LEARNING OBJECTIVES

After studying this chapter, you should be able to do the following:

• Describe how the stages of infant, child and adolescent development influence language and communication.
• Discuss communication strategies within the context of advocacy for children and families and in particular child rights.
• Identify techniques used to communicate with infants, children and adolescents at the different stages of development.
• Discuss the integral role of good communication in healthcare teams and identify frameworks to help facilitate healthcare communication processes.
• Identify a framework that you can use to communicate effectively with colleagues from across health and other sectors and a range of disciplines including nursing, medicine, pharmacy and allied health modalities.
Introduction

Communication is the cornerstone of therapeutic relationships between nurses, children, young people and their families. Communication skills are foundational to the work we do in acute care and community settings (Levetown, 2008). As an Australian Registered Nurse, your relationship with children in your care is normally mediated through their family or carers, so the importance of communicating well with all members of the family unit cannot be under-estimated. Good communication develops the foundations for child and family-centred care (Lindly, Zuckerman & Mistry, 2017), a model of care that is deeply embedded in paediatric nursing practice and that is underpinned by the assumption that children, families and health professionals work in partnership, with each party having an equal voice (Shields, 2010). Poor communication generates fear, anxiety and stress, and is a leading cause of dissatisfaction with health services.

A child’s way of communicating depends on a range of factors. This includes their chronological age in the first instance, but also achievement of developmental milestones. This development is influenced by their biology, temperament, family and wider environment. Nurses need to have a good understanding of the cognitive and communication stages of childhood development to develop a set of skills that will enable them to communicate effectively with children of all ages, as well as the adults in the family. In this chapter, important considerations for communicating with children will be presented, together with techniques needed to communicate effectively with children of different developmental stages and their families.

The child’s voice in healthcare

Within the Australian healthcare system, children, young people and their families can expect to be treated with dignity and respect. The care they receive is family-centred – that is, the family unit is respected for its values and beliefs, including those relating to health and healthcare. Shared decision-making requires a commitment from the family as well as the nurse, and good communication skills are foundational to the success of such a model of care. Communicating with parents about the decisions they make regarding their child’s health and healthcare may seem straightforward, but there is another element of family-centred care to which we must pay attention. As we focus on parents and the family more broadly, we risk losing sight of the fact that we need to be listening to the children and young people themselves (Kelly et al., 2012). Quite a bit of attention has been paid to the voices of young people in healthcare. At the same time, for younger children, child rights – and particularly the right to be heard and have a say in healthcare – have only been recognised more recently.

Communicating successfully with well children and children who are developing normally requires a sophisticated skill set. It depends on your understanding of children’s cognitive development and an appreciation of their verbal expression abilities. Children who are in hospital experiencing illness or who have impaired communication skills – for example, developmental delay, hearing impairment, autistic traits – will present with a number of challenges to good communication. Because of the harm that even a short period of hospitalisation can do to a young child, these challenges will be met in almost every encounter you will have with a sick child. For this reason, the principles of the United Nations Convention on the Rights of the Child (1989) have been expressed in Australian Health Charters (AWCH, 2010; EACH, 2008). For example, a Charter on the Rights of Children...
Communicating with children and young people

Numerous theories about children’s cognitive development have been proposed over time. Piaget (1950), for example, presented cognitive development as a sequential series of stages through which the child passes. This can be a useful framework when beginning to work with children and their families, to help develop your own personal communication skills with children. This may help you to reflect on how you communicate with children at various stages of development. There are some general principles when it comes to taking a child-centred approach to communication that apply to all age groups.

GENERAL TECHNIQUES FOR COMMUNICATING WITH CHILDREN

- Allow time for the child to feel comfortable – don’t rush or try to pressure child into forming a relationship with you.
- Talk in a calm, quiet and friendly voice – loud and abrupt speech will be threatening and frightening.
- Speak clearly in simple words and sentences appropriate to a child’s age (see below).
- Always tell the truth – if you tell a child that something won’t hurt and it does, then trust will be broken.
- Be sensitive to children’s non-verbal cues.
- Allow children to express their concerns and anxieties.
- Use play, writing, drawing, storytelling and other non-verbal techniques to hear the child’s voice.
- Communication through transition objects (dolls, puppets, a favourite toy) is less threatening than direct communication.

Infants (0–12 months)

Newborn infants possess a unique repertoire of communication skills. Caregivers and parents can under-estimate the importance of acknowledging these skills right from birth. Nurses and midwives play a critical role in helping parents to understand the importance of developing the full potential of their infant’s communication skills. Before we are even
born, we hear the sounds of our mother’s and father’s voices. By the time we are held in our parents’ arms, we are already familiar with the ways in which they communicate with us and with each other. Communication skills are so integral to the healthy development of the infant brain (e.g. see Sethna et al., 2016) that the majority of nursing skills required for this period are related to communication.

