

Effective Communication



Communication:

exchange of information, thoughts, ideas, and feelings



Verbal

- Spoken words
- Written communication

Non-verbal

- Facial expressions
- Body language
- touch

3 essential elements:

Sender

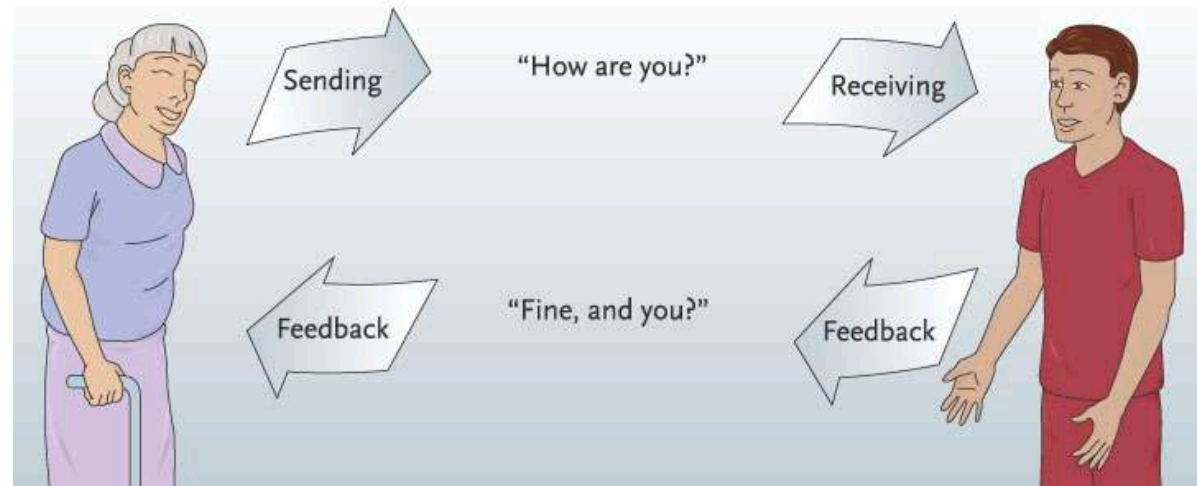
Individual who creates a message to convey information or ideas to another person

Message

Information, idea or thought

Receiver

Individual who receives the message from the sender



Feedback is a method that can be used to determine if communication was successful.

Occurs when the receiver responds to the message

Allows the original sender to evaluate how the message was interpreted and to make any necessary adjustments or clarification.

Feedback can be verbal or non-verbal.

Elements of effective communication:



- **THE MESSAGE MUST BE CLEAR**

(USE OF TERMINOLOGY BY BOTH PARTIES; EXPLAINING PROCEDURES IN LAY TERMS)

- **THE SENDER MUST DELIVER THE MESSAGE IN A CONCISE MANNER**

(CORRECT PRONUNCIATION AND GOOD GRAMMAR)

- **THE RECEIVER MUST BE ABLE TO HEAR AND RECEIVE THE MESSAGE**

(HEAVILY MEDICATED PATIENT WON'T HEAR MESSAGE; HEARING/VISUAL IMPAIRMENTS; FOREIGN LANG.)

- **THE RECEIVER MUST BE ABLE TO UNDERSTAND THE MESSAGE**

(ATTITUDES/PREJUDICE; ASK QUESTION TO MAKE SURE MESSAGE IS UNDERSTOOD)

- **INTERRUPTIONS OR DISTRACTIONS MUST BE AVOIDED**

(TALKING WHILE ANSWERING THE PHONE; LOUD NOISES, UNCOMFORTABLE TEMPERATURE)

Communication process



Listening

- Paying attention to and making an effort to hear what the person is saying
- Allows you to perceive the entire message that a person is trying to convey

