

# Triadic communication with teenagers and young adults with cancer: a systematic literature review: "Make me feel like I'm not the third person"

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## Introduction

Although most young people have limited healthcare encounters, around 2,500 are diagnosed with cancer each year in the United Kingdom. Clinical communication needs of teenagers and young adults with cancer (TYAC) are increasingly recognised to differ significantly from younger children and older adults. Research indicates TYACs can have little meaningful involvement in conversations with healthcare professionals (HCPs): almost half of children and young people reported not being involved in decisions about their care. Triadic communication refers to the presence of a third party, such as a partner and is a key feature of TYAC care. We define the third person here as a supporter. It adds another layer of complexity to clinical communication encounters with TYACs.

We sought to understand TYAC's experiences and the impact of triadic communication.

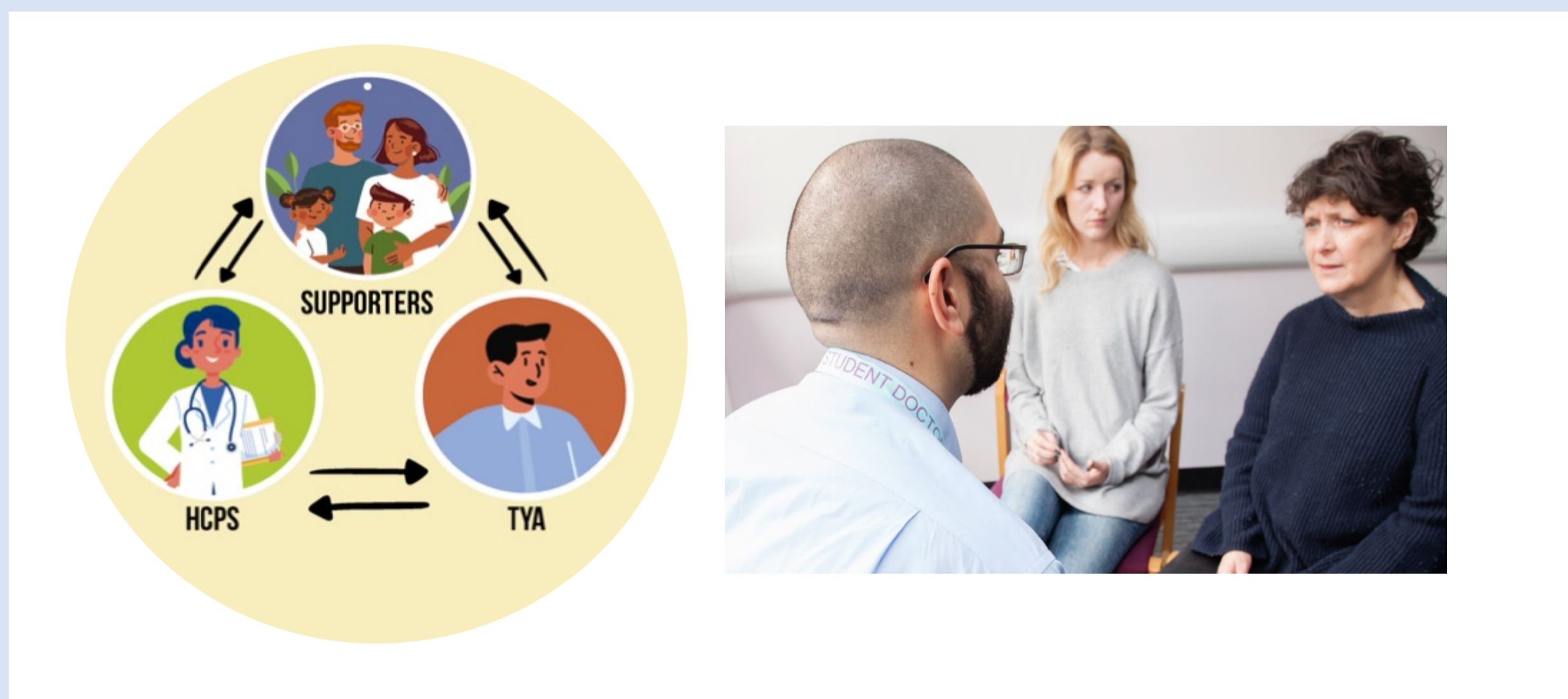


Figure 1 – Triadic communication is dynamic and complex. Diagram taken from scoping review.

## Methods

We generated the following research questions to focus this review:

1. Who is present with TYACs in healthcare communication?
2. What are TYACs' experiences of triadic communication?
3. What is the impact of triadic communication?

We conducted a systematic review and narrative synthesis of empirical evidence. An inductive thematic analysis was undertaken to identify the main, recurrent, and important data across the studies in answering each research question.

