

# SATISFACTION WITH HOSPITAL COMMUNICATION AMONG RELATIVES OF CHILDREN WITH CANCER IN SPANISH HOSPITALS

Dr. Lennart T. Koch

President of Galbán

Association of Families of Children with Cancer in the Principality of Asturias

Universidad de Oviedo



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# Introduction

- No study on satisfaction with communication in paediatric cancer units in Spanish hospitals
- Scientific evidence for the need of improvement, especially in the communication of bad news
- Lack of training in communication in Spanish medical schools
- Wide perception among families in our Association that communication of bad news could be improved
- Different perception among survivor and non-survivor families
- Some of our families reported better experiences in other hospitals

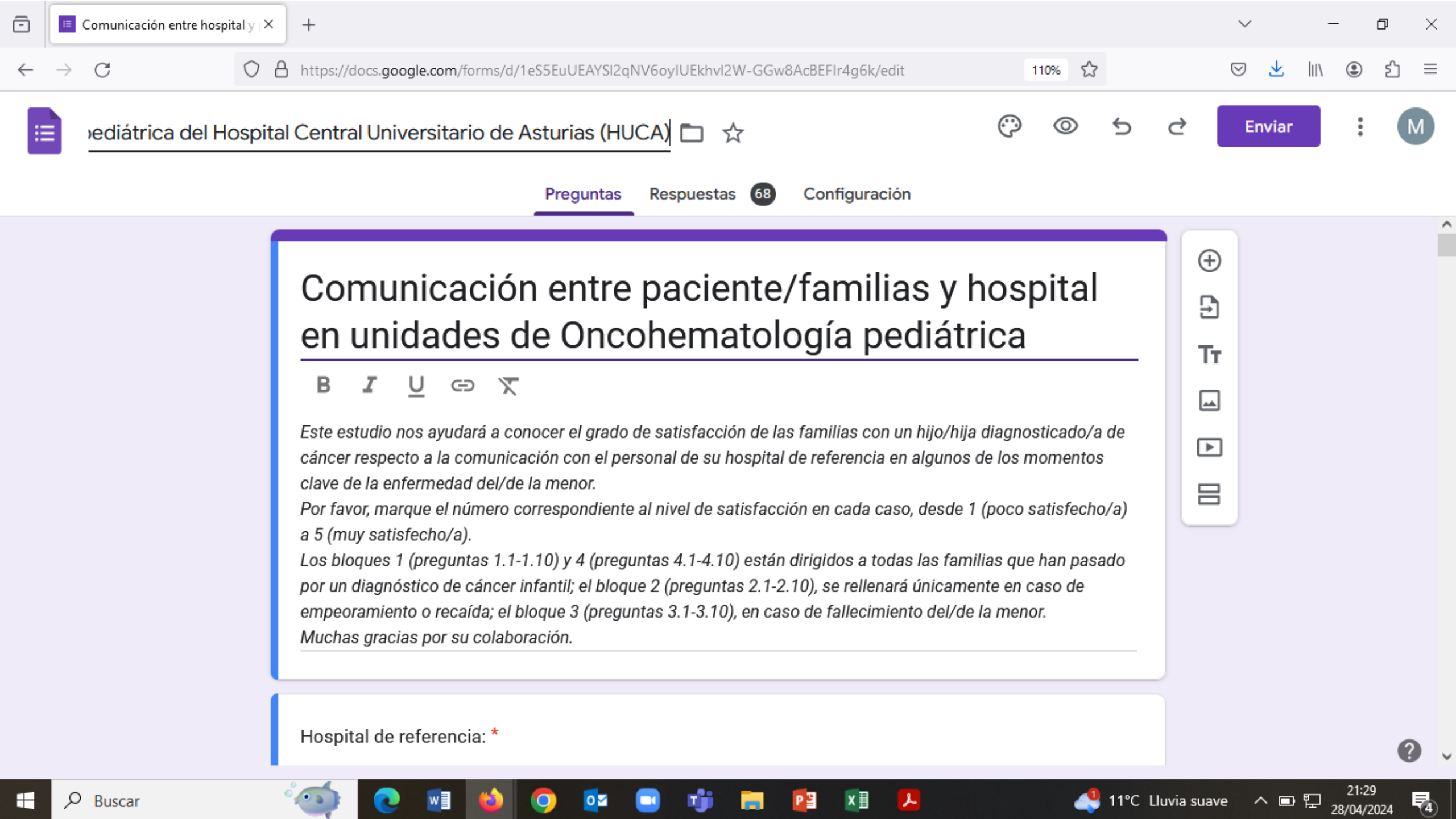


# Background/Objectives

- Hypothesis 1: Communication with families is not perceived as sufficiently satisfactory
- Hypothesis 2: There may be differences in the management of communication with families depending on the territory
- Hypothesis 3: The perception of families may depend on the survival of the child → health workers' ability to communicate bad news

# Design/Methods

- Survey through Google Forms to GALBÁN-families: Evaluation of communication between healthcare staff and families of sick children in 3 key situations: **diagnosis**, **relapse** and **palliative care**, as well as **general satisfaction**
- Subsequent sending of the survey through the Spanish Federation of Parents of Children with Cancer to those member Associations that requested it
- Responses so far from 8 Associations
- 4 taken into account: GALBÁN (Asturias, 68 responses) ASPANIÓN (C. Valenciana, 51 responses), AFACMUR (Murcia, 27 responses) and ASANOG (Galicia, 22 responses)



## Comunicación entre paciente/familias y hospital en unidades de Oncohematología pediátrica

**B** *I* U

*Este estudio nos ayudará a conocer el grado de satisfacción de las familias con un hijo/hija diagnosticado/a de cáncer respecto a la comunicación con el personal de su hospital de referencia en algunos de los momentos clave de la enfermedad del/de la menor.*

*Por favor, marque el número correspondiente al nivel de satisfacción en cada caso, desde 1 (poco satisfecho/a) a 5 (muy satisfecho/a).*

*Los bloques 1 (preguntas 1.1-1.10) y 4 (preguntas 4.1-4.10) están dirigidos a todas las familias que han pasado por un diagnóstico de cáncer infantil; el bloque 2 (preguntas 2.1-2.10), se rellenará únicamente en caso de empeoramiento o recaída; el bloque 3 (preguntas 3.1-3.10), en caso de fallecimiento del/de la menor.*

