PEDAGOGY AS A CULTURAL SUPPORT FOR DOCTORS IN THE CARE RELATIONSHIP WITH PEDIATRIC PATIENTS

LA PEDAGOGIA COME SUPPORTO CULTURALE PER I MEDICI NELLA RELAZIONE DI CURA CON PAZIENTI IN ETÀ PEDIATRICA

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ABSTRACT
The doctor-patient relationship, especially in pediatrics, requires skills that transcend mere medical knowledge. Children, as developing individuals, require an empathetic, communicative, and culturally sensitive approach that considers their emotional, cognitive, and social characteristics.
Pedagogical culture is essential not only for the doctor-patient relationship but also for supporting care.

Il rapporto medico-paziente, soprattutto in pediatria, richiede competenze che trascendono la mera conoscenza medica. I bambini, in quanto individui in via di sviluppo, necessitano di un approccio empatico, comunicativo e culturalmente sensibile, che tenga conto delle loro caratteristiche emotive, cognitive e sociali.
La cultura pedagogica è essenziale non solo per il rapporto medico-paziente, ma anche per supportare la cura.

KEYWORDS
Inglese: medical education, pediatric patient, pedagogy, children
Italiano: educazione dei medici, pazienti pediatrici, pedagogia, bambini

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Introduction

Pedagogy, as the science of education and training, can provide clinicians with theoretical and practical tools to improve the quality of the care relationship, promoting a holistic approach that integrates clinical and human aspects. This article explores how pedagogy can serve as a cultural support for clinicians, analyzing the role of communication, empathy, and understanding child development in clinical practice.

The doctor-patient relationship in pediatrics, particularly up to the prepubertal stage (approximately 0-11 years), represents a complex challenge that requires specific skills. Children, as individuals in full cognitive, emotional, and social development, require an approach that considers their developmental characteristics and intervening family dynamics. As with the role of teachers, the clinician's relational approach to children—and their families—is inevitably influenced by the cultural and generational divide that filters the way needs are communicated (Lusardi, 2025; Sammarro & Malara, 2024; Lorenzini, 2015).

Pedagogy, as the science of education and training, also offers indispensable cultural support to physicians, providing theoretical and practical tools to improve the quality of the care relationship. It is essential to emphasize the role of pedagogy in enhancing physicians' skills, with particular attention to three key aspects: understanding child development, effective communication strategies, and cultural and ethical sensitivity.

Through an interdisciplinary analysis, supported by pedagogy in medical training, it is possible to promote a holistic approach to improving not only the health but also the well-being of pediatric patients and their families.

1. Pedagogy and Understanding Child Development

Pedagogy provides clinicians with a theoretical framework for understanding the stages of child development, which are essential for adapting the caregiving relationship to the child's cognitive and emotional capacities. According to Piaget's model (1970), children up to the prepubertal stage undergo developmental stages (sensorimotor, preoperational, concrete operational) that influence their ability to understand abstract concepts such as illness or treatment. For example, a child in the preoperational stage (2-7 years) might interpret an illness as a punishment for misbehaviour, requiring simple and reassuring explanations.

Similarly, Vygotsky's theory (1978) of the zone of proximal development emphasizes the importance of adult support (in this case, the clinician) in facilitating the child's understanding and adaptation to medical situations.

The adoption of these models allows clinicians to personalize their clinical approach. For example, a 4-year-old undergoing a blood test might benefit from an explanation that uses imagery or metaphors (e.g., "your body is like Superman fighting germs"), while a 10-year-old, during the actual surgery, might better understand a logical and direct explanation, yet one informed by optimism, perhaps using a bit of technical jargon to make him or her feel responsible and valued as an adult.

Recent studies show that adapting communication to a child's cognitive development level reduces anxiety and improves cooperation during medical procedures (Coyne & Kirwan, 2020).

It should be emphasized that pedagogy promotes the development of soft skills, such as empathy and active listening, which are crucial in interacting with pediatric patients. A doctor who understands the child's emotions and fears can create a more welcoming care environment, fostering trust and therapeutic adherence in the patient and family: without a doubt, the doctor's empathy is associated with better clinical outcomes and greater satisfaction among patients and families (Derksen, Bensing, & Lagro-Janssen, 2013).

2. Educational Communication Strategies in the Doctor-Patient Relationship

Communicating with pediatric patients up to the prepubescent stage requires specific techniques that consider their ability to understand their own emotions. Educational methods offer practical tools for structuring effective communication, such as the use of therapeutic play, narratives, and metaphors.

Therapeutic play, for example, is a well-established strategy for preparing children for invasive medical procedures, such as surgery or diagnostic tests. Some studies have shown that children who participate in therapeutic play sessions before surgery show significantly lower levels of anxiety and stress than those who receive only verbal information (Li, Ho, & Chung, 2021).

A practical example is the use of dolls or puppets to explain a medical procedure, such as inserting a catheter or administering a vaccine. This approach, inspired by John Dewey's (1938) well-established principle of "learning by doing," allows

children to process medical experiences in a safe and playful context, reducing the perception of threat. Furthermore, the pedagogy suggests using positive and reassuring language, avoiding terms that could generate fear (e.g., "cut" or "needle") and favouring expressions such as "a little pinch" or "a little help to make you feel better."

Another crucial aspect is the involvement of parents or caregivers in communication. Family pedagogy, long advocated by scholars such as Bronfenbrenner (1979), emphasizes the importance of considering the child within his or her family system. Doctors must also be trained to manage family dynamics, clearly explaining medical conditions to children and parents and facilitating informed consent. Pedagogical techniques such as maieutic dialogue — Socrates is always the model of communication! — can be used to stimulate questions and clarify doubts, creating a climate of mutual trust.

