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Opening address to article V.V. Belyaeva «Professional expectations of children's nurses and ways of implementing them in the process of communication with the patients' parents»

Dear colleagues!

The basis of programs of the pediatric nurses' forums held within the network of congresses of pediatricians of Russia is the large-scale public opinion polls that allow identifying “problem areas” in the work of medical technicians and concentrating attention on the liquidation of these problems.

One of such goals is interpersonal relations – in other words, communication of the providers and consumers of medical services. Inherently, a pediatric nurse is a line manager. In this capacity she performs the following functions: work planning, organization of necessary resources for its completion, management of the process requiring clinical and organization competence, control over the completion of the complex of requirements by patient and their parents and their motivation to the achievement of set goals.

To a large extent it depends on the communicative competence. Not without reason is it said that “for managers the road to hell is paved with good intentions and bad communications”.

The article by MD, PhD Valentina Belyaeva based on the polls of pediatric nurses – forum participants revealed a range of difficult questions of nursing consulting: rejection of inoculations, communication with the parents of children with chronic pathology etc. The gist of the article “From the education

for the whole life to the education throughout the whole life” completely corresponds to the mission of the country’s pediatric nurses’ forums.

V.V. Belyaeva

Professional expectations of children's nurses and ways of implementing them in the process of communication with the patients' parents

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Introduction

Nurses are a large group of specialists whose professional activity in the conditions of the continuing healthcare system reforming is in demand; the modern stage of nursing development is characterized by a tendency to the professional community consolidation. The pediatric nurses’ Forums held within the network of the XV and XVI Congresses of pediatricians of Russia in February 2011 and 2012 may serve as an illustration of this process. The program of the I Forum included the master-class “Communications and consulting in the pediatric nurse’s practice”, throughout which the delegates answered the questions related to the communicative part of nursing. A year after, on the II Forum, the 2nd master-class was held; it concluded the previous class and developed the topic of communications and consulting on the basis of the received results.

Target group and study methods

The goal of the work was to increase the communicative competence of pediatric nurses in the communication with patients' parents. In order to do this the program of the I Forum included an interactive master-class. The oral poll conducted in the beginning of work showed that the overwhelming majority of participants answered the host's question "Do we need the parents of our patients?" positively. After that a cross-sectional study of the nursing specialists' expectations from the patients' parents when fulfilling their professional duties was conducted. The participants were offered to anonymously answer the question "What do you expect from your patients' parents?" in written form. The poll results were analyzed quantitatively and qualitatively.

The program of the 2nd master-class was based on the conducted analysis of expectations and also included indicator questions, the answers to which allowed assessing the degree of information awareness of pediatric nurses on the main questions of communications in the system nurse – patient's parents. The question "Who consults the parents?" was accompanied by an instruction: "Choose the most complete answer". The following choice was offered: "A. Doctor. B. Nursing specialist. C. Medical worker. D. Qualified specialist". The question "Is there any gross difference between the informing and consulting of parents?" was also accompanied by the correct answer choice instruction and possible variants: "A. No gross difference. B. Informing is done by a medical worker, consulting – by a psychologist. C. Informing is a stage of consulting. D. Informing is done by a nursing specialist, consulting – by a doctor". The question "What amount of information is transferred verbally?" was accompanied by an instruction "Choose the correct answer" and the following variants: "A. 15-20%. B. 30%. C. 50-60%. D. 70-80%. E. 90%". Nurses were offered to name the topics which, in their point of view, are especially difficult to discuss with parents, and to give their opinion on the reasonability of discussing issues connected with the burnout of medical workers. 149 nursing

specialists took part in the study, 28.6% of whom took part in the work of 2 master-classes.

Study results and their discussion

72 specialists took part in the poll, 225 expectations were offered (3.1 expectations from each respondent on the average). The results of the analysis of pediatric nurses' expectations from the patients' parents when fulfilling professional activities are given in the table. The poll data indicate that medical technicians expect understanding, trust, help, optimal qualities and constructive dialog skills from the parents. 69.7% of these expectations are *realized only in the communication process* – the communication of a nurse and patient's parents, while the remaining 30.3% are connected with the desirable qualities of parents. They are *mediated by communications* in the system nurse – patient's parents. This interaction has a “symmetric” character: if the nurse does not display understanding, trust, patience, cannot listen to and hear, ask questions, digest information, then she does not get the reciprocal desirable qualities from the patient's parents. To illustrate this thesis the listeners were offered to remember the fairytale “The Fox and the Crane” and the summary “as the call, so the echo”.

The conducted analysis of opinions of 77 respondents on who consults the parents showed that 39% of the polled gave the most complete correct answer “Qualified specialist”. 31% of participants chose variant “A. Doctor”, 13% - nursing specialist, and 17% - medical worker. The following fact is interesting: comparing 2 groups of nurses who took part in both master-classes, only during the 2nd one the majority of “experienced” participants put responsibility over the consulting of parents on doctors (variant “A” was chosen by 41% of respondents). The specialists taking part in the classes with a professional chose variant “A” only in 24.5% of cases, while the majority (41.4%) of them preferred the answer “Qualified specialist”.

The poll participants differentiated between the basic methods of medical communication – informing and consulting. Answer “A. No gross difference” was not chosen. Previous studies of doctors’ opinions [1] showed that 88% *equated consulting to informing* answering the question “What is consulting?” All the more actual look the data received by polling nurses: 64% of respondents answered correctly that “Informing is a stage of consulting”; 35% thought that “Informing is done by a nursing specialist, consulting – by a doctor”.