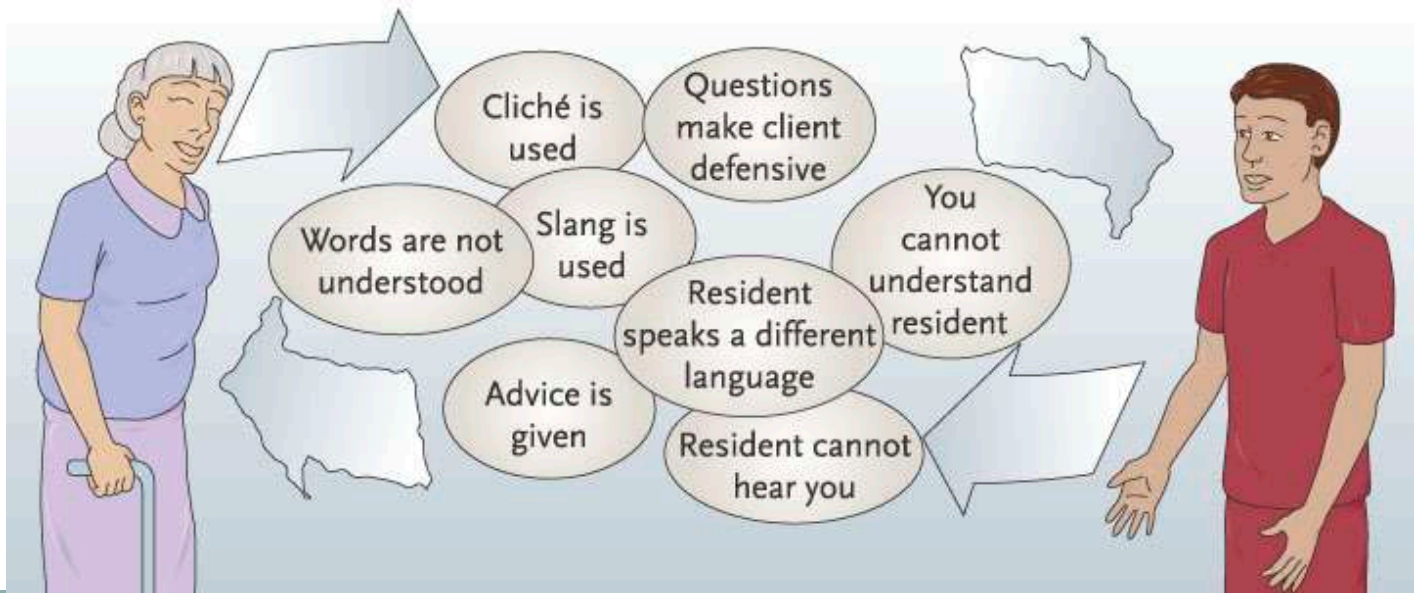
Non-verbal communication

- Involves use of facial expressions, body language, gestures, eye contact and touch
- Health care worker must be aware of both their own and patient's nonverbal behavior

Barriers to communication



- Something that gets in the way of clear communication
- Three common barriers:
 - Physical disabilities
 - Psychological attitudes/prejudice
 - Cultural diversity



Barriers (continued)



Physical disabilities

- Deafness/hearing loss
- Blindness/impaired vision
- Aphasia/speech impairments

Psychological

- Caused by prejudice, attitudes and personality
 - Moralizing
 - Lecturing
 - Over-reacting
 - Arguing
 - Prejudging
 - Advising

Barriers (continued)



- **Cultural Diversity**

- Beliefs regarding health care
- Language differences
- Eye contact
- Ways of dealing w/ terminal illness and/or severe disability
- Touch



