observations were performed in consulting rooms, corridors and waiting areas. The care units were selected to represent a variation of experiences among the participants, thereby achieving saturation in the categories.<sup>13</sup> In accordance with theoretical sampling, the selected participants should be hcp with as much variety in their experiences from health care situations, as possible. The purpose of theoretical sampling is to achieve saturation in the categories in order to elaborate the concepts.<sup>13</sup>

Before the observations of the participants began, a descriptive observation of the units was conducted.<sup>18, 19</sup> The intention here was that the researcher should become accustomed to the settings, the routines and the hcp.

Each observation of the hcp started as soon as they first met the minor and their parents/guardians and ended when they separated. Twenty five observations were conducted. Direct observation enables the observer to understand what is happening in an encounter in which the participants' interact.<sup>18</sup> During the observation, EM placed herself on the periphery of the caring situation, observed and wrote field notes. Field notes link observation and analysis together and are the most common way to document observations.<sup>18</sup> Immediately after the observation a description of the observation was tape-recorded as vividly and as completely as possible. All data was then transcribed.

Directly after the observation, tape recorded follow-up interviews were conducted with the hcp. The follow-up interview is aimed to achieve the participant's reflections of the situation.<sup>19</sup> The follow-up interviews started with an open ended question; "Can you please tell me about the patient visit that I observed"? The follow-up question was; "You said ..., can you please tell me more about that"?

The medical records of the minors were studied and the text relating to the visit that was observed was selected and written down verbatim.

### **Data analysis**

Data collection and data analysis from the observations, follow-up interviews and medical records took place simultaneously, based on the constant comparative analysis method.<sup>14</sup> Memos, notes that were the basis for codes and their relationship, and theoretical memos, hypothetical questions to the data, were written down concurrently. The analysis identified the codes, substantive codes, categories and a core category.<sup>13, 14</sup> Categories have to fit, work, have relevance to the substantive area studied and be modifiable within new research.<sup>14</sup> The core category was identified as sharing and contributing responsibility in the caring situation.

## **Findings**

The core category, sharing and contributing responsibility, consists of six categories named; interchanging of knowledge, relationship-creating chat, calculated confirming, encouraging, dichotomous talking and situation related effects. The categories represent the hcp's perspective and are sometimes directed towards the minor, sometimes towards the parent/guardian and sometimes directed towards them all. The sequences in the text are illustrative examples from the empirical data.

### **Interchanging of knowledge**

In interchanging of knowledge the hcp makes a statement related to their professional experience and receives a reply from the minor and/or the parent/guardian. It is a two-way communication that is related to power. The power base of the hcp consists of their professional and medical knowledge and the power base of the minors and parents/guardians is their own experience and their ability and possibility to make a choice. When the hcp requests or decides to suggest any alternative in treatment and medication to the minor and their parents/guardians, there has to be an interchanging of knowledge. The hcp quoted below had such an interchanging of knowledge with a minor:

*Hcp – You have to be honest, you do not have to show anyone, but you have to write down every little biscuit you eat. This is if you want to change by our own will.*

*Minor – It is ok, but I do not want to write it down every week!*

### **Relationship-creating chat**

Relationship-creating chat is where the hcp communicates in a pleasant manner with minors and parents/guardians to create a good atmosphere. This helps the hcp to share the

responsibility and also to smooth the way towards a successful dialogue as well as a positive reception by the other part. Relationship-creating chat can even be used to invite the participants to communicate about sensitive issues. In the follow-up interview an hcp relates a relationship-creating chat with a family:

*Hcp – This family has another ethnic background, they have a more formal way to talk at the beginning of our meetings, there is usually some talk about relatives, you know. But as time went by, we found a mutual tone. We have created a familiar tone during his many visits. But, lately he has been treated as an inpatient, so I have to re- connect with him again ... we found our mutual ground again.*

### **Calculated confirming**

Giving well considered calculated confirming is a goal orientated strategy used by the hcp to ensure that the minor and their parents/guardians are able to take part in the ongoing situation. Calculated confirming can be in the form of a simple hug or it can be more complex, e.g. where the hcp desires to intentionally show support for the minor and their parents/guardians in order to strengthen them.

Where the hcp are about to prepare a minor for an examination, the hcp may use a positive distraction technique such as asking the minor for their opinion and discussing with them. The quote below illustrates calculated confirming as teaching the minor to handle their situation.

*Hcp – If you were in your class room now and there were just a little time before the end of the lesson, would you ask to go to the toilet?*

*Minor – It depends on how long time there was before the lesson ended.*

*Hcp –But you would consider it?*

*Minor - Now I need to go to the toilet.*

*Hcp - I can imagine that, you have 500 in your bladder right now.*

### **Encouraging**

Encouraging is a caring skill used by the hcp. They offer positive feedback to the minor and their parents/guardians, thus providing them with the emotional support they need. To be encouraging helps to boost self esteem and if promoted in a deliberate manner it helps the minor and their parents / guardians when they face difficult, emotionally stressful situations.

