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CASE REPORT

Pediatrician's Relationship with Empowered Mothers in the Office

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Abstract

This is an experience report, the purpose of which is to describe the experience of using the Pediatric Care Assessment Questionnaire Based on Perceptions of Maternal Care as an aggregator of Pediatrician guidelines. The results showed that the mothers confidence in pediatric guidelines is an indispensable factor for excellence in monitoring maternal and child health. However, one of the biggest barriers to a better quality of the work of this professional is the insufficient time at the time of the consultation to extend the care to the empowered mother regarding her desire for the professionals support for shared decision-making. The results made explicit the parallels and differences in this dynamic and the need to converge the two sides of this relationship. In this study, we recommend further research in the field of pediatrics with regard to empowered mothers in pediatric clinics, implications and solutions for the excellence of pediatric care.

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INTRODUCTION

The concept of empowerment first appeared in healthcare at the launch of the Ottawa Charter (WHO, 1996)[1], when it was defined that health promotion would result in a dynamic process by which patients are empowered to take greater control over their own health, mobilizing personnel and social resources that go beyond the healthcare field, reaching all areas of an individual's life. The pediatrician's approach to mother-infant care equally includes the identification and management of maternal issues involving this dyad. Pediatricians work with empowerment[2], by guiding and teaching the mother how to act in certain situations and what to do, in addition to bringing the scientific knowledge from their medical training that they considers appropriate for each situation they deals with. However, this view is often not clear to the mother, perhaps because her perception of the pediatrician figure is still incompatible with maternal empowerment[2], especially when the pediatrician's action finds a mother who is capable of thinking critically and making autonomous and informed decisions.[3,4] Communication between pediatricians and mothers is complex and interdependent; the mother depends on the pediatrician for her baby's well-being and the pediatrician depends on the mother to work with accurate information[5] and perform her function well. On the other hand, the specific performance of pediatrics, in working with the baby's family, is generally focused on the individual child, which can result in ineffective or conflicting communication with the parents[6]. We consider maternal empowerment, the result of the appropriation of scientific knowledge, through research and various readings - compared with social networks and life experiences - as an undue interference of the mother in pediatric practice[7]. Since the pediatrician tends to disregard the fact that mothers seek validation from other sources for the information they receive, the pediatrician's role now depends on whether or not the mother accepts the guidelines he gives her. The objective of this study was to understand how the practice of maternal empowerment influences pediatric care and its results. This understanding is based on a parallel analysis between the mother's and the pediatrician's behaviors at three different times (before, during and after) the first consultation, explaining the convergences and divergences (parallels and differences) of this relationship.

MATERIALS AND METHODS

This study was carried out with 20 pediatricians working in the state of São Paulo. Participation was voluntary and the interviewees' selection criteria included pediatricians with more than five years of experience in private practice or Child ER in the SUS system. The questionnaire prepared by the researcher was validated by the FCM/UNICAMP Statistics Department. Data collection took place from September to October 2019, with a link being sent to access the online questionnaire, aiming at speeding up data collection and the convenience of pediatricians. The electronic addresses of all pediatricians participating in the study were previously selected by the supervisor. This is a qualitative descriptive analytical exploratory study of data obtained from a questionnaire applied to 20 pediatricians. The study was duly approved by the Research Ethics Committee of the School of Medical Sciences, under CAAE protocol number 13189519.9.0000.5404. The entire procedure followed the requirements of Resolution 466/2012 of the National Health Council (CNS/MS). The questionnaire was divided into three moments of the first consultation: before, during and after. The topics that concerned both mothers and pediatricians were divided into three moments: Pre-Consultation (how the pediatrician and the mother prepared for the consultation), Consultation (how they interacted) and Post-Consultation (how they reacted after talking in the clinic).

RESULTS

Data collection was carried out with 20 pediatricians working in the state of São Paulo, 11 women and 9 men. Of these, 13 had a doctor's office and 6 worked in the Children's ER of the SUS system, working, on average, 40 to 50 hours a week. There were a total of 73 visits to the online questionnaire. The questionnaire was created from the data collected in a survey with 200 mothers[3], analyzed through the theory of the Discourse of the Collective Subject[8].