3. Cultural and Ethical Sensitivity in the Care Relationship

Pedagogy goes beyond simply providing practical tools to promote cultural and ethical reflection on the care relationship.

In an increasingly multicultural healthcare context, physicians must be aware of the cultural differences that influence the perception of illness, pain, and treatment. A classic author of intercultural pedagogy, Freire, urges professionals to develop a cultural sensitivity that respects the beliefs and values of families, promoting an inclusive and participatory care relationship (1970). For example, some cultures may prefer traditional therapeutic approaches or have taboos regarding certain medical procedures, and doctors must be able to negotiate solutions that respect these differences without compromising the quality of care.

From an ethical perspective, pedagogy helps physicians recognize children as active subjects with their own rights, as enshrined in the UN Convention on the Rights of the Child (1989). This implies involving children, within their capabilities, in decisions that affect them, promoting their autonomy and dignity. Smith's (2020) research highlights that children who feel listened to and respected throughout the therapeutic process demonstrate greater psychological resilience and better treatment adherence.

Pedagogy also emphasizes the importance of a trauma-informed approach, which considers the child's previous traumatic experiences (e.g., abuse, bereavement, repeated hospitalizations). Training clinicians to recognize signs of post-traumatic

stress and to use non-invasive communication techniques can prevent the worsening of psychological trauma. For example, using an appropriate tone of voice, guided relaxation techniques, or therapeutic narratives can help children process the medical experience in a less stressful way.

4. Integrating Pedagogical Culture into Medical Education

Despite the Montessori experience (Bobbio, 2021) and pressing cultural needs, the integration of pedagogy into medical education remains limited to a few academic curricula (Matthes & Rotthoff, 2024; Dornan & Kelly, 2021).

Although innovative experiences are emerging, most medical curricula focus on technical skills, neglecting to highlight the contribution that humanistic and relational training can make.

Many are calling for the introduction of clinical pedagogy modules into medical courses to improve the communication skills of doctors in training.

"What does the humanization of medicine and care mean? What type of training can be considered comprehensive? How can we contribute to the construction of the medical professional's identity?" (Righettini, 2023, p. 1074, translated here)

These training programs include hands-on workshops, such as simulated interviews with pediatric patients and role-playing sessions, which allow physicians to practice active listening and managing emotions. Physicians should also consider learning about digital tools, such as therapeutic gaming apps or online training platforms, which are expanding interdisciplinary learning opportunities. One example is the "PlayMD" app, used in some pediatric hospitals to prepare children for medical procedures through interactive games (Johnson & Lee, 2023).

5. Challenges and Future Prospects

Especially when seen in a hospital, patients don't know the doctor, often a very young one, who communicates with the patient in a hasty and unsympathetic manner, merely to learn about symptoms.

“For the patient, the uncertainty of not knowing who the doctor is or how he or she fits into their care can be very unsettling. Yet, in a study of 50 medical students, Maguire and Rutter (1976) reported that 80% did not adequately introduce themselves and did not explain their intentions. Wouldn't it be helpful for the

[medical] students to explain their position within the team, the time they have available to interview the patient, what they will do with the information they obtain, and how they will communicate it to the physician treating the patient? Wouldn't it be better to state from the outset that the interview is primarily for the student's benefit rather than the patient's, if that were the case, or, conversely, if this were the only opportunity the patient will have to tell their story and ask questions?" (Street, Makoul, Arora, & Epstein 2009, p. 40).

Medical education, traditionally focused on technical, scientific, and clinical skills, has recently begun to recognize the importance of integrating pedagogical elements to improve the quality of healthcare.

The pedagogical training of doctors could be achieved quickly: according to Knowles' theory (1980) of adult learning (andragogy), adults learn more effectively when teaching is centered on the child's needs and oriented towards the resolution of practical problems.

Physicians are not only healthcare professionals, but also educators: they educate patients on how to manage their own health, collaborate with colleagues in training settings, and often serve as mentors for medical students or residents. However, pedagogical training for physicians remains a relatively underexplored area, despite its potential to improve communication, empathy, and educational effectiveness in healthcare (Lewinson, Lesser, & Epstein, 2010; Street, Makoul, Arora, & Epstein 2009).

Despite progress, integrating pedagogy into medical practice presents challenges. First, time constraints in crowded clinical settings can limit the adoption of pedagogical approaches, which require calm and dedication. Second, interdisciplinary training requires financial and organizational resources that not all healthcare systems can provide. However, scientific evidence suggests that investing in these approaches yields long-term benefits, such as reducing costs related to psychological complications or unfinished treatments (Özeke & al. 2025; Azzam & Easteal, 2021; Skyvell Nilsson & al. 2010).

Prospects include expanding interdisciplinary training programs and using advanced technologies, such as virtual reality, to simulate complex clinical scenarios. Furthermore, greater collaboration between physicians, pedagogists, and psychologists could foster the development of standardized protocols for managing the caregiving relationship with pediatric patients.

Conclusions

Pedagogy provides essential cultural support to physicians working with patients up to the prepubescent stage. By understanding child development, adopting effective communication strategies, and being culturally and ethically sensitive, physicians can build more empathetic and inclusive care relationships. Integrating pedagogy into medical training not only improves the quality of care but also promotes the psychological and social well-being of children and their families. To fully realize this potential, organizational and cultural barriers must be overcome, promoting a holistic vision of pediatric medicine that combines technical and humanistic skills. Future developments could include the adoption of innovative technologies and the creation of interdisciplinary networks to support professionals in their daily practice.

Author contributions

Nicola Tenerelli is author of Introduction and paragraphs 1, 2, 3.
Antonio Ascione is author of paragraphs 4, 5 and Conclusions.

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