This hcp are encouraging a very sad mother:

*The mother is angry and begins to cry. Hcp fetches some tissues for the mother to dry her tears. The mother is explaining how her daughter is struggling with her diabetes.*

*The hcp explains that future prospects for young children with diabetes are positive, and asks, what are you worrying about?*

*The mother, still crying says – with this disease she is a second class citizen in the eyes of society, what kind of tolerance will this society show towards her?*

### **Dichotomous talking**

A dichotomous talking is where two persons who speak in a one-way direction; e.g. when hcp talks to the minor and the parents/guardians and they give only a short reply, as a yes. A one-way direction conversation as when hcp inform the parents/guardians about the result of a blood test or an x-ray. A dichotomous conversation could also occur between hcp's or between family members. Here one hcp explains a dichotomous conversation that she had with a teenager:

*Hcp – Yes of course it is a little more difficult to speak to a teenager, you really do not get much response. You get a straight answer to your question but they do not always tell you anything spontaneously. But, it is of course up to them how much they wish to say, they are not required to tell us everything.*

### **Situation related effects**

The context concerns the treatment of the minor's disease, the actual visit, different aspects of medication, and an impending examination. In this context do the hcp, minor and parents/guardians interact. A situation can be seen as a combination of circumstances at a certain moment. The effect that is related to the situation is the result that follows and is caused by what occurs in the context. The result is to be assessed as a kind of tool for the minor and the parents/guardians to use to help them manage the situation. Below is an example, described by one hcp:

*Hcp – I think it is valuable to give them these tools so they may be able to take care of them-selves. I used to recommend a book where they can find a lot of information related to what they could think about when they are practising and how they can vary the doses of insulin if they eat a lot of carbohydrates and so on.*

### **Sharing and contributing responsibility**

Sharing and contributing responsibility requires interchanging of knowledge, e.g. when the hcp communicates with the minor and the parent/guardian and gets a response. It can also be an attempt from the hcp sharing some of the responsibility with the parents/guardians towards the minor. During interchanging of knowledge it is possible for the hcp to transfer medical facts to the minor and their parents/guardians in order to increase their knowledge. A

relationship-creating chat is used by hcp to invite the minor and parents/guardians pleasantly to allow them sharing and contributing the responsibility for the minors care. Relationship-creating chat is also an introducer to calculated confirming, and is where the hcp, by displaying a positive attitude, becomes a catalyst and intermediate when communicating in a structured and conscious way to support the other categories. When hcp are encouraging, it is their intention to offer an emotional and psychological support to the minors and their parents/guardians. Encouraging is also to be seen as a facilitating function for the minors and their parents/guardians in order for them to share the responsibility. When having dichotomous talking, there is a transmission of facts from one person to another person. A dichotomous talking is facilitated by previous relationship-creating chat between the parties and a calculated confirming from the hcp. All the categories, interchanging of knowledge, relationship-creating chat, calculated confirming, encouraging and dichotomous talking are to be seen in different situation related effects. Consequently, situation related effects are dependent on the context in which they occur. What comes out of the situation related effects is to be handled by the persons present at the meeting between the parties. Below is a description by an hcp of sharing and contributing responsibility in a particular situation:

*Hcp - Yes, I think that is what it is like to be parent to a teenager, it is all nagging and fighting, and my opinion is, that sometimes I can replace the parent in the nagging and fighting. If I do it instead of those who confront the child every day, it will not be those never-ending confrontations at home for them.*

## **Discussion**

This study shows that hcp's main concern was sharing and contributing responsibility when exchanging information in a paediatric caring situation. These findings also appear to fit well

with the present knowledge within family health care where the family is seen as both a care taking and care recipient unit.<sup>20</sup> The hcp practised interchanging of knowledge with the minors and parents/guardians to help increase the mutual standard of attainment, which is unanimous with developmental theories.<sup>6</sup> The hcp's relationship-creating chat formed a pleasant introduction to the more demanding and powerful dichotomous talking. The main discrepancy between interchanging of knowledge and a dichotomous talking is related to the different levels of interaction between individuals. These findings show similarities with the categories, being in touch and getting the facts, in an observational study of minors' information exchange in nursing care situations.<sup>21</sup> The patterns of conversation in a caring encounter appear to be general. By encouraging and calculated confirming hcp solved the most stressful situation related effects which is similar to the findings where hcp handle fear related to medical procedures in children with cancer.<sup>22</sup>

Interchanging of knowledge is also consistent with the perspective of parent and child in pediatric palliative care, and stresses the importance of information exchange.<sup>23</sup>

Interchanging of knowledge and negotiation is said to be the prerequisite for shared decision-making concerning minors and parents/guardians.<sup>24</sup> Shared responsibility, where hcp, minors and parents/guardians share the determination of what is going to take place in the caring encounter, might be a kind of shared decision-making. Sharing and contributing responsibility is consistent with the idea that responsibility does not mean assuming another person's responsibility.<sup>7</sup> The present study indicated that encouraging might be about emotional support and that calculated confirming might be about result oriented support. For the hcp, support and giving the families information is one of the most important ways for them and their families to be equal partners and this finding is similar to a previous study.<sup>25</sup>

An additional strength in this study is that no participant knew about the purpose of the study, they were only informed about the interest of what happened in an encounter in a caring situation.