QUESTIONNAIRE FOR PEDIATRICIANS

DAM = "Does not apply to me", or "I prefer not to answer".

We would like to understand his performance as a pediatrician, in three phases: before, during and after the first consultation with the mothers. We ask you, please, to answer the following questions, and feel free to make comments that you consider relevant to the proposed topics.

The idea of this study is to compare the perspectives of pediatricians and mothers regarding the three phases of the first contact between them — before, during and after the first consultation. Can you help us?

THEME 1 – BEFORE the first consultation

1.1. Is the Internet a resource you use for your preparation?

(1) I use the Internet for academic research Only.
(2) I participate in a virtual group of pediatricians to exchange experiences.
(3) I use the Internet more to find out about pediatrics conferences.
(4) DAM
(5) The Internet can help, but I prefer not to waste my time online.

Personal comment: (optional)

1.2. Are you familiar with the theme of "empowered" mothers?

(1) Actually, it's a subject that doesn't interest me very much.
(2) I have been reading about the topic and it seems relevant to my work.
(3) DAM
(4) This subject does not make any difference in my pediatric practice.
(5) I am starting to familiarize myself with this theme.

THEME 2 – DURING the first consultation

2.1. Do you feel prepared to dialogue with these "empowered" mothers?

(1) DAM
(2) I don't feel well prepared
(3) Yes, I feel prepared, but sometimes they surprise me
(4) Overall, I feel relatively well prepared
(5) I believe that I am well prepared to deal with these mothers

Personal comment: (optional)

2.2. If you've interacted with "empowered mothers", what was your experience? (If not, skip to the next question.)

(1) They are different, but I didn't need to change my pediatric practice
(2) DAM
(3) I adapt my pediatric practice to what they bring to the consultation
(4) My practice has changed considerably since this interaction.
(5) Sometimes there are some conflicts, but nothing that can't be worked around

Personal comment: (optional)

THEME 3 - AFTER the first consultation

"The mothers interviewed compared their daily experiences in baby care with the pediatrician's instructions, which take place once a month. They feel that a comprehensive view of baby care is preferable to the generic care they usually receive from a healthcare professional."

3.1. What is your reaction when you finish your first consultation with an empowered mother?

(1) I feel frustrated with these empowered mothers
(2) I feel calm
(3) DAM
(4) I feel fine most of the time
(5) I feel that I need to change my strategy in some situations

Personal comment: (optional)

3.2. Most of the empowered mothers surveyed feel the need for more attention from the pediatrician, in addition to monitoring the baby. According to them, this would make the relationship with the healthcare professional more friendly. In your opinion, do mothers want to receive more support or more pediatric guidance, from the first consultation?

(1) More support
(2) More guidance
(3) Depends on each case
(4) DAM
(5) An average between the two things

Personal comment: (optional)

3.3. Do you participate in any virtual groups of pediatricians who share their experiences with empowered mothers?

(1) I participate in a virtual group of pediatricians, but we do not touch on this subject
(2) I participate in a virtual group of pediatricians who, from time to time, address this issue
(3) I do not participate in any virtual groups of pediatricians
(4) DAM
(5) From time to time I join virtual groups of mothers (without identifying myself)

Answers obtained

1. When asked if the Internet would be a resource for preparing the care of the empowered mother, 25% of the respondents reported that they participated in virtual pediatrics groups to exchange experiences, and the majority, 75%, did not use the Internet to communicate with colleagues.

2. Asked if they are familiar with the theme of "empowered mothers", 47% had some familiarity with the theme and consider it relevant to their performance; 28% were starting to become acquainted with the subject and considered whether or not it is relevant to their pediatric practice; and the other 25% had read about the subject.

3. Asked if they were prepared to dialogue with empowered mothers, 47% said yes, although these mothers sometimes surprised them; another 53% said that, in general, they considered themselves well-prepared to deal with empowered mothers.

Observation. This result has a slight relational divergence regarding the pediatrician's familiarity with the topic (47%; see point #2 above).