*Muchas gracias por su colaboración.*

Hospital de referencia: \*

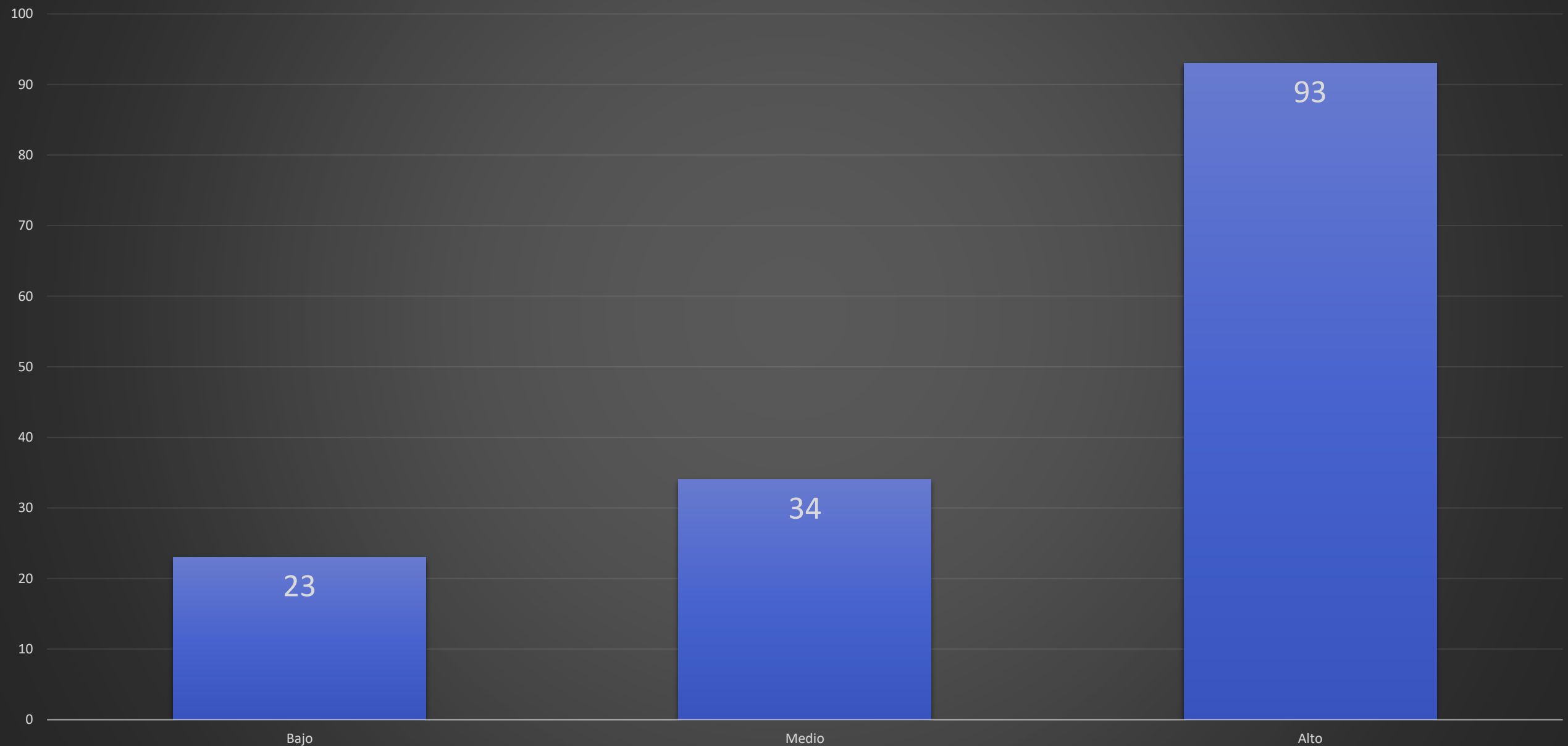




# Results/Outcomes

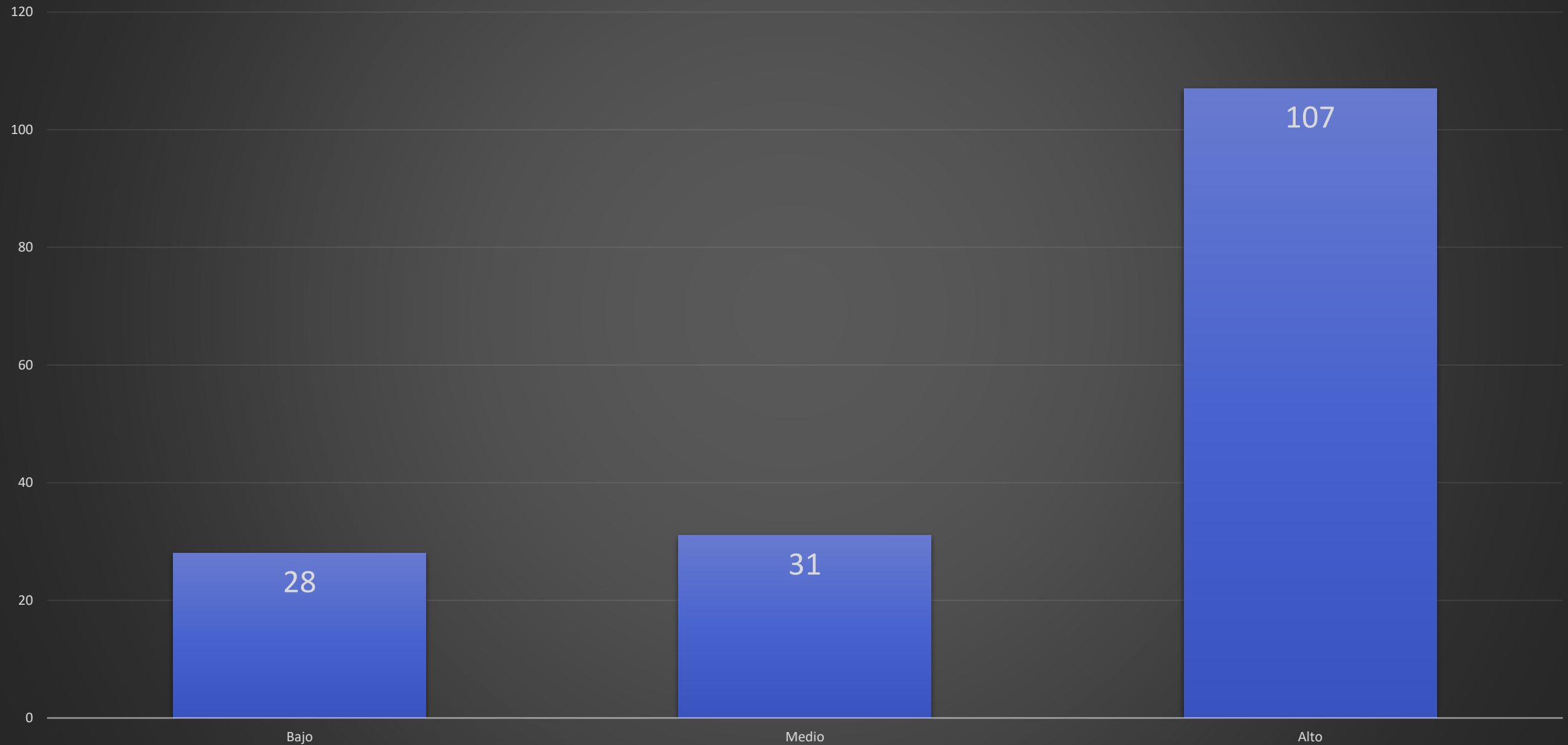
- 4.1 OVERALL, I AM SATISFIED WITH COMMUNICATION: By the medical staff in Paediatric Oncohematology
- 1.10 DIAGNOSIS: Overall, I felt that I was treated with tact and empathy
- 4.5 OVERALL, I AM SATISFIED WITH COMMUNICATION: By the psychologists
- 1.3 DIAGNOSIS: All necessary psychologists were present
- 1.9 DIAGNOSIS: It was communicated appropriately to my child