### **Limitations**

In any caring encounter, there is a risk for discrepancy between what one participant means by what they say and what another perceives they mean. In this study this eventuality is dealt with by carrying out follow-up interviews that elucidates what has occurred in the caring encounter.<sup>18, 19</sup>

### **Conclusions**

As hcp sharing and contributing responsibility they also promote the integrity of all the participants involved by balancing the caring situation. Adopting the correct attitude offers an answer of the minors and the parents/guardians ethical demand to be approached and thereby the hcp respond to and facilitate the process so that all the participants may become partners-in-care.

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## References

1. Department of Health. *Common Core Skills and Knowledge for the Children's Workforce*. London: TSO, 2005.
2. Cegala D. A study of doctors' and patients' communication during a primary care consultation: implications for communication training. *Journal of Health Communication* 1997; **2**: 169-194.
3. Tates K, Meeuwesen L, Elbers E, Bensing J. I've come for his throat: roles and identities in doctor – parent – child communication. *Child: Care, Health & Development* 2002; **28**: 109-116.
4. The Health and Medical Service Act (1982:763) Available from URL: <http://www.sweden.gov.se/content/1/c6/02/31/25/a7ea8ee1.pdf>. Accessed 16 April 2008.
5. Martinsen K. *Care and Vulnerability*. Akribe: Oslo, 2006.
6. Vygotskij L. *Mind in Society: The Development of Higher Psychological Processes*. Cambridge: MA, Harvard University Press, 1978.
7. Løgstrup K. *The Ethical Demand*. Notre Dame Ind.: University of Notre Dame Press, 1997.
8. Brook G. Children's competency to consent: a framework for practice. *Paediatric Nursing* 2000; **12**: 31–35.
9. Coyne I. Parent participation: a concept analysis. *Journal of Advanced Nursing* 1996; **23**: 733-740.
10. Marshall M, Fleming E, Gillibrand W, Carter B. Adaption and negotiation as an approach to care in paediatric diabetes specialist nursing practice: a critical review. *Journal of Clinical Nursing* 2002; **11**: 421-429.
11. Brykcyńska G. Ethical issues in paediatric nursing. *Nursing* 1987; **3**: 862-864.

12. Rynning E. *Samtycke till medicinsk vård och behandling En rättsvetenskaplig studie (Consent to Medical Care and Treatment A legal study). Dissertation.* Uppsala: Iustus förlag, 1994 (in Swedish).
13. Glaser B, Strauss A. *The Discovery of Grounded Theory: Strategies for Qualitative Research.* Chicago IL: Aldine, 1967.
14. Glaser B. *Theoretical Sensitivity: Advances in the Methodology of Grounded Theory.* Mill Valley, California: Sociology Press, 1978.
15. Beauchamp T, Childress J. *Principles of Biomedical Ethics (5<sup>th</sup>).* Oxford; University Press, 2001.
16. Swedish Statute Book, 2003:460. *The Act concerning the Ethical Review of Research Involving Humans.* Swedish Code of Statutes: The Ministry of Education and Cultural Affairs. Available from URL: <http://www.epn.se/start/startpage.aspx> Accessed 10 March 2009.
17. World Medical Association Declaration of Helsinki, 2004. Available from URL: <http://www.wma.net/e/policy/b3.htm> Accessed 16 April 2008.
18. Spradley J. *Participant Observation.* New York: Holt, Rinehart and Winston, 1980.
19. Lofland J, Lofland L. *Analyzing Social Settings: A Guide to Qualitative Observation and Analysis (3<sup>rd</sup>).* California: Wadsworth, 1995.
20. Tomlinson P, Hall E. Expanding knowledge in family health care. *Scandinavian Journal of Caring Sciences* 2003; **17**: 93-95.
21. Mårtensson E, Fägerskiöld A, Berterö C. Information exchange in paediatric settings: an observational study. *Paediatric Nursing* 2007; **19**: 40-43.
22. Anderzén-Carlsson A, Kihlgren M, Skeppner G, Sørli V. How physicians and nurses handle fear in children with cancer. *Journal of Pediatric Nursing* 2007; **22**: 71-80.

23. Hsiao J, Evana E, Zeltzer L. Parent and child perspectives on physician communication in pediatric palliative care. *Palliative and Supportive Care* 2007; **5**: 355-365.
24. Corlett J, Twycross A. Negotiation of parental roles within family-centred care: a review of the research. *Journal of Clinical Nursing* 2006; **15**: 1308-1316.
25. Sarajärvi A, Haapamäki M, Paavilainen E. Emotional and informational support for families during their child's illness. *International Nursing Review* 2006; **53**: 205-210.