Parents face unique challenges and often experience unprecedented levels of stress and anxiety surrounding their child’s health and management of their health care in the pediatric intensive care unit (PICU). Parents must also navigate an unfamiliar environment based on communication with healthcare providers. Yet, little is known from parents about perceived miscommunication in the PICU and the factors that might influence it. Thus, the overall purpose of this dissertation was to examine correlates of parent perceived miscommunication with healthcare providers in the PICU and to better understand parental decision-making. First an integrative review examined the empirical literature between 2013 and 2019 to understand factors important to parents’ decision-making in the PICU. In this analysis, parent-clinician communication was central, and most parents wanted to be the final decision-maker for their critically ill child. This review also emphasized important decision-making factors (i.e., parents’ emotions, support systems, and the child’s clinical status). Second, using the literature as a guide, a 6-item perceived parental miscommunication scale was developed. Content and construct validity of the miscommunication scale were found to be acceptable. A content validity index (CVI) of 1 was computed following expert review by pediatric scholars. Exploratory factor analysis yielded one factor explaining 66% of the variance and internal consistency reliability in the PICU sample was \( \alpha = 0.89 \). As hypothesized, there was a significant correlation between parental stress, parental trust, and perceived miscommunication in the PICU \( (p < 0.001) \). Third, a cross-sectional survey of 360 eligible participants participated in a study to identify the occurrence of miscommunication in the PICU \( (59.7\% \text{ consented to participate}) \).
miscommunication was reported by 16.5% of parents, 15.5% reported inconsistency in messaging and 11.5% noted communication problems with healthcare providers. In multivariable linear regression, parental stress (p<0.001) and communication (p<0.001) were significantly associated with parents’ perceived miscommunication. With parental trust in providers (p<0.05) and child length of stay (p<0.05), the final model accounted for 45% of the explained variance in parent perceived miscommunication (R²=.448, F= 41.19, p < 0.001).