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КОММУНИКАЦИЯ В ДЕТСКОЙ ХИРУРГИИ

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Аннотация. В статье рассматриваются особенности взаимоотношений детских хирургов с родителями и детьми, а также даются рекомендации по выстраиванию эффективной коммуникации в различных ситуациях клинической практики.

Annotation. The article discusses the features of the relationship of pediatric surgeons with children and parents and provides recommendations for building effective communication in various situations of clinical practice.

Ключевые слова: коммуникация, эмпатия, предоперационное консультирование, детская хирургия.

Key words: communication, empathy, preoperative consultation, pediatric surgery.

Introduction

Pediatric surgery is one of the most difficult specialties. Apart from perfect technical skills, communication with a patient also plays an important role, which has its own peculiarities in pediatric surgery.

Obviously, surgical intervention is a serious psychological test for both a patient and his or her family. Therefore, it is very important for a pediatric surgeon to be able to establish contact with both the child and the parents, to accept their feelings, to show empathy and to provide comprehensive information in the most accessible form.

The purpose of the research – identify current communication problems in pediatric surgery and provide recommendations for pediatric surgeons that could make communication with patients and their families more effective.

Materials and methods of the research

The content analysis method – studying of scientific articles.

The results of the research and their discussion

The patient-family-doctor relationship is an essential component of high quality pediatric surgical care. Research suggests that a good relationship with patients and their families improves patient's and parents' satisfaction, enforces patient's compliance and engagement. These leads to better clinical outcomes and bring physician job satisfaction [12, 16, 19].

Except the cases where surgical intervention is necessary to prevent imminent death or serious harm to the child, there is often an opportunity for adequate preoperative education and counseling [13]. It is important to pay attention to preoperative communication with parents, because mothers are even more anxious before the operation of their child than adult patients who will have such an intervention [11]. Counseling before surgery can reduce parental anxiety, and parents who feel comfortable with the surgeon will be better prepared to help their child cope with stress of surgery and adhere to postoperative guidelines.

The content of the information provided may vary depending on the situation. It is usually appropriate to report on the current condition of the child, indications for surgery, risks, consequences, the estimated duration of the operation and hospitalization. In addition, a surgeon should be prepared for the fact that parents may be interested in such questions as the location and length of the incision and bandages, the location and purpose of intravenous lines, as well as the appearance of the child after the surgery [8, 17].

Unfortunately, the doctor's explanations are not always clear to parents. Doctors tend to overestimate parents' ability to recall and understand medical terminology [2], which leads to parental or patient difficulty in comprehending the information given, feeling excluded from making decisions [10], and taking doctors as avoidant [7]. This does not mean that doctors should completely abandon medical terminology when consulting. But if the doctor uses incomprehensible terms, he should explain them and make sure that they are clear to parents. If the parents use clinical terminology themselves, it is better to clarify how they understand it to make sure there is no substitution of concepts. Moreover, surgeons might ask parents to repeat what they have understood from the conversation or ask them questions clarifying the issues.[8].

In emergency surgery, informing parents serves mostly to explain the current situation and future strategy, and decisions are mainly made by the surgeon, while in elective surgery, the role of parents in decision-making can increase. Shared decision-making is particularly relevant in those circumstances where there is clinical equipoise or uncertainty regarding the benefits and risks of options. Clinicians tend to believe that parents prefer to make their decisions less often than they actually do, although there are many studies that have shown that patients want to participate in decision-making

[1, 20]. At the same time, there are still parents who prefer not to take responsibility [10]. To choose a convenient strategy for interaction, the doctor should take into account the individual need of parents to participate.

The model of joint decision-making in elective pediatric surgical care proposed in one of the articles includes Clinical Information Exchange, Decision/Role Talk, Opinion/Preference Talk, and Emotional Environment [6]. While discussing possible solutions with the patient, the doctor should provide the patient with the most detailed information, inform them about all possible treatment options, including refusal of it, discuss the risks and benefits of each of the options, as a lack of information can make decision-making difficult and make parents feel incompetent. It is also very important to take into consideration the values and priorities of the family. The doctor may recommend one of the treatment strategies, but if the parents do not agree with it, their opinion should not be subjected to ridicule or accusations of incomprehension.

Some parents do not consider it necessary to inform their children about their health status and upcoming procedures, this decision may be aimed at "protecting the child". However, children often realize that information is being hidden from them, and this negatively affects their emotional state [9]. A child is able to notice the emotional state of his parents, and a lack of understanding can frighten him more than the truth the parents are trying to hide from him. Therefore, the optimal strategy in this case is to provide information in an accessible form in a dosed manner, in accordance with the age of the child. The role of the child in decision-making, as well as the amount of the information provided to the child, should be discussed with the parents in advance.

In any case, in any interaction with the surgeon, the child should receive recognition, regardless of age. It is very important that the doctor speaks to the child, and not just "about him" or "about her". Patients benefit when their doctors recognize and respect their interests, and the child's understanding of the need for treatment mitigates fear, reducing the harm associated with illness and trauma [9, 15].

Providing information to a child, it is important to take into account their needs, and not to impose information. To find out what information is needed, it is enough to ask the child what he would like to know. Some researchers have already studied the question of children's need for preoperative information. According to a survey patients aged 7-11 years showed the interest in receiving preoperative information [18]. Another study, involving 143 children aged 7 to 17, identified the issues that most interest children. Issues related to pain are of greatest concern to children of all ages. They are interested in, in particular, whether they will feel pain, how long it will last and how intense it will be. At the same time, the technical features of performing surgical operations are of less interest to children [4].

Along with the quality and form of the information provided, empathy is an important aspect of communication with both children and parents. Empathy implies reflecting feelings and showing respect, care, and compassion. It involves both verbal communication and non-verbal means, such as gestures, posture, and eye contact. Facing the child's illness, family members experience strong emotions [3, 20], and it

is important for them to know that the doctor sees and understands them. The inclusion of empathy in communication is associated with patient satisfaction, while avoiding conversations related to emotional problems can be interpreted as indifference, which can lead to complaints [5, 9]. To facilitate communication in difficult emotional situations, the doctor can use the NURSE mnemonic [14]. These conversations should take place without haste and fuss, wherever possible, because parents may not notice empathic manifestations if they are immediately followed by the providing medical information or a closed question [14].

Conclusions

The most important components of effective communication are Informativeness and Interpersonal sensitivity. The information provided by the doctor must be truthful and comprehensive, and it must meet the needs and level of understanding of the child or family members. When the situation allows, parents should be allowed to participate in decision-making and their choice should be taken into consideration. In addition, it is important to understand that patients and their parents, except solving a medical problem, expect acceptance, sympathy and support.

A pediatric surgeon often has to interact with parents and children in difficult situations. Getting information of the presence of a child's surgical pathology, the need for surgical intervention, or knowledge of the child's serious health problems can take the family by surprise, but skillful communication can enable a family to adapt to a challenging situation and results in improved psychological and behavioral outcomes.

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