

BRIEF REPORT

Should We Call You Mom and Dad? Caregiver Preferences and Pediatric Physician and Nurse Manner in Greetings

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ABSTRACT

OBJECTIVES: In this study, we evaluated whether caregivers preferred to be called “Mom” and “Dad” or by name in the inpatient pediatric setting and how often caregivers reported that residents, attending physicians, and nurses greeted them as they preferred.

METHODS: We measured caregivers’ greeting preferences and perceptions of how residents, attending physicians, and nurses greeted them by surveying caregivers on 1 unit at a large urban children’s hospital from October 2017 to April 2018. The 27-item survey consisted of multiple choice, Likert scale, and demographic measures. A member of the study team enrolled caregivers at the patient’s bedside to complete the written survey anonymously.

RESULTS: A total of 114 caregivers completed the survey (51% of 223 enrolled caregivers); 63% (95% confidence interval [CI] 53%–74%) of mothers and 57% (95% CI 36%–77%) of fathers preferred to be greeted as Mom and Dad, respectively; the rest preferred greetings by name. Caregiver preferences did not significantly vary on the basis of relationship to the child (mother or father), age, race, or education level ($P > .05$). Caregivers reported that 48% (95% CI 35%–62%) of residents, 43% (95% CI 29%–57%) of attending physicians, and 63% (95% CI 49%–75%) of nurses always or usually addressed them as they preferred.

CONCLUSIONS: Approximately half of mothers and fathers preferred to be called Mom and Dad, respectively, whereas the rest preferred to be greeted by name. Caregiver preferences did not differ on the basis of demographics. Caregivers reported that residents, attending physicians, and nurses were inconsistent in following their greeting preferences.

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Dr Bayer and Ms Taylor conceptualized and designed the study, designed the data collection instruments, performed the data analyses, drafted the initial manuscript, and reviewed and revised the manuscript; Drs Santolaya, Bamat, and Washington conceptualized and designed the study, designed the data collection instruments, and reviewed and revised the manuscript; Ms Atabek conceptualized and designed the study, enrolled participants, conducted and coordinated data collection, and reviewed and revised the manuscript; and all authors approved the final manuscript as submitted.



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Human connection is the foundation of partnerships between pediatricians, patients, and families. Greetings set the relationship's tone¹ and are integral to empathetic communication, which improves patient satisfaction, adherence, and health outcomes.^{2,3} One seemingly simple component of greetings is name usage. Should we call parents "Mom" and "Dad" or use their names? What do they prefer?

In adult medicine, physicians are encouraged to first address their patients by first and last name, and then ask their preferred form of address.^{4,5} However in pediatrics, greetings are more nuanced because the parent, rather than the child, is often the primary point of contact. Role titles such as Mom and Dad are commonly used, and there is no standard practice to elicit caregiver preferences about use of these titles. Although the American Academy of Pediatrics has endorsed the importance of greetings in clinical practice and research,⁶ parental greeting preferences remain largely unexplored. Amer and Fischer⁷ found that in the outpatient setting, 88% of parents wanted to be addressed first by name, but they did not examine titles such as Mom and Dad.

Our aim for this study was to define caregiver greeting preferences in the inpatient pediatric setting and determine how often caregivers perceived that residents, attending physicians, and nurses greeted them as they wished.

METHODS

Study Population

We surveyed caregivers of children admitted to 1 inpatient unit at a ≥ 500 -bed children's hospital in the northeastern United States between October 23, 2017, and April 24, 2018. This unit usually has a young patient population, with 82% of patients < 5 years old. The average length of stay was 3.3 days, and the most frequent principal diagnoses were bronchiolitis, asthma, and pneumonia. We broadly defined caregivers as parents, relatives, or primary caretakers. Data on caregiver greeting preferences were collected over the entire 6-month study period; caregiver ratings of physician and nurse greeting manner were

collected for the first 2 months only, before the start of a larger institutional initiative to enhance providers' consistency in addressing caregivers. The survey was anonymous and voluntary, and no participation incentive was given. The study was deemed exempt by the hospital's institutional review board.

Inclusion and Exclusion Criteria

Inclusion criteria were being a primary caregiver, > 18 years of age, and able to complete a written English survey. A study team member made up to 2 attempts during the second hospital day to enroll a caregiver and obtain verbal consent at the patient's bedside. Caregivers completed the survey before their child's discharge.