# 4.1 OVERALL, I AM SATISFIED WITH COMMUNICATION: By the medical staff in Paediatric Oncohaematology

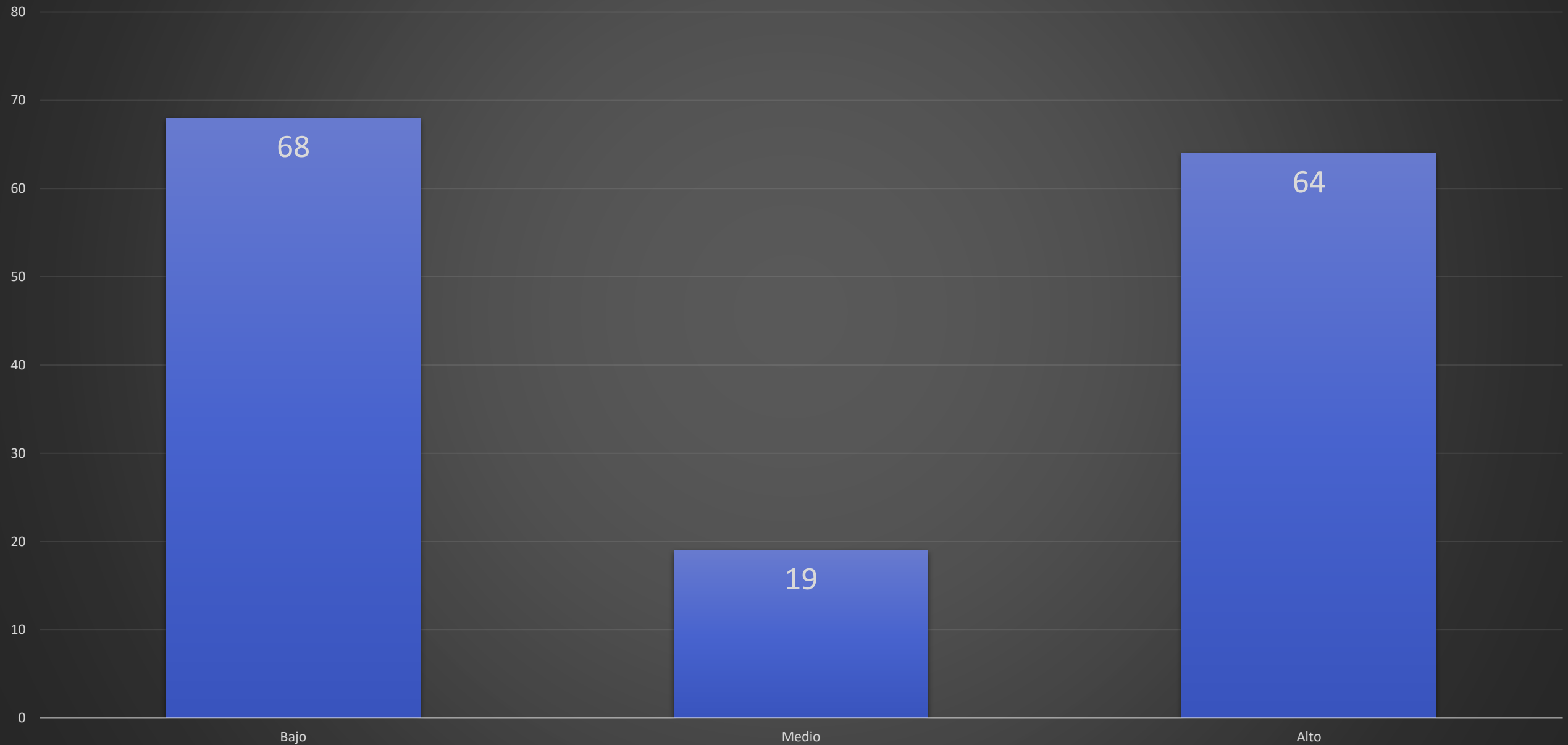