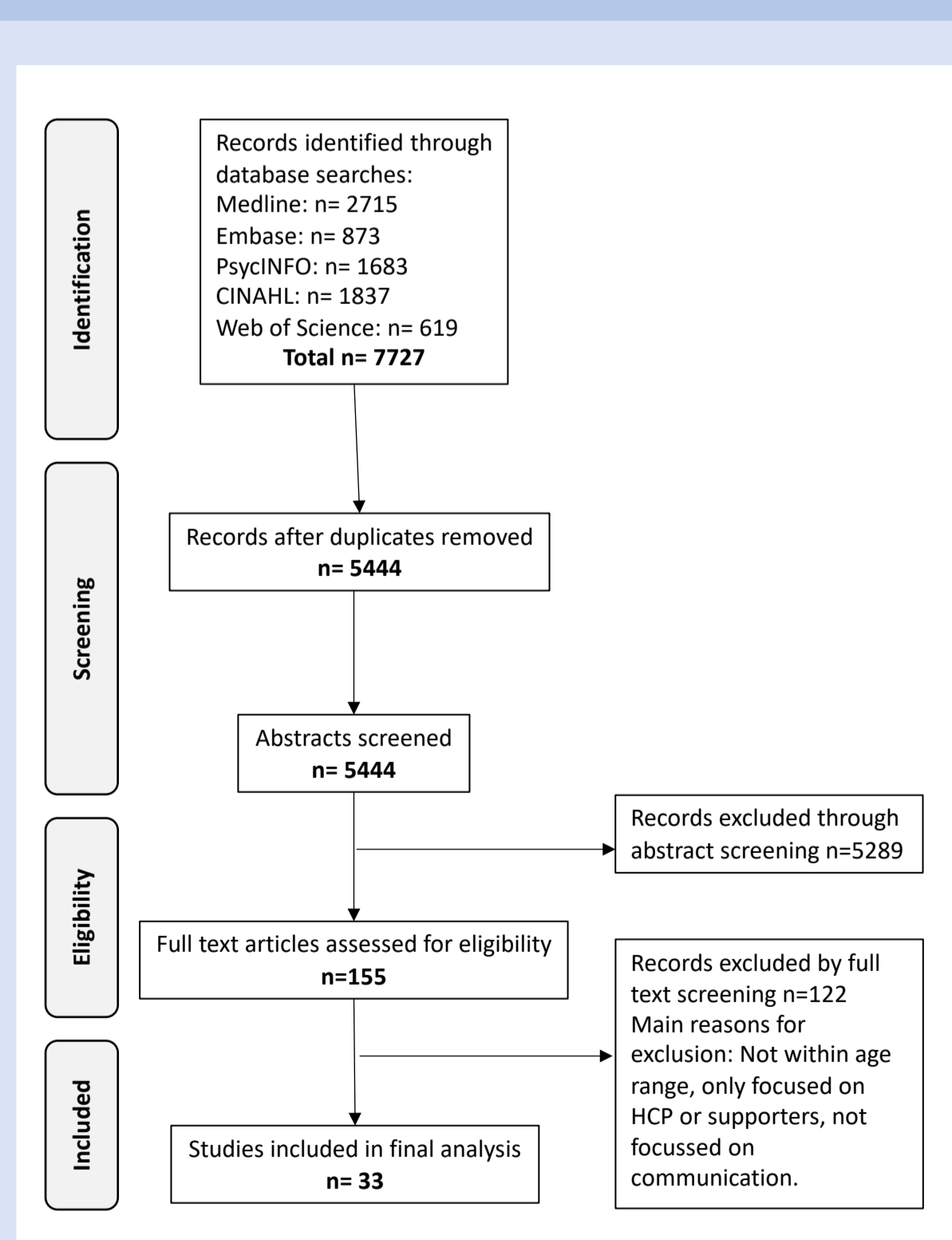


Figure 2 – Systematic review PRIMSA diagram

## Conclusion

Triadic communication in TYAC care is common, complex, and dynamic. The presence of supporters impacts clinical communication both positively and negatively. Young people desire a sense of personal agency, autonomy and control related to information flow and decision making. This includes private lines of communication with HCPs without the presence of supporters.

## Key Implications

Due to the degree of challenge and nuance raised, **HCPs need bespoke, TYAC-focussed clinical communication training** to allow them to effectively facilitate and navigate triadic communication.