Survey Questionnaire

The survey consisted of 27 items, including 6 demographic questions and 4 greeting questions (see Supplemental Fig 2). We excluded the 17 additional questions because they were more about satisfaction with care. Survey items were developed after a literature review of greeting surveys, and the style was modeled after the Child Hospital Consumer Assessment of Healthcare Providers and Systems (Child HCAHPS).⁸ Family advisors reviewed the surveys and revised it for readability and clarity.

The main survey item was the following question: "When doctors greet you during your child's hospitalization, what is your preferred name that you want them to call you? How would you prefer doctors address you?" Answer choices included the following:

1. Mom, Dad, or other relationship to the child (eg, Grandma, Grandpa, etc);
2. first name (eg, Michelle or Mike);
3. title and first name (eg, Mrs Michelle or Mr Mike);
4. title and last name (eg, Mrs Brown or Mr Brown);
5. both first and last names (eg, Michelle Brown or Mike Brown); and
6. title and both first and last names (eg, Mrs Michelle Brown or Mr Mike Brown).

Caregivers reported how often they thought residents, attending physicians, and nurses addressed them by their preferred name

using a 4-point Likert scale that included the options "never," "sometimes," "usually," and "always." Scores were collapsed into the categories "always or usually" and "sometimes or never."

Analysis

Data were analyzed by using Stata statistical software (release 12; Stata Corp, College Station, TX). We used 2-sample z tests of proportions with 95% confidence intervals (CIs) to examine relationships between demographic variables, caregiver name preferences, and caregivers' reports of providers' greetings. Demographic variables included caregiver relationship to the patient, age (18–34 and 35–74 years), race (white or person of color), and educational level (< 4 - or ≥ 4 -year college degree).

RESULTS

Sample

The survey was completed by 114 caregivers (51% of 223 enrolled caregivers). This sample represents 16% (114 of 704) of the total caregiver-patient dyads admitted to the unit during the study period. The majority of respondents (73%) were mothers (Table 1). We collected caregiver-reported perceptions of how they were greeted by physicians or nurses in a subsample of 56 caregivers.

Caregivers Who Preferred to Be Called Mom or Dad

In our study, 63% (95% CI 53%–74%) of mothers preferred physicians to greet them as Mom rather than by name, whereas 57% (95% CI 36%–77%) of fathers preferred Dad. Mothers and fathers were equally likely to prefer to be greeted as Mom and Dad ($P = .56$). Caregivers' preferences for Mom and Dad versus their own name did not significantly differ by age ($P = .78$), race ($P = .88$), or educational level ($P = .15$).

Caregivers Who Preferred to Be Called by Name

In this group, 89% (95% CI 75%–96%) of caregivers preferred that physicians use their first name without using Mr or Mrs as a title. In the small sample of caregivers who were neither mothers nor fathers, 71% (5/7) preferred to be addressed by name.

TABLE 1 Characteristics of the Survey Sample

Characteristic	Survey Sample (<i>N</i> = 114), <i>n</i> (%)
Relationship to child	
Mother, Mom	79 (73)
Father, Dad	23 (21)
Grandmother, Grandma	2 (2)
Grandfather, Grandpa	1 (1)
Other relative, legal guardian, someone else	4 (4)
Age, y, range	
18–24	13 (12)
25–34	42 (39)
35–44	43 (40)
45+	9 (8)
Female gender	84 (77)
Highest level of education	
High school graduate, GED, or less	44 (41)
Some college or 2-y degree	27 (25)
4-y college graduate or more	36 (34)
Race	
White	51 (47)
Black or African American	49 (45)
Asian American	7 (6)
Other	2 (2)
Hispanic or Latino origin or descent	6 (6)

Blank responses were excluded from total percentages. GED, general education diploma.

previous studies, in which it was concluded that pediatric care teams should use parents' names whenever possible.^{7,9}

We found that approximately half of parents preferred that inpatient physicians call them Mom and Dad, and approximately half preferred to be called by name. Therefore, we suggest that pediatric care teams should ask all caregivers what they prefer to be called and then address them in that manner, feeling comfortable to call them Mom and Dad if they prefer. Because preferences did not vary by demographics, care team members should not make assumptions about caregivers' greeting preferences on the basis of their age, race, or educational level. Personalization of greetings would satisfy caregivers' need to feel known, a core emotional need during medical encounters,¹⁰ and would reveal affective communication, an approach in which empathy and concern are intentionally conveyed to build a strong interpersonal relationship.¹¹