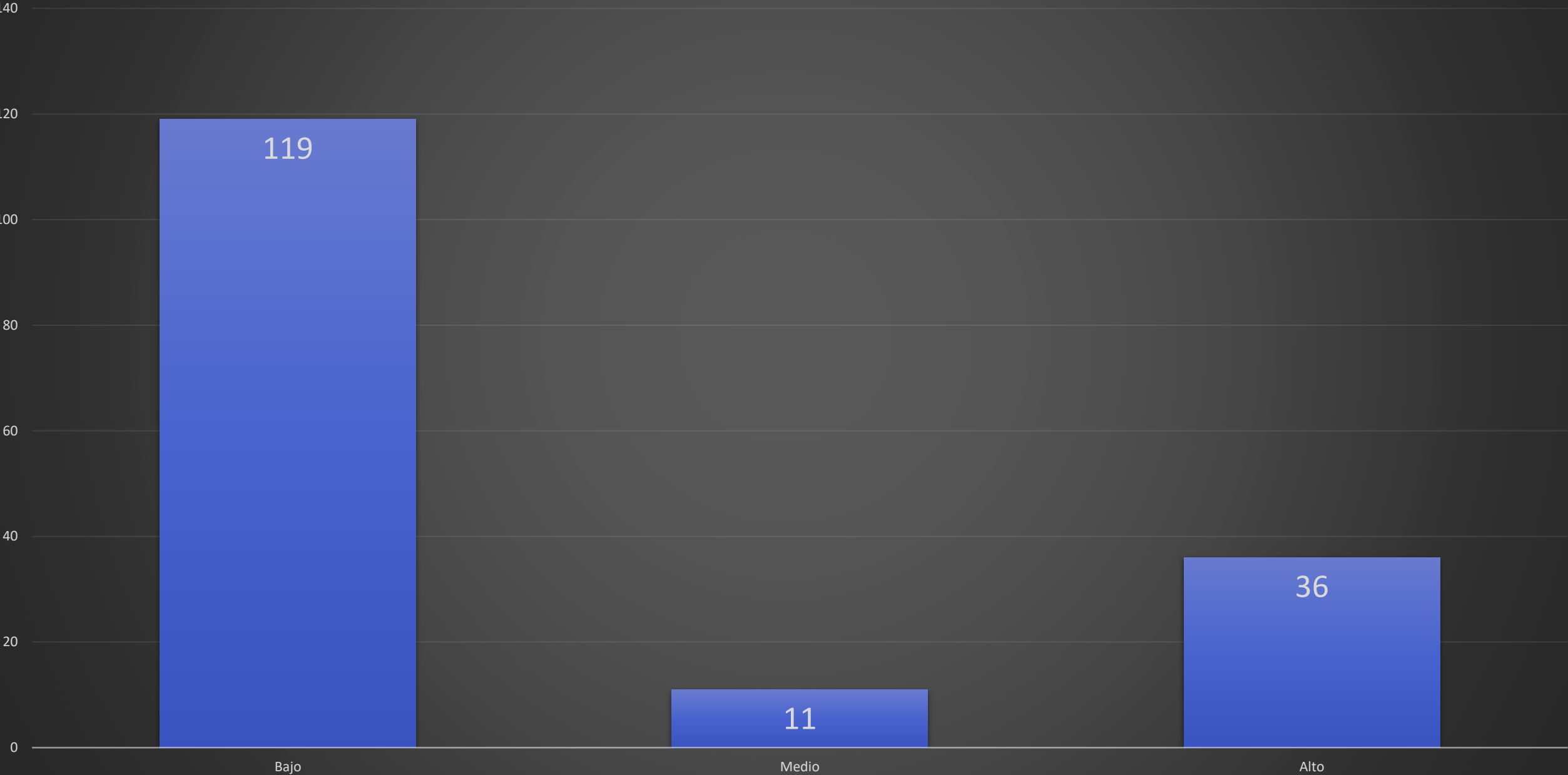
# 1.10 DIAGNOSIS: Overall, I felt I was treated with tact and empathy



