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## Introducing Communication and Development

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### **CHAPTER OVERVIEW**

This chapter covers the following topics:

- + Learning about people and communication
- + Models and elements of communication
- + Communication and human development
- + The organisation of this book.

### **KEY TERMS**

Intention  
Meaningful  
Engagement  
Meaning

Good communication is at the very centre of professional behaviour and the provision of appropriate support and care. The judgment of appropriate and good communication rests with the person receiving it, and usually reflects their perspective on what they think matters. While ideas of what information is relevant and important may vary between

**Intention**

A deliberate attempt to behave in a certain way.

**Meaningful** A sense of significance, relevance, purpose or importance.

apparently similar people in comparable situations, the concept and importance of being treated individually and respectfully changes little. Approaching people with the genuine **intention** of appreciating what they need and how they may be helped requires a personal acceptance that people are unique and deserve quality and thoughtful attention. There is no substitute for a genuine interest and desire to interact with others in a **meaningful** way. Social interaction and therefore communication is a fundamental human reality and is inescapably important.

## Learning about people and communication

It has long been accepted that people working in the health care and disability support sector need to have an appreciation of human development and communication. Traditionally these two subjects are taught in isolation and students (and practitioners) struggle to apply what they have learnt. We believe that putting these elements together enables students to make connections about how to interact effectively and appropriately

**Engagement** Being genuinely involved.

with colleagues and those they support. Sound interpersonal **engagement** is at the core of good practice and appreciating the perspectives of others. The knowledge and skill to interact with those around us in meaningful ways is of the greatest importance.

In addition to placing communication and human development alongside one another, there are other departures from traditional approaches in this book. Generally books about human development focus on theoretical perspectives, while those about communication include fine details about ‘micro skills’. Within this book contributors have taken a range of approaches to presenting their chapters. Some have emphasised theoretical perspectives, while others have highlighted the essence of engagement by providing insights into the process of interacting with others. This varied presentation is deliberate, and we hope that it models a range of approaches to considering and presenting information.

The broad range of communication mediums covered within these pages is another departure from other publications for students within these fields of study. People of all ages are using electronic media to communicate and to access information. At the same time, electronic tools are becoming indispensable in the management and delivery of

health care and disability support services. However, it is also important to appreciate the **meaning** of communication in terms of art and creativity, and for that reason Chapter 24 considers art, music and poetry.

**Meaning** The significance of the message and its delivery and context.

While there are groups of practitioners with roles that involve direct communication with patients or service users, this book is designed to consider communication across the spectrum of service development and delivery. The need for accurate, relevant and appropriate communication is as important for scientists in laboratories as it is for receptionists taking calls from patients and clinical staff discussing bad news with families. The way in which people within all of these roles communicate among themselves is also of great significance. Organisational, professional, cultural and personal understandings and approaches to communication all impact on the quality of services and experience of those interacting with them (Leonard, Graham & Bonacum, 2004).

Communication is embedded in context and culture. In both Aotearoa New Zealand and Australia there are many cultural considerations of particular significance within the health and disability support sector. The details of how to manage particular situations can be found within organisational procedures and processes. Information within this book puts the need for these details into perspective and provides a foundation from which to consider culturally appropriate communication.

## Models and elements of communication

There is a great deal of information published about how to communicate with people in different situations, and this includes suggested principles and elements that are enshrined in consensus statements (see, for example, Makoul, 2001). It is our belief that, while there are particular essential elements, practitioners are best served by having a broad appreciation of communication contexts and developing a range of skills that become a repertoire suited to them, their roles and their environments. We do not promote recipe-based approaches to communication as they de-personalise all of those involved and diminish the importance of judgment, reflection and reciprocity.

The teaching of communication skills often relies on borrowed theories or practices from fields such as communication, counselling and business. This book differs from many other health-care communication texts in that it focuses more on the application and adjustment of communication skills than on the presentation of communication models and theories. It is intended as a supporting text for communication skills that are taught and assessed through the actual process of interpersonal communication.