Our finding that many parents prefer to be called Mom and Dad by inpatient pediatric physicians contrasts with findings in the adult literature that the majority of adult patients prefer to be called by their first names.¹² This is likely because adult roles and the greeting context are different. In adult medicine, patients feel respected and welcomed when addressed by name.^{13,14} In pediatrics, however, caregivers may identify more with their parental role and may want physicians to acknowledge that role when addressing them during their child's hospitalization.

In our study, only 43% to 48% of caregivers reported that residents and attending physicians always or usually called them by their preferred name during their child's hospitalization, whereas 63% reported that nurses always or usually used their preferred name. We recommend that inpatient care teams modify their greeting approach to better fulfill caregiver greeting preferences. Potential strategies could include displaying caregiver-preferred names or titles in patient rooms or medical records.

Caregiver Perceptions of How They Were Greeted by the Care Team

Caregivers reported that 48% (95% CI 35%–62%) of residents and 43% (29%–57%) of attending physicians always or usually addressed them by their preferred names, compared with 63% (49%–75%) of nurses (Fig 1). Caregiver report of residents', attending physicians', and nurses' use of preferred greetings did not differ significantly with respect to caregiver role

(mother or father), age, race, or educational level ($P > .05$).

DISCUSSION

Whereas the authors of 2 previous studies^{7,9} surveyed caregivers about pediatric greetings and generic titles, we are the first to elicit caregivers' most preferred form of address, directly comparing preferences for use of Mom and Dad versus one's name. Our conclusions are different from those of

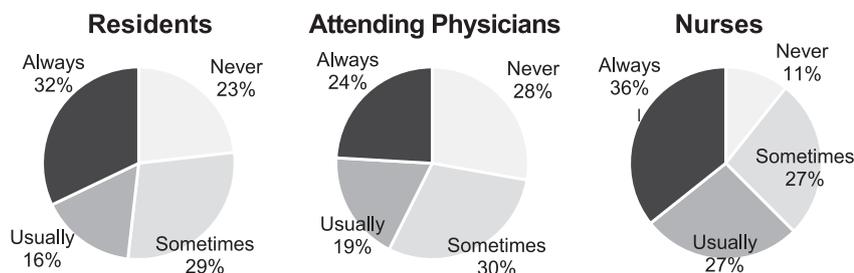


FIGURE 1 Caregivers reported how often members of the inpatient care team addressed them by their preferred name ($n = 56$). Blank responses were excluded from total percentages.

Alternatively, caregivers could wear name tags (eg, "Please call me..."). Each institution should tailor its approach to strengthen family-centered greetings on the basis of its setting.¹⁵

Limitations of our study include the uncertain generalizability to other clinical and geographic settings because our study was conducted at a single site, and we excluded non-English speakers. Because the sample was small, some of the analyses were underpowered. In addition, we did not have equal numbers of men and women, although mothers are more frequently present than fathers in many pediatric inpatient units. Our study unit was a general pediatric unit with short lengths of stay, and it is possible that caregivers of children admitted to specialty units or with longer hospitalizations have different preferences. Another potential limitation is nonresponse bias given the low response rate. In addition, poor identification of providers by caregivers and recall bias may have skewed caregiver responses regarding how the care team had greeted them, although we reduced the risk of recall errors by surveying during the child's hospitalization.

CONCLUSIONS

We found that parents' preferences to be called Mom and Dad or by name when greeted by inpatient physicians were about evenly divided, and approximately half of caregivers reported that physicians never or sometimes addressed them as they preferred during their child's hospitalization. We hope our findings will encourage pediatric teams to inquire about and address caregivers in their preferred manner, confidently using Mom and Dad or a name as caregivers prefer. In future studies, investigators should explore greeting preferences and practices in other pediatric settings and should target quality improvement efforts at care team members' consistency in greeting caregivers as they prefer.

Something as simple as "Hello, Mom" or "Hello, Tim" might strengthen the therapeutic relationship and improve patient care.

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