4. Asked if they had already interacted with empowered mothers and what their experience had been, 40% said that they had adapted what mothers brought to the consultation to their practice; 36% reported that there were some conflicts, but nothing that couldn't be worked around; 24% said these mothers were 'different', but had not felt the need to change their pediatric practice to accommodate them.

Observation. Since most do not communicate with their colleagues through social networks (#2 above), which would allow them to exchange experiences with professional colleagues, potentially transforms conflicts with empowered mothers without a stressor for the pediatrician (25%). The relational encounter between pediatrician and mother possibly reflects the dynamics of the relationship between pediatricians, which goes beyond theoretical and professional contact, when it exists.

5. Asked about their reaction at the end of the consultation, 34% reported that they felt calm; 15% felt good most of the time; 51% did not feel reassured. A relational divergence factor concerns the fact that 47% of respondents said that mothers sometimes surprise them, while 53%, later on, stated that they were well prepared to deal with the empowered mother. In the pediatrician's perception of the mother's intention to receive more support or guidance during the consultation, 24% said they perceived that the mother wanted personal support, another 32% said that the mother sought pediatric guidance, while 44% say that it depended on each case.

Here, the relational pattern is antagonistic: the mothers relate to each other before the first consultation with the pediatrician, seeking support in their social network. When she goes to her first consultation, expecting to receive support from the pediatrician for her perceptions, she is frustrated when the pediatrician ignores or disregards her opinion. In cases of an unsupportive orientation, the non-convergent relationship can result in the mother's withdrawal, frustrated by not receiving the support she expected. In the last question, if the pediatrician participates in discussions in the virtual groups specifically on the theme 'empowered mother', half of the pediatricians answered that they did not participate in any group; 25% related to other pediatricians, but did not address the issue; and another 25% occasionally broached the subject.

DISCUSSION

Confidence in the mother's pediatric guidelines is an indispensable factor for excellence in monitoring maternal and child health. However, one of the biggest barriers to a better quality of the work of this professional is insufficient time during the consultation to extend the care to the empowered mother regarding her desire for the professional's support for shared decision-making[9]. The focus in pediatric care is still primarily on the baby. However, their emotional development is dependent on the mother and in this vision of joint attention to their emotional and mental well-being, the pediatrician also plays a strategic role in relation to the mother[10]. In this context, time is a limiting factor, given that characteristics and attitudes of the pediatrician are associated with the identification and treatment of mothers with postpartum depression[11]. There is still a gap in understanding how they perceive their health; they are generally inhibited when it comes to expressing their needs and end up looking for informal and non-professional help[12]. In sharing important information and evidence from the pediatrician in a care practice that is also centered on the mother, or whoever exercises the maternal function, since she is the main (inter)locutor for the baby. One of the impediments to a better result in the mother-pediatrician relationship, in the context of maternal empowerment, is the fact that mothers behave as decision makers to the same degree as the pediatrician professional[13]. However, contrary to the benefits of Internet access that expands the scientific knowledge of mothers, the absence of guidance from the pediatrician can lead to misinterpreted information, which can lead to an error in its applicability[14]. On the contrary, when the mother finds in the professional the confirmation of her research and information acquired on the topics that concerns her — even when some corrections are necessary — , your assessment of the pediatrician is positive, which results in an empathetic relationship with this professional

Saúde[15], in addition to the fact (positive, of course), common in many cases, the mother herself recommends this pediatrician on her social networks. The more evident the maternal empowerment, the greater the need for care based on attention to the perceptions and knowledge acquired by her, as the quality of child health is closely related to maternal decisions in caring for her baby and herself[16]. The higher and more solid the level of this knowledge, the greater the need for care based on sharing knowledge, recognizing the perceptions acquired by mothers and their confidence in exercising their empowerment[17].