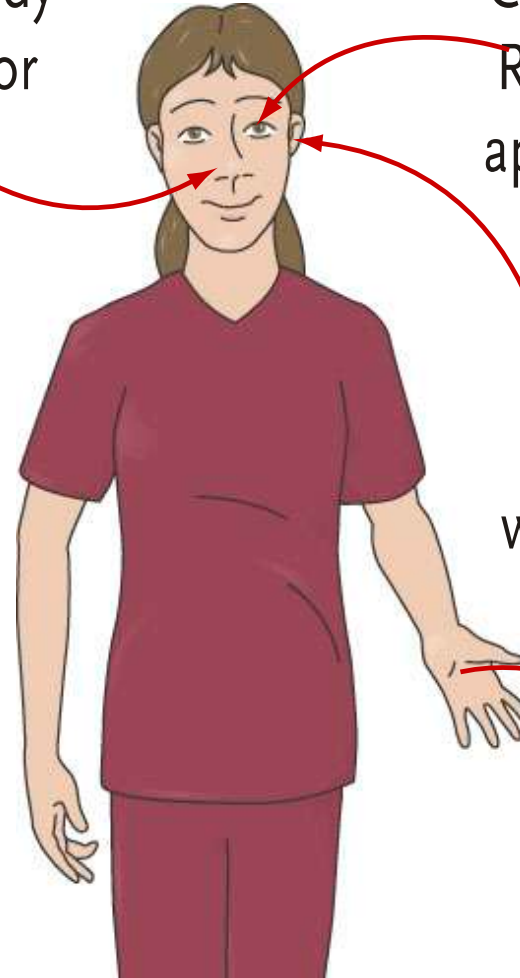
Recording & Reporting

Must record and report all observations while providing care

Must listen to what patient is saying, but observe with other senses as well

Smell:
Resident's body
or breath odor

Sight:
Changes in
Resident's
appearance



Hearing:
Resident's
words, tone, and
breathing

Touch:
Resident's skin
and pulse

Types of observation



Subjective

- Cannot be seen or felt
- Commonly called symptoms
- Usually statements or complaints made by patient/resident
- Report in exact words

Objective

- Can be seen or measured
- Commonly called signs

Recording/documentation



- Written observations must be accurate, concise and complete as well as neat and legible
- Spelling and grammar should be correct
- Only objective observations should be noted
- Subjective data that the health care worker feels or thinks should be avoided
- Errors should be crossed out neatly with a straight line, have “error” recorded by them, and initials of the person making the error



