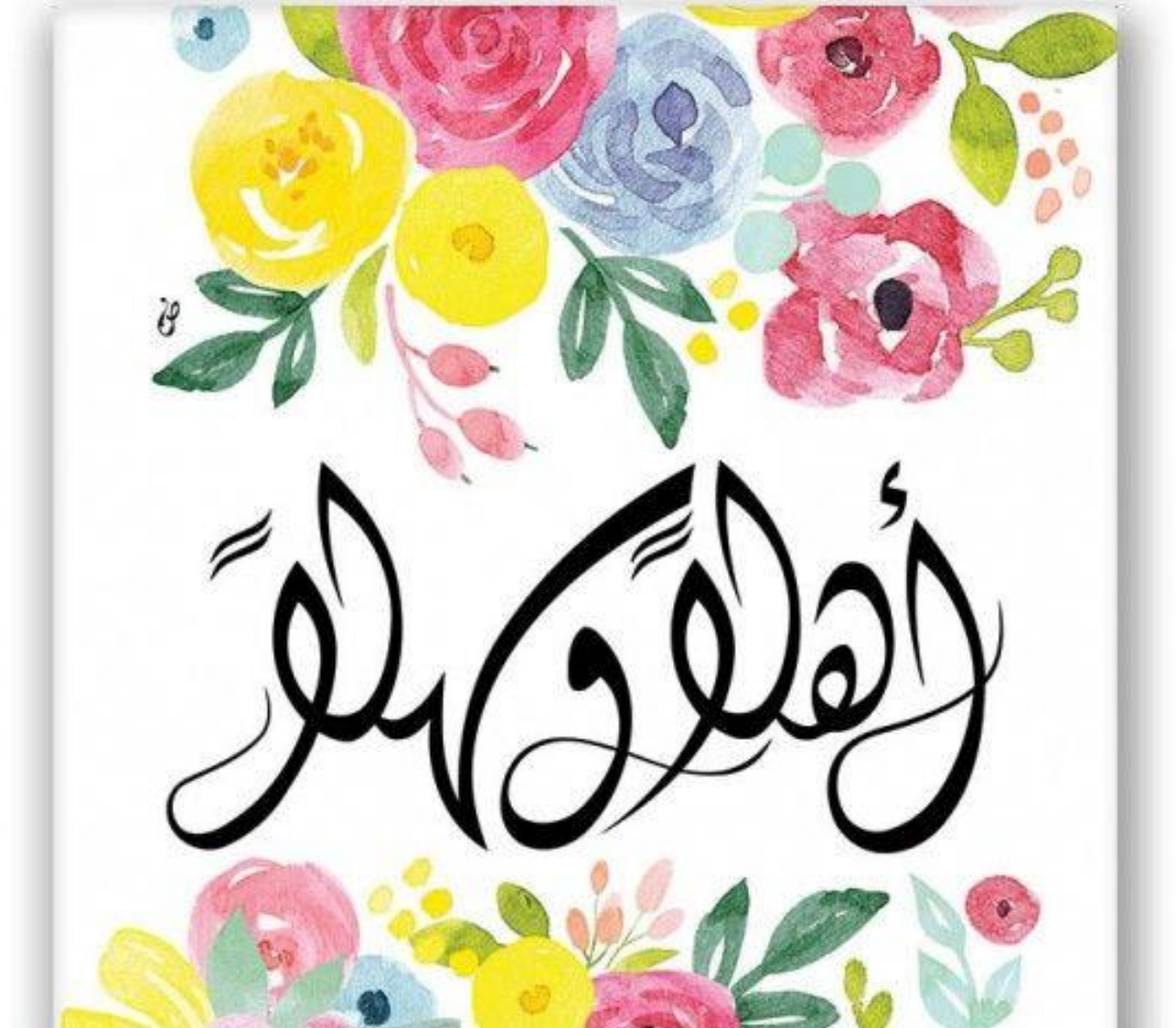


Communication with children





د. رضا الفيشاوى
أستاذ مساعد
كلية التمريض
جامعة المستقبل



Learning objectives

Upon completion of this class, the student will be able to:

- 1-Explain what communication is and its importance in developing positive relationships with children and their families.
- 2-Identify communication strategies for interviewing parents.
- 3- Formulate guidelines for communicating with child

Definition of communication

Communication is defined as the exchange of meanings between and among individuals through a shared system of symbols.

The sender, message, channel, receiver, and feedback are major components of the communication process

Communication is both talking and listening.



Components of the communication process

The communication process has several components that enable the transmission of a message. Here are the various parts:

1. **Sender:** This is the person that is delivering a message to a recipient.
2. **Message:** This refers to the information that the sender is relaying to the receiver.
3. **Channel of communication:** This is the transmission or method of delivering the message.