## Findings a – Who is the third person (supporter)?

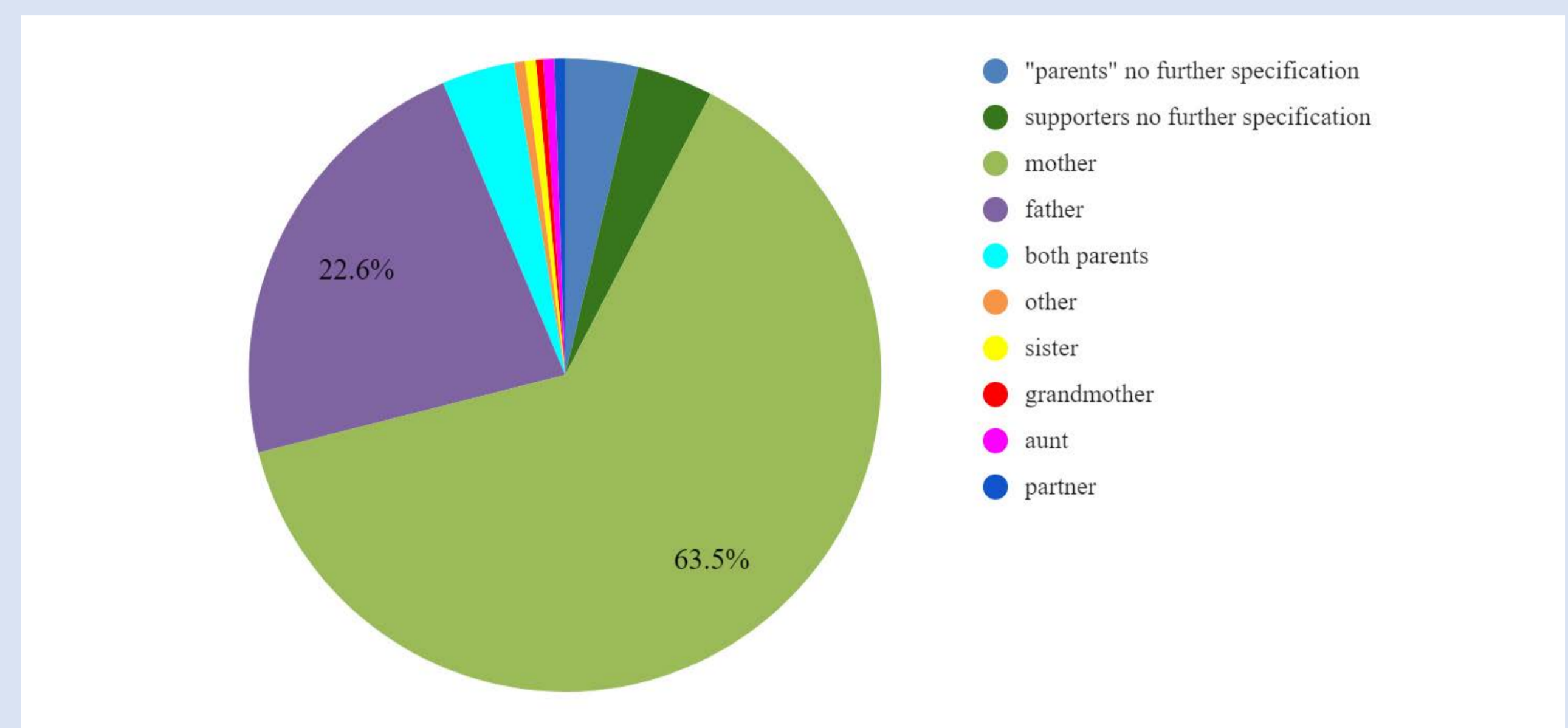


Figure 3 – Mothers are the main supporters of TYACs, making up 63.5% of the supporters. Fathers made up 22.6% of supporters. Overall, the vast majority of supporters were parents (95.5%). Non-parental supporters included partners, aunts, sisters and grandmothers however these only accounted for around 6% of supporters.

## Findings b – Experiences of triadic communication

Positive impacts	Negative impacts
Supporters asked questions on behalf of TYAC	Communication often directed towards the supporter and not the TYAC
Supporters retained information from HCPs	Mutual protectionism hindered honest communication
Supporters acted as conduit of information between TYAC and HCP	Supporters' priorities might differ from those of the young person
Supporters acted as a "sounding board" for the young person	Supporters interrupted young people and dominated the conversation
Some supporters promoted self-advocacy and autonomy for the TYAC	No clinicians offered the TYACs the opportunity to speak with them alone

Figure 4 - The presence of supporters impacts TYACs' experiences of clinical communication both positively and negatively.

## Findings c – Impacts of triadic communication

- Shielding of information**
  - Supporters could receive information in the absence of the TYAC and subsequently filter the content
  - "The parents had hidden a truth that was not theirs to hide"
- Mutual protectionism**
  - Bidirectional non-disclosure between the TYAC and the supporter to emotionally protect each other
  - Can result in TYAC not disclosing distressing symptoms to HCP in front of supporter
  - The supporter might avoid conversations about prognosis and end of life care
- Decision making**
  - Supporters can positively or negatively impact the TYAC's involvement in decision making
  - Overall, TYACs are not involved in decision making to the level they would like to be due to limited direct and honest communication
- Time alone**
  - Not routinely embedded into clinical practice
  - Would create an open line of communication between the TYAC and the HCP, allowing the patient to feel "in the loop" and promoting a sense of personal agency

Figure 5– Some key themes were identified from thematic analysis. These included the shielding of information, mutual protectionism, the impact of triadic communication on decision making and the importance of time alone with the HCP for the TYAC.

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