Complex interactions between biological factors and the caregiving environment influence infant development in the first year of life. This is such a critical period that a number of health services are provided to new parents in the period before and after childbirth. The opportunity to optimise infant development must be seized. To do this, nurses and midwives make a number of assessments to determine how to ameliorate any risk factors that may be present. Key risk factors include those characteristics that will limit opportunities for infant communication and language development. Assessments are made of the infant, the parents and the parenting environment. Here the significance of communicating well with parents to promote trust and optimise their child’s growth and development is a key tenet of nursing care. This is equally true for nurses working with parents of sick infants in acute care settings and those working with parents of well children in the community.

The goal is to create an environment that promotes communication and relationships, for without them the infant brain will not develop to its full potential. The infant brain develops according to the amount of stimulation it receives. This stimulation comes from the parents’ responsivity to infant cues for communication. At the same time, there are biological features that help promote infant communication and infant brain development. For example, the distance between the infant’s eyes and the mother’s face during breastfeeding is the exact distance the infant needs to focus on the mother’s features. From this distance, the infant can see and hear the mother’s voice, see her facial features and start to learn her patterns of speech. Once mothers and fathers are made aware of this unique and important feature, they can use the information to learn how to communicate with their infant, learn the cues for communicating, and know when the infant starts to become tired, hungry, bored or ready to play.

RECOGNISING INFANT COMMUNICATION AND PROMOTING COGNITIVE AND LANGUAGE DEVELOPMENT

• Explain the importance of providing a variety of stimulating experiences for the infant.
• Promote parental involvement with the infant.
• Point out infant cues for interaction so that the parents become aware that the infant is communicating with them.
• Assess parental acceptance of infant behaviours.
• Assess for realistic infant behavioural expectations.
• Promote understanding of key developmental behaviours such as crying (see http://purplecrying.info).
• Explain perspective-taking – seeing through the eyes of the infant.

1 The literature on infant development tends to be gendered with reference to the importance of the biological mother as paramount. It is acknowledged that fathers play an important role in infant development. Their healthy adjustment to the parenting role will influence optimal intellectual and socio-emotional childhood development.
With this knowledge, parents’ responses to the infant’s cues for food, discomfort, tiredness or play can be read easily. Even very young infants engage in reciprocal communication strategies. They can be observed to mimic facial expressions such as tongue protrusion, eyebrow raising and even smiling at a very early age. Parents who see these reactions and understand that they are a form of communication have their efforts to communicate rewarded. This encourages even more interaction, which in turn bodes well for the infant’s developmental trajectory. Parents enjoy having the nurse explain these aspects of infant communication and learn from the nurse’s modelling behaviour. The infant becomes more rewarding for the parents as they develop an understanding of their child’s communication cues and patterns.

Chapter 1: Communicating with children, young people and their families

DEVELOPING A RELATIONSHIP OF TRUST WITH NEW PARENTS

The following are important for developing a relationship of trust with new parents:

- a non-judgemental/consistent approach
- patience
- positive incentives/praise
- listening skills
- collaborative decision-making to influence perceptions, beliefs and attitudes towards appropriate parenting responses.

Toddlers and preschoolers (1–5 years)

Children in this age group are generally afraid of strangers, so initial communication will need to be mediated through the child’s parents. Toddlers will not want to communicate or develop a relationship with anyone they see as not having a trusting relationship with their parents or caregivers, so developing this relationship is of paramount importance.

Toddlers are primarily egocentric – that is, they see the world through their own eyes and in relation to themselves, and are generally unable to grasp the concept of other people’s experiences in relation to their own. Piaget (1950) referred to the stage of development between birth to 2 years old as the sensorimotor stage and that from 2 to 7 years as the preoperational stage. Toddlers use their senses (e.g. taste, touch, smell, hearing) to explore their environment in an attempt to understand the world around them. Promoting exploration will in turn promote understanding and help to allay fears.