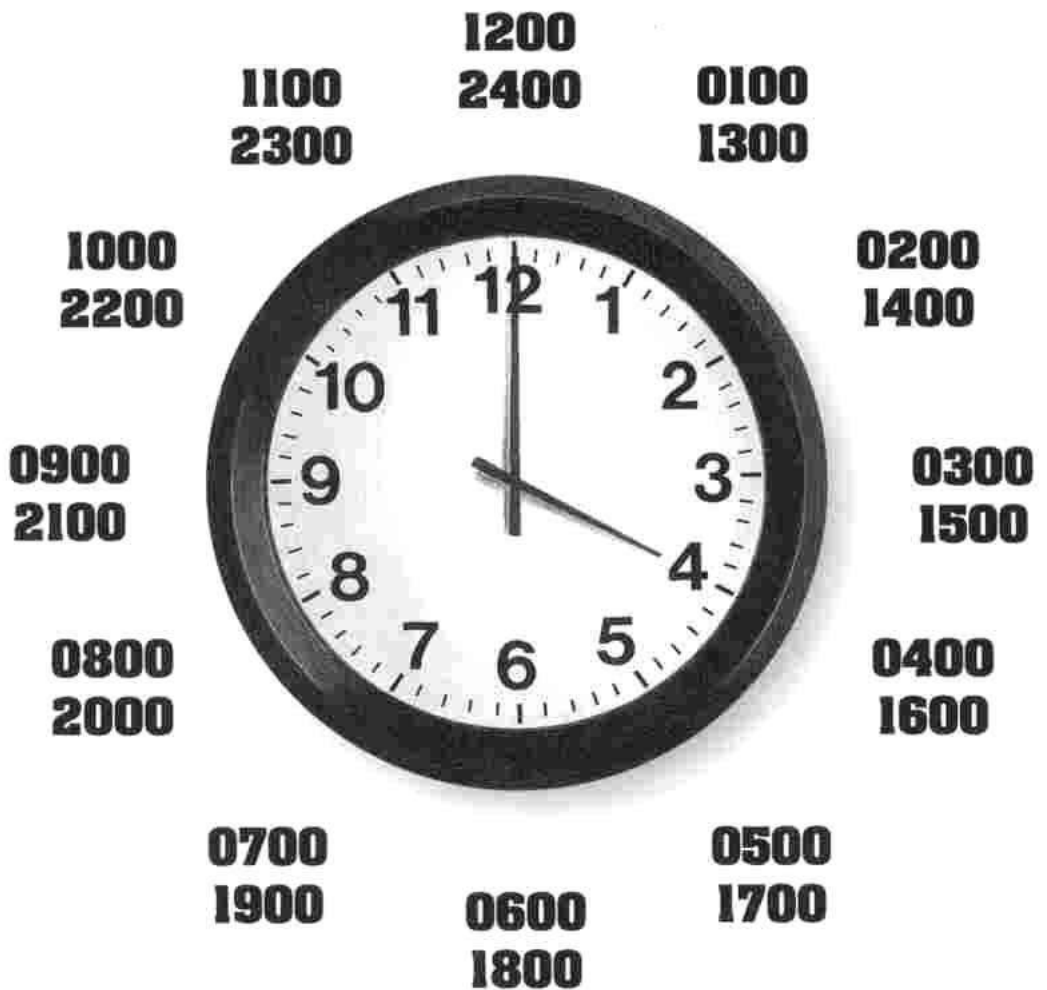
Military Time clock

Facilities use 24-hour clock to reduce confusion in am/pm hours.

To change hours simply add 12 to the original hour: $3 + 12 = 15$

3:00 pm = 1500 hours

Hours from 12:00am – 12:00pm are written as 00:01-1200



Telephone communication



- Do not give info about staff or residents over the phone
- Place caller on hold if you need to get someone to take the call
- Follow facility policy on personal phone calls
- Be cheerful when greeting a caller
- Identify your facility
- Identify yourself and your position
- Listen closely to caller's request
- Get telephone number
- Say "thank you" and "good-bye"

Guidelines for communication



- **Hearing impairment**
 - Make sure hearing aids working well (batteries)
 - Reduce noise in room
 - Get resident's attention before speaking
 - Speak slow, clear and in good lighting
 - Directly face person
 - Do not shout
 - Lower pitch of your voice
 - Do not chew gum
 - Keep hands away from face
 - Repeat using different words
 - Use picture cards or notepad if needed
 - Don't get frustrated



Vision impairment

- Make sure glasses are clean
- Identify yourself and explain what you're doing
- Provide good lighting
- Orient person to time and place if needed
- Use the face of an imaginary clock as a guide to explain the position of objects in front of the resident
- Do not move personal items or furniture without the resident's knowledge
- Offer large-print newspapers/magazines
- Use large clocks in room
- Get books on audiotape

Stroke & communication

occurs when a clot or a ruptured blood vessel suddenly cuts off blood supply to the brain



- **Depends on severity of stroke**
 - Keep questions and directions simple
 - Phrase questions so they can be answered with “yes” or “no”
 - Agree on signals such as shaking or nodding head
 - Use pencil and paper if resident able to write
 - Never call weaker side “bad side”
 - Use picture, gestures or pointing (communication boards or special cards to aid communication work well)
 - Keep call signal within reach and let them know you will come when they need you

Combative resident

can result from disease process affecting the brain, frustration, or part of personality



- Block physical blow or step out of way
- Stay at a safe distance
- Stay calm
- Be flexible and patient
- Be neutral
- Do not respond to verbal attacks (don't argue)
- Do not use gestures that could frighten/startle resident
- Be reassuring and supportive
- Leave resident alone if you can safely do so

Angry behavior

Disease process, fears, pain and loneliness



- Stay calm
- Do not respond to verbal attacks – don't argue
- Empathize with the resident
- Try to find cause of anger
- Treat resident with dignity and respect
- Answer call light promptly
- Stay at a safe distance if resident becomes combative

Inappropriate Behavior



INCLUDES SEXUAL ADVANCES AND COMMENTS; RESIDENTS REMOVING CLOTHES OR TOUCHING THEMSELVES (ILLNESS, DEMENTIA, CONFUSION AND MEDICATION)

- Don't over-react
- Try to distract resident
- Notify the nurse
- Problems may mimic inappropriate behavior: clothes too tight, rash, too tight, etc.