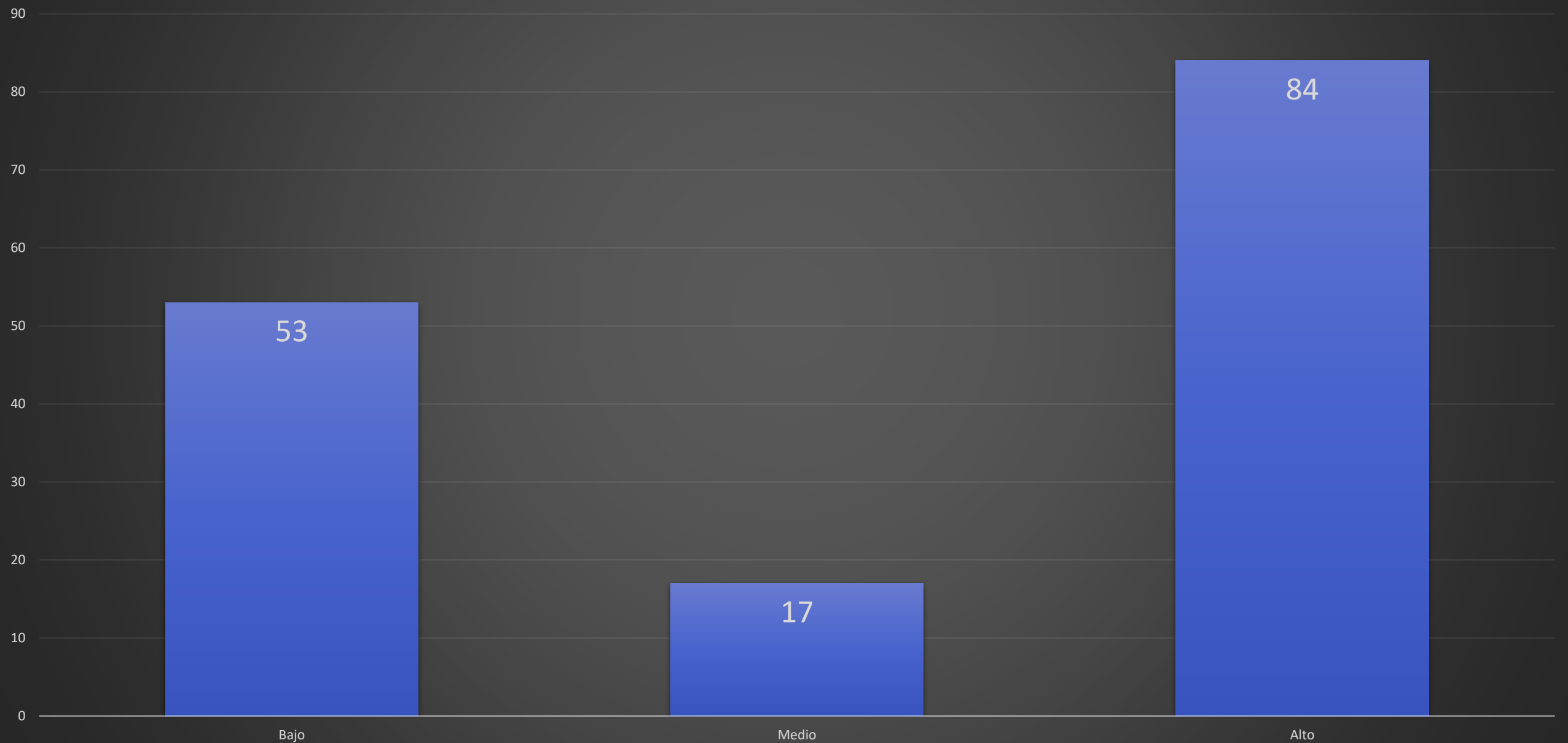
# 4.5 OVERALL, I AM SATISFIED WITH COMMUNICATION: By the psychologists