The study of medical workers’ ideas on the significance of verbal and non-verbal parts of communication shows that the specialists underestimate the role of non-verbal communication of people. The polled pediatric nurses did not become an exception. Only 16% of respondents gave the correct answer to the question on what amount of information is transferred verbally: “A. 15-20%”. The comparative analysis of the poll results showed that in the group of “experienced” specialists the correct answers are registered in 24% of cases. Nurses working by the master-class program for the first time had only 13% of correct answers. One of the participants wrote in her questionnaire form that the amount of information transferred verbally “depends on the characteristic features of work”. The received results indicate the necessity of including topics connected with the non-verbal communication skills into educational programs.

In 87% of cases nurses stated 101 topics that are difficult to discuss with parents. The most disturbing topics were considered the ones connected with severe diseases of the children; prognosis, especially for premature infants and child’s death (24%).

The issues connected with the compliance of the regimen of stay in the department, their discipline come next (22%). Such topics as the explanation of vaccination calendar completion (12%), withdrawal of parents from pernicious habits and the issues of children’s nutrition and items of care for the child (8%) appeared difficult.

It is important to take into consideration the opinion of 5% of respondents on ethical aspects of professional activity [2]. One of the statements in particular read: “We can only listen to the parents and calm them, but it is forbidden to discuss anything with them”. Another participant designated the following issue: “What if mom comes and starts arguing with the doctor’s prescriptions? What if she asks a question, who is a good doctor, and who operates well?” One poll participant gave the following opinion: “I do not see any difficulties with the parents of sound mind”.

Given the understanding of the communication process as a symmetric one, the assessment of the audience’s needs in obtaining information on the medical workers’ burnout prevention was conducted in the end part of the master-class. 89.6% of participants answered the question “Do you believe it is timely and reasonable to discuss issues connected with medical workers’ burnout?” positively; 6.5% found difficulty in replying and 3.9% answered negatively.

Before that a similar poll was conducted in the groups of doctors treating HIV infection; of neonatologists and obstetrician-gynecologists; of the Federal Penitentiary Service (FPS) specialists; of the emergency doctors, and also of psychologists and psychotherapists [3]. 100% positive answer to the question on the timeliness and reasonability of the burnout prevention discussion was received in the groups of neonatologists and obstetrician-gynecologists, psychiatrists and psychotherapists. This index was the smallest in comparison with other polled groups in the group of pediatric nurses (the HIV infection specialists gave 96.5% of positive answers, FPS specialists – 95%, and emergency doctors – 93%). However, its absolute value is high and indicates the urgency of including to the program the subsequent master-classes on the burnout prevention as an additional motivating factor in order to raise the level of awareness of the communicative part of the nursing process.

It is important to use versatile forms of classes for successful education. One of the well-established forms of teaching to professionally well-established people is master class [4]. It allows identifying the initial level of the target audience preparation, structuring the existing knowledge, assisting the understanding by the target audience of the effectiveness of modern approaches to the completion of professional duties, presenting the technique of material description and also letting the colleagues have the experience by example of the practice case-studies in comparatively short time. The consistent treatment of the subject plays an important role: the assessment of needs and basic ideas of the audience on the subject discussed allows providing education on a level perceived as individually important. The master-class program forming on the basis of revealed expectations of the specialists allows the conduct of directional pedagogical intervention, the work provokes audience's interest, the specialists take an active part in the discussion of a contentive part of the presentation and ask questions.

The revealed expectations of pediatric nurses from the patients' parents reflect their idealized conception of what parents should be and what behavior "should" they have. However, in practice these ideas often conflict with the real situation. Communication skills allow medical staff to form a desirable behavior of the patients. It is an active process; if one knows its regularities, one may more effectively fulfill their professional duties.

Conclusion

A pediatric nurse may not only professionally, but also emotionally involved in the situations, the complexity of which is caused not only be medical, but also social-psychological life aspects of the family with an ill child. Nursing may be successfully realized only in the process of communication with the child and their close relatives, which is why an inclusion to the working process such a representative professional meeting as forum, issues of communication and consulting is well-grounded and necessary. The "From the

education for the whole life to the education throughout the whole life” principle [5] concerning post-graduate education of nursing specialists may be realized in the development of communicative activity of nurses in the structure of a competence building approach to education [6].

The results of the conducted polls will be taken into consideration when forming the program of the next master-class. Difficult consulting cases, according to specialists, are the communication with the ill child’s parents, discussion of the prognosis issues of the child’s further life, health and development and the child’s death subject. It appears to be reasonable to consider the crisis consulting issues and effective communication ways in case parents reject the inoculations.

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Table. Pediatric nurses' expectations from the patients' parents when fulfilling professional activities

#	Indices	%
1	Understanding and mutual understanding	28.4
2	Trust, belief	10.7
3	Assistance	10.2
4	Discipline, responsibility, tactfulness, sincerity, diligence, attentiveness, withdrawal from pernicious habits, organization of the child's spare time, accuracy, decency	9.3
5	Respect and gratitude	8.4
6	Belief in a child and love	7.6
7	The ability to listen, ask questions, digest information, communicate, not to throw a tantrum, not to write complaints, not to conflict, to stay calm	6.2
8	Fulfillment of recommendations and participation in the treatment process	5.8
9	Patience	4.9
10	Adequate reaction	3.6
11	The ability not to interfere	2.7
12	Right mental approach	2.2