Although this period in a child’s life is a time of intensive language learning, toddlers may have difficulty in expressing themselves, particularly to strangers. This difficulty in expression can result in frustration and temper tantrums. The toddler needs to feel that they are given time control their emotions, and we often instruct toddlers gently to settle down and ‘find your words’. Temper tantrums during toddlerhood are frightening for children, and can be explained as having ‘big feelings’. Once they can apply words to the emotion, they can often find managing their emotions a little less frustrating. They often have special words and phrases that only their parents and family members understand. Documenting these for other team members to follow can be useful.
As toddlers move into the preschool years, egocentric thinking is still evident, but they are more able to consider the viewpoints of others. Cognitive empathy develops, so they are able to understand that others have feelings and thoughts, and for most 2- to 7-year-old children, emotional empathy has also developed. In the preoperational stage (Piaget, 1950), young children develop imaginative and inventive ‘magical’ thinking that can be difficult for adults to follow, but will seem perfectly logical to them. Preschoolers can easily assume that everyone understands what they are thinking, but play and art can be useful means of communication in this age group. Engaging in play with children is seen as an important aspect of your role as a paediatric nurse. Time spent in play with children is invaluable for building the relationship and helping the young child to express their feelings and anxieties. It is never seen as a waste of time for the paediatric nurse.

CLINICAL TIP

TECHNIQUES FOR COMMUNICATING WITH TODDLERS AND PRESCHOOLERS

- Focus communication directly with the child by telling them what will happen to them and how it will make them feel.
- Allow children to touch and play with equipment, listen to mummy’s heartbeat with the stethoscope or feel how the oxygen saturation probe feels on their finger to promote a sense of control.
- Choose age-appropriate words and expressions carefully to avoid misunderstanding.
- Ask parents about any special words their toddlers may use, and ask them to interpret the meaning of commonly used vocabulary.
- Use play and art to help small children express their feelings.

School-aged children (7–11 years)

The school-age years of childhood involve further growth and development, particularly in communication and understanding. Children’s vocabulary increases dramatically through the school years, as do their reading skills. Logical thought begins to develop. Piaget (1950) referred to this as the concrete operational stage, where children are more able to apply past experiences to new situations and begin to understand cause and effect. They are very inquisitive, and require explanations and reasons for everything, generally being persistent in their pursuit of the answer to the question ‘But why?’ If explanations are inadequate, they have a tendency to imagine or fill in the gaps, which can lead to misunderstandings. As school-aged children become older, they also become more aware of their bodies and can develop a heightened concern about anything they perceive as being a threat to their physical integrity.
Young people (12+ years)

The teenage years are a time of transition and change. Piaget (1950) referred to these years as the **formal operational stage**, during which young people are now able to think more in abstract terms and also develop hypothetical reasoning. They can be quick to reject those who they feel don’t listen, don’t value their opinions or are judging them.

Young people fluctuate between child and adult behaviours. This affects the way they communicate. Anticipate this and do not communicate as if with a younger child. At the same time, young people do not always have the maturity to fully comprehend a situation.

Young people may disclose information to nurses that they have not disclosed to their parents. Nurses in healthcare should be aware of the rights of young people where privacy and confidentiality are concerned, but they should also be aware of their responsibilities to report concerns for safety. This needs to be made clear to the young person from the outset.

### TECHNIQUES FOR COMMUNICATING WITH SCHOOL-AGED CHILDREN

- Be prepared to give full explanations, using language they understand.
- Get children to repeat back in their own words to confirm their understanding.
- Relate explanations to past experiences the child may have had to help them understand – for example, ‘Remember when we had to give you the medicine before to make you feel better?’
- Allow children to explore equipment and give them details of how it works and what it does.
- Encourage children to voice their concerns and anxieties – give them time and listen carefully.

### TECHNIQUES FOR COMMUNICATING WITH YOUNG PEOPLE

- Don’t talk to the young person in a childlike or condescending manner.
- Spend time to build the relationship.
- Take the time to listen.
- Respect privacy and confidentiality.
- Be courteous and considerate.
- Respect the young person’s views – avoid criticism and judgement.
- Tolerate differences.
- Don’t make assumptions.
- Use neutral language and ask open-ended questions.
Troubleshooting

Occasionally, children may reject your attempts to communicate with them. This is mainly due to their fear and anxiety. The following tips may be helpful:

- Do not try to force a child to talk to you. Let them have their space and tell them you understand why they may not want to talk.
- Children respond well to humour. Telling jokes and making them laugh can often break the ice.
- Small children can be fearful of direct communication with health professionals. Try communicating through another object. You can talk to them through a doll, teddy or other favourite toy.
- Using technology to communicate can also be useful. Engaging children in their favourite video game or app can help build a relationship with the child. They may then be more willing to talk to you.

Communicating with families

As previously outlined, the nurse’s relationship with the child or young person is often mediated through parents or caregivers. Family is essential to the child’s support system, so the development of this relationship through good communication is of paramount importance.
Information for the assessment of infants and young children is necessarily gained from their parents. Parents’ knowledge and insight into children’s health and behaviour should never be under-estimated. Subtle but significant changes in the child’s condition may go unrecognised by the nurse and others, but will usually be recognised by the parents (Zambas, 2010). If a parent expresses concern to the nurse or others, then these concerns should always be investigated and followed up.