# 1.3 DIAGNOSIS: All necessary psychologists were present

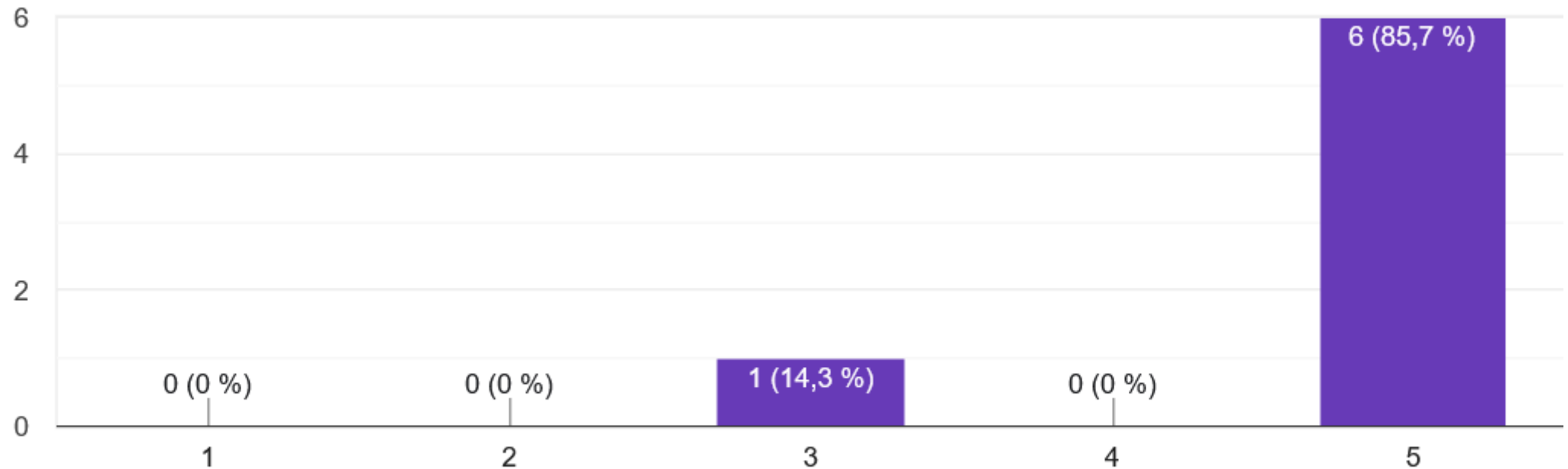


# 1.9 DIAGNOSIS: It was communicated appropriately to my child



# MURCIA: Access of psychologists from Association

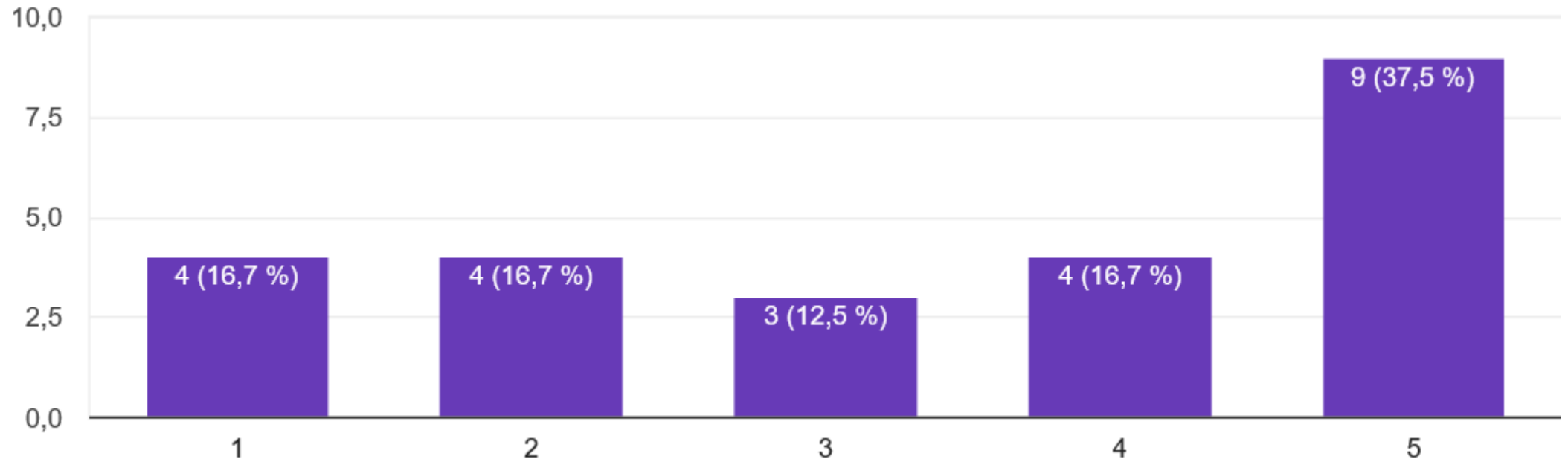
**3.10 LACK OF HEALING PERSPECTIVES: Overall, I felt treated with tact and empathy**





# ASTURIAS: No Access of psychologists from Association

## 3.10 LACK OF HEALING PERSPECTIVES: Overall, I felt treated with tact and empathy





# Conclusion

- Hypothesis 1 (communication with families is not perceived as sufficiently satisfactory) proved to be true: one third of the families are not satisfied with the communication in general by medical staff
- This perception already begins with the diagnosis, where a third of the respondents would like to see more tact and empathy
- The main problem, however, is that psychologists are usually not even present. This is why half of those surveyed are dissatisfied with the communication from psychologists
- Another reason for the negative assessment is apparently that, from the families' point of view, children in particular are not adequately informed about the diagnosis

# Conclusion

- The number of participants so far only allows a limited comparison among the territories. However, it is clear that the assessment of psychologists in hospitals, where the psychologists of the Associations have no access, is significantly worse. This poor evaluation also has a negative impact for some questions on the evaluation of other medical staff
- There are, therefore, strong indications that hypothesis 2 is also correct, i.e. that there are regional differences
- The assessments of the communication of bad news are particularly different between hospitals that allow specialized psychologists of the Associations and those that do not. This suggests that hypothesis 3 is also correct, but more research is needed on this point





# Possible implementation

- In general, an improvement in the communication capacity of medical staff would be appropriate. However, the lack of specialization of clinical psychologists in particular seems to be the reason why there are clear inequalities between territories. Where psychologists from Associations work, who have a lot of experience with paediatric oncology patients and their families, ratings are significantly higher
- It would be interesting to know whether these observations about inequalities can be confirmed by the participation of more Associations in Spain, but also by the study in other parts of Europe
- All these findings are in line with research calling for more training in communication at universities, whether for doctors or psychologists
- It helps Associations to justifiably demand more training in universities and asks for access of their own psychologists in hospitals.