CONCLUSION

This study results demonstrate that the dynamics of the first consultation presents a mismatch between the pediatrician and the empowered mother. They point to a lack of relational convergence that can create problems in care and reinforce the pattern of lack of relationship between pediatricians themselves. While mothers first seek guidance in virtual groups and evidence-based information before the first consultation with the pediatrician, pediatricians are often unaware of what kind of knowledge or guidance is passed on to mothers. During the consultation, mothers anticipate an open dialogue with the pediatrician, in an 'equal' to 'equal' interaction. While the pediatrician respondents claim to be prepared to dialogue with these mothers; however they express that

they are sometimes surprised and can adapt their practice to what they bring in terms of knowledge to the consultation. After the first consultation, the mothers turn to social groups to check the pediatricians' guidelines, which will determine their decision on the monitoring of the chosen professional. On the pediatricians' side, they feel calm in their relationship with the empowered mother, but realize that they wanted to receive more support in the face of their maternal empowerment. The limitations of the study were due to the universe of pediatricians interviewed; this was a major challenge for this study, with regards to the availability and interest of pediatricians in the topic, which still requires further academic research. Despite these limitations, this study brought light to the theme and ideas for possible future discussions. Based on the scarce literature, it is important to consider that the relationship between mothers and pediatricians is a promising field for future studies. Our aim was to demonstrate the existence of converging and diverging points with regards to the mothers' expectations in the first consultation and to assess whether pediatricians are aware of a mothers' concerns. The results made explicit the parallels and differences in this dynamic and the need to converge both sides of this relationship. In this study, we recommend further studies in the field of pediatrics with regards to empowered mothers in pediatric offices, implications and solutions for excellence in pediatric care (FIGURE 1).

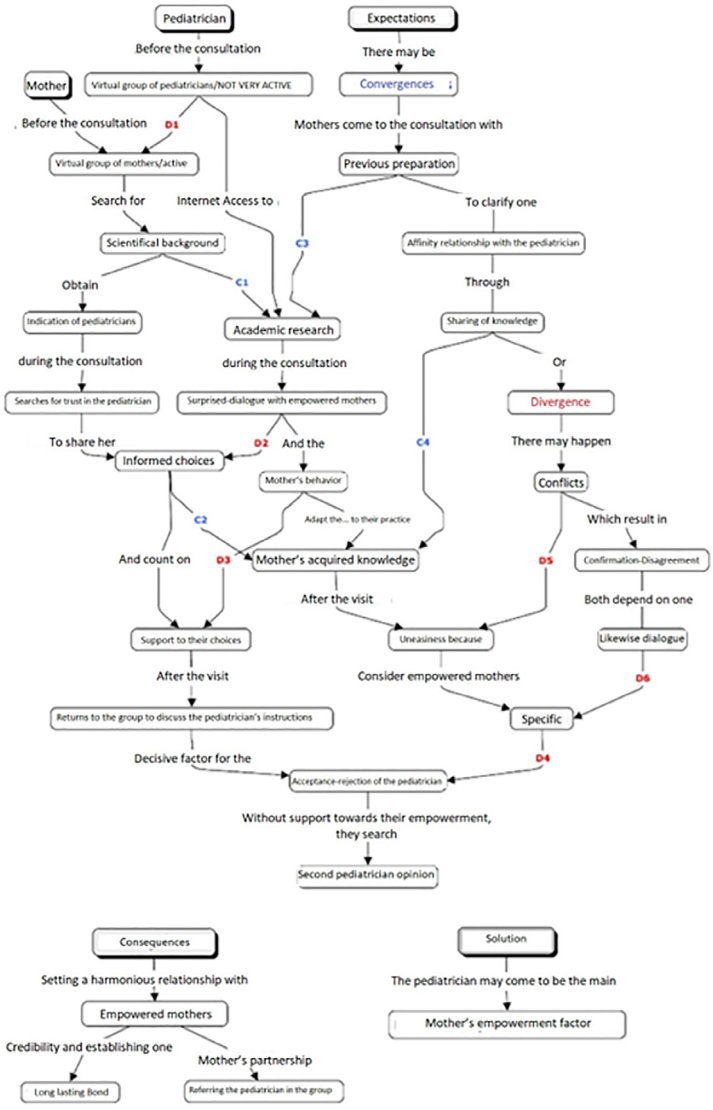


Figure 1. Ilustration showing Convergences and Divergencies in the First Visit to the Pediatrician.

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