Listening to parents and caregivers is the most important communication skill in paediatric nursing. Taking the time to actively listen to parents, encouraging them to express their concerns, ask questions, and collaborate in decision-making are foundational for building a therapeutic relationship with both the child and the family. This can be difficult in a busy hospital ward environment, as there are many distractions that can draw the nurse’s attention away. But time set aside to talk and listen is invaluable. It builds the relationship that is necessary to make an accurate assessment of the child and for ongoing treatment. Time spent building relationships with families is important, and will benefit the child. A child and family-centred care approach recognises that it will be the parents’ responsibility to deliver care once the child has been discharged.

Childhood illness is extremely stressful for children and their parents. Stress can affect how individuals communicate. A parent who is worried and has not slept for several nights may express themselves in an abrupt manner, for example. The nurse needs to have an empathetic understanding of why this may occur, and not react in a defensive manner, which will create barriers to good communication. This requires excellent command of emotional regulation on the part of the healthcare team. Strategies aimed at supporting each other and caring for yourself can be invaluable in maintaining a strong team that can respond to parents and families at times of stress.

Poor communication generates fear, anxiety and stress, but parents may be unable to take in large amounts of information at one time, so be aware of information overload. Any verbal medical information that is given should be backed up with clear and concisely written communication.

When communicating with culturally and linguistically diverse families, the nurse needs to be aware of their own preconceptions and assumptions. In Australia, if parents do not speak English, avoid using the child as an interpreter as this can lead to misunderstandings and pressure on the child. The use of a professional interpreter should be used whenever possible. Depending on the context within which you are working, remember that for many Australian Aboriginal and Torres Strait Islander groups, English is not their first language. In addition to language, there are many other cultural considerations about which the nurse needs to be aware to provide culturally sensitive and appropriate communication. Parenting is socially and culturally based, and nurses need to work with children and their families to provide culturally safe care.

**TECHNIQUES FOR COMMUNICATING WITH FAMILIES**

- Listen to parent/carer concerns, acknowledging that they are the most valuable resource for information about the child.
- Be respectful of parents as the leaders in their child’s care.
- Take time to actively listen and allow families to express their concerns.
- Be aware that stress may have influenced the way in which parents communicate.
- Be aware of information overload – provide written information to back up verbal communication.
- Become aware of, and be respectful towards, cultural differences.
Communication and play

Healthy physical, cognitive, social and emotional development in children depends on play (LaFreniere, 2011). The importance of play is well recognised, and for many years hospitals have encouraged all forms of play for children experiencing acute and chronic illness. Hospitalisation is known to be a traumatic and stressful event for children, and play can be used to help negate some of the harmful effects of hospitalisation and optimise development that is otherwise threatened by illness and hospitalisation. In fact, the ability to engage in play activities while in hospital is seen as a fundamental right of the hospitalised child in Australia, and hospitals are encouraged to provide children with the opportunities and environment in which to do this.

Play can be used to communicate with children in hospital in a number of different ways:

- It can be used to build relationships with the child.
- It can allow a child to more freely express their feelings and emotions.
- It can be used to explain and teach children about procedures and the nature of their hospitalisation.
- It can be used in healthcare research to understand experiences from the child’s point of view.

Depending on the age of the child and the need to communicate, different types of play should be used. For example, if you are trying to build a relationship with a young child less than 1 year of age, a simple game of ‘peek-a-boo’ will help build trust. With an older child, asking questions about their favourite toy and how it works will engage their interest and initiate conversations more easily than direct questioning.

Drawing and art therapy can be one of the most useful techniques to elicit a child’s perspective as well as being a great stress-relieving activity. This can be through spontaneous drawing or through techniques such as ‘draw and tell’. Ask the child to explain what their drawing means, opening up the opportunity for them to share feelings and opinions.

Using puppets as a strategy for communicating with hospitalised children has been shown to be beneficial (Sposito et al., 2016). Puppets not only allow children to freely express themselves, but also reduce anxiety associated with having to communicate directly with adults. Using mannequins and puppets to assist in explaining medical procedures, treatments and the effect of diseases on the body, and to teach children self-care, is also very useful.

Another form of communication is through play and storytelling. Storytelling allows children to communicate more easily. Storytelling and listening to their stories encourages children to use language that they understand and enables them to express their fears. Asking children to tell stories about another child that came into hospital removes them from the story, and can facilitate freedom of expression.