We value and acknowledge the concept of ‘helping skills’ as discussed by John Heron (2001). To be supporting and enabling—creating more rather than less freedom—provides a way of working in health services not bounded by professional borders. The skills are both facilitative and authoritative, and are chosen primarily for their clarity, simplicity and balance. Heron’s six skills for helping clients involve being:

- + supportive
- + informative
- + empathic (cathartic)
- + catalytic
- + prescriptive
- + able to confront with sensitivity.

## Communication and human development

The basic premise of this book is that sound communication and a good appreciation of human development are essential to the provision of high-quality health care and disability support services, in their broadest sense. While approaches to communication vary to some degree across the lifespan, we do not believe that there are specific formulae for communicating with individuals according to their age. The use of language needs to accommodate knowledge, connections and connotations that people may have, but this does not mean that there is one procedure for chatting to a 3-year-old and a different guideline for explaining a diagnosis to a 13-year-old. While we present information about lifespan stages and communication, we do not condone reductionistic analyses of communication or approaches to people.

## The organisation of this book

One of the challenges for us in developing this book has been how to organise it to enable easy access to information, while demonstrating the integrated nature of communication and development. The book is divided into three parts. The chapters in Part 1 (Communication and Lifespan Development) relate to specific stages of human development. Part 2 (Communication and Human Engagement) includes chapters on how people communicate and the challenges they experience in day-to-day life, as well as within the health care and disability systems. Importantly, this section includes chapters

about touch and creative elements of communication, which are often overlooked in communication courses. Part 3 (Professional Communication) considers communication within the context of professional practice, acknowledging the need for it to be responsive and useful for practitioners as well as patients or service users.

### A 10-year-old boy, teeth and girls

At the time that the concept of this book was being considered, a particular clinical example came to our attention that clearly illustrated our interest linking communication with lifespan development.

Tom, a bright and sociable 10-year-old boy, attended a dental hygiene clinic and was interested in the whole experience. At the end of the appointment, the clinicians wished him well and one of them casually said to him, 'The girls will think you are great now'.

A week later, Tom confided to his mum that there was something he thought she should know. He went on to 'confess' that he had only made cursory attempts to clean his teeth in the past few days.

His mother was surprised and a bit perplexed given that he appeared to be interested in his teeth and the dental hygiene messages. She asked him why, and he responded that he didn't want girls to think he was great.

While this was rather entertaining for the adults involved at the time, Tom taught us a good lesson: communication needs to be both considered and relevant. We need to be mindful enough to appreciate that 10-year-old boys may not actually want to be noticed by girls!

### { SUMMARY }

Good communication is central in the provision of support and care. The intention of working with people in supportive and enabling ways is shared across health disciplines and roles. Such ways of working are about being adaptive to the uniqueness of each situation. The intention here is to engender a mindfulness that integrates knowledge of communication with an appreciation of lifespan development.



## REFLECTION POINTS

### 1.1 Intention (motivation, message, meaning, emotion)

Valuing people as unique and deserving of quality and thoughtful attention underpins all interactions in the health-care sector.

### 1.2 Reception (received message, response, feedback)

Who might be the best judge of appropriate and effective communications?

### 1.3 Perception (style, manner, impression, analysis)

Reflecting on your own life, what were some of the moments you remember about interacting with health practitioners? How did you want to be treated?

## QUESTIONS FOR REVIEW

- 1 What basic intentions underpin effective communications?
- 2 In the case study above, what was the impact of a lack of consideration for the realities of being a 10-year-old boy?

## REFERENCES

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## WEBSITES

- Building Relationships and Eliminating Disparities: [www.urmc.rochester.edu/fammed/research/center\\_comm\\_health.cfm](http://www.urmc.rochester.edu/fammed/research/center_comm_health.cfm)
- Health Literacy [www.healthnavigator.org.nz/centre-for-clinical-excellence/health-literacy](http://www.healthnavigator.org.nz/centre-for-clinical-excellence/health-literacy)
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