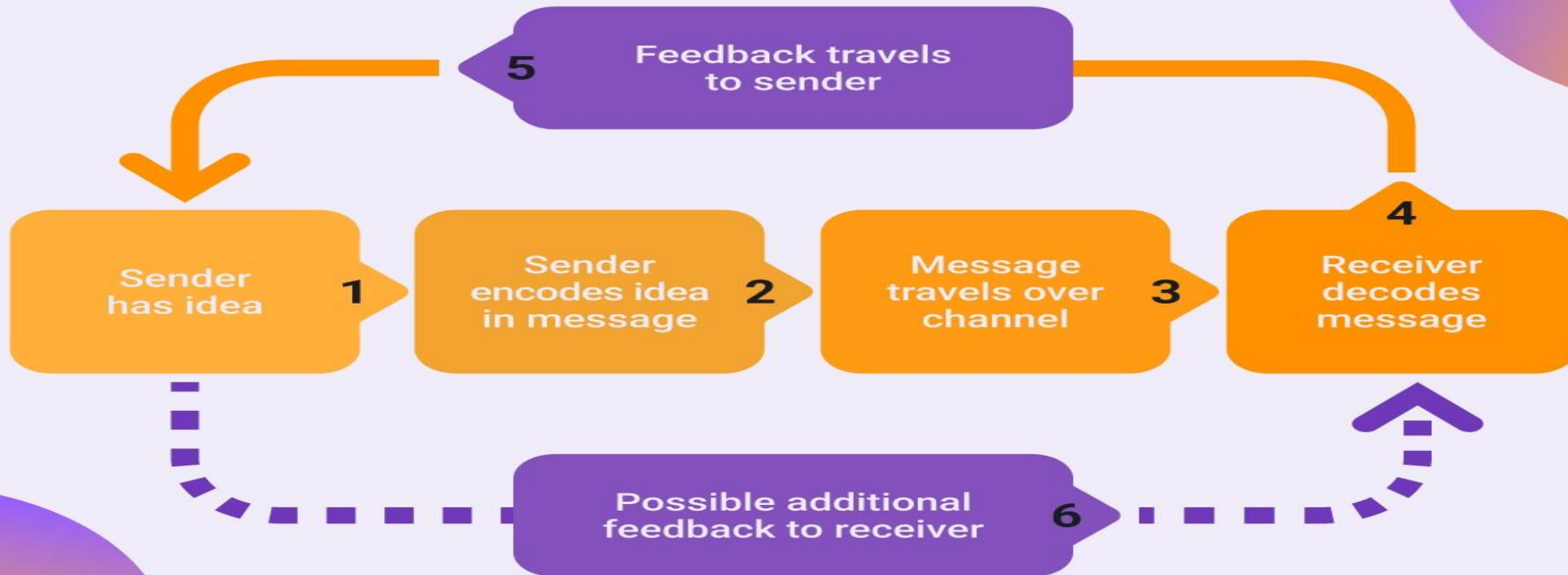
4. Decoding: This is the interpretation of the message. Decoding is performed by the receiver.

5. Receiver: The receiver is the person who is getting or receiving the message.

6. Feedback: In some instances, the receiver might have feedback or a response for the sender. This starts an interaction.



The Communication Process



Types of Communication

1- Verbal communication

2-NONVERBAL COMMUNICATION



1- Verbal communication

Verbal communication refers to messages that are communicated through words and language (Estes, 2010). It is most effective if it is brief, clear, effectively toned, paced appropriately, relevant, and well timed

Important points should be repeated and medical jargon avoided, especially when talking to children and their caregivers and families.

Messages also need appropriate pacing; they should not be too slow or fast, and there should be few pauses and periods of silence, for example, teaching will not be effective if delivered when children are in pain or have visitors, or when caregivers are preoccupied with personal thoughts. When interacting with families, it is also essential to convey interest and warmth; to avoid distractions, yes or no questions, and personal bias; and not monopolize the conversation.

2-NONVERBAL COMMUNICATION

Nonverbal communication conveys feelings, attitudes, and intentions. In fact, most communication is nonverbal, and most verbal communication contradicts nonverbal messages. Listeners will believe the nonverbal message rather than the verbal message if they contradict each other.

Therefore, it is critical to always consider nonverbal communication in any interaction since it contributes to what others “hear.” The nurse should use language consistent with the child’s developmental level and deliver the message so the language is consistent with the nonverbal cues. For example, never smile or laugh when giving care that may be frightening or painful. Avoid words that have violent or scary connotations, such as stick, shot, and sting

Nonverbal communication includes: spatial relationships (the distance between participants); appearance (clothing, grooming, hair style); eye contact; body posture (slouching, standing erect with the head leaning to receiver); gestures (which sometimes add emphasis to words); facial expressions (which need to agree with the message); timing (hesitation may imply untruthfulness or diminish the effect of the message); and, with children especially, touch.

S



Sitting at a comfortable angle and distance.

O



Open posture. Arms and legs uncrossed.

L



Leaning forward from time to time. Looking genuinely interested. Listening attentively.

E



Effective eye contact without staring.

R



Remaining relatively relaxed.

COMMUNICATION PRINCIPLES according to DEVELOPMENTAL LEVEL

Infants

- Allow the infant time to warm up to strangers.
- Respond to the infant's cries in a timely manner.
- Use motherese, and a soothing and calm voice.
- Talk to the infant directly.

Toddlers

- ❑ Approach at eye level if possible. Toddlers Approach the toddler carefully; the child may be fearful.
- ❑ Integrate the toddler's words for familiar objects or activities into care. Prepare for procedures right before they are to be carried out.
- ❑ Integrate dolls, storytelling, and picture books into conversations.
- ❑ Stand at eye level.

Pre-schoolers

- ❑ Allow choices as appropriate.
- ❑ Use play, storytelling, puppets, and third parties.
- ❑ Speak honestly, use simple language, and be concise.
- ❑ Prepare for procedures 1 hour or less before they are to be experienced.

School-age children

- Use books, diagrams, and videos in preparing for procedures.
- Prepare for procedures several days in advance.
- Allow for honest expression of feelings and adequate time for questions to be answered.

Adolescents

- Prepare for up to 1 week prior to experiences.
- Respect the adolescent's need for privacy.
- Use appropriate medical terminology.
- Use creative methods to explain experiences and procedures.
- Respect the adolescent's right to refuse treatment.



Thank
you!