ADVANCED HUMAN RELATIONS

Course

Practicum in Health Science

Unit II
Communication

Essential Question
Why do I have to be courteous to patients?

TEKS
130.205(c)
1A, 3A, 7A

Prior Student Learning
Personal traits of Health Care Professionals

Estimated time
1 – 2 Hours

Rationale

Health care workers use human relations in dealing with patients and co-workers.

Objectives

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

- Identify, define, and discuss terms and factors relating to human relations
- Explore communication styles, self-esteem, personal values, attitude formation, and motivation in relation to effectively dealing with others
- Develop personal strategies for building good relationships
- Interpret common theories of human behavior and choose techniques for personal integration
- Understand the importance of good human relations and communications in providing a suitable working environment
- Explain the nature, purpose, and importance of human relations in an organizational setting

Engage

What are some complaints that you have heard family or friends make about their care or treatment at a healthcare facility?

Key Points

I. Factors involved in self-understanding
   A. Self-acceptance
   B. Self-image
   C. Values
   D. Self-confidence -- a belief in oneself and in one's powers and abilities
   E. Relations with others - the qualities that make a person likable
      1. genuineness -- means being oneself; genuine people do not put up false fronts to try to look good; genuine people do not put on an act and are comfortable with themselves.
      2. trustworthiness -- the key to building trusting relationships with others is to be trustworthy; when others take risks with you, you must prove their risks are worth taking.

II. Techniques for being accepted by fellow employees
   A. Try to get along with co-workers.
   B. Seek acceptance by co-workers in a job.
   C. Accept others' life styles -- everyone should learn to respect another person's right to be different.
   D. Avoid incorrect assumptions to avoid offending others before all facts are known.

E. Maintain a good appearance because a good first impression will help one on the way to being accepted.
F. Develop a good attitude -- one of the most important factors that determine one's acceptance by others in any environment is attitude.
G. Observe rules -- there is usually a set of rules to be followed at the workplace, but there are also unwritten rules that workers are expected to observe.

III. Reasons for employees losing their jobs
A. Inability to get along with fellow employees
B. Poor attendance and lateness for work
C. Abuse of break time

IV. Factors that affect human relations with employers
A. Competence -- the ability to perform a required task; as a rule competent employees get along with their employers.
B. Cooperation -- working with others to reach a given goal; the employer has a right to expect your cooperation.
C. Loyalty -- a feeling of obligation and devotion to one's employer or job; includes not complaining to others about your working conditions.
D. Initiative -- recognizing what jobs need to be done and doing them without being reminded.
E. Trustworthiness -- the quality that makes one dependable; the employer knows the trustworthy employee will do what is expected and often even more.
F. Honesty -- qualities of trustfulness, honor, and integrity; free of fraud and deception.
G. Dependability -- being on the job everyday, arriving on time, and notifying the employer if one cannot be at work.

V. Basic ways of getting along with people
A. Think before you speak; always say less than you think.
B. Make promises sparingly and keep them faithfully, no matter what it costs.
C. Be interested in others -- in their pursuits, their welfare, their homes, and families; let everyone you meet, however humble, feel that you regard them as a person of importance.
D. Never let an opportunity pass to say a kind and encouraging thing to or about somebody.
E. Be cheerful; keep a pleasant smile on your face.
F. Reserve an open mind on all debatable questions; discuss but do not argue -- it is a mark of a superior mind to disagree yet be friendly.
G. Discourage gossip and make a rule to say nothing of another unless it is something good.

VI. Reasons why people work and set goals
   A. To achieve satisfaction
   B. To support family
   C. To attain acceptance of peers
   D. To gain power
   E. To accumulate wealth

VII. Establishing human relations with patients
   A. Learn to know, understand, and relate to the patient in any situation.
   B. Show sympathy for the patient by being eager to serve and by having a gentle touch.
   C. Realize and understand sick people are sensitive, both emotionally and physically; sickness causes strain and patients are not always on their best behavior.
   D. Remember to be kind and tolerant when patients are irritable and demanding.
   E. Realize much of the satisfaction assistants derive from their work is due to the relationship they develop with the patient.

VIII. Human relations in communication
   A. Good attitudes enhance communication.
   B. Good communication lowers employee turnover.
   C. Good communication eliminates misunderstanding.
   D. Communication implies two important things:
      1. sharing means that communication involves the action of more than one person; there must be one to send the message and another to react to it
      2. understanding means that both the sender and receiver of the message share the same meaning of what is said; this part of communication is the most difficult because people tend to give different meanings to the same words, and human relations problems develop because of the failure of people to share and understand messages.

IX. Barriers to good communication in human relations:
   A. Human relation problems may develop because of the failure of people to share and understand messages.
   B. When a person uses a word, that word is used with just one meaning.
   C. The particular meaning is what that person intends the word to mean.
   D. Bypassing is a barrier in communication because one single word or expression is complicated by several different meanings, or several different words might have the same meaning
   E. Employers and employees can cause communication problems by misusing language; two of the most serious problems that arise due to the misuse of language are:
      1. labeling or name-calling
      2. to unfairly classify someone as a certain type of person. Typical labels given to people are:

1) clown -- a person who appears to do silly things
2) troublemaker -- a person who appears to be frequently involved in problems
3) animal -- a person lacking in manners

3.. emotional confusion -- words that mean the same thing; some have pleasant sounds while others do not.

a.

negative appeal	positive appeal
death insurance	life insurance
garbage collector	sanitary engineer
stock salesperson	investment counselor
lie	fib
pop quiz	unscheduled test

1. avoid emotional confusion in human relations by using as many positive sounding words or titles as possible.
2. listening -- when good listeners do not understand a message, they ask the speaker for a different explanation; good listeners must be alert; listening is much more than hearing -- the process of listening requires an active mind.
3. grapevine -- the term dates back to the Civil War, when the United States sent secret messages by telegraph line strung through trees and bushes almost like a vine; today, the term "grapevine" includes all forms of unofficial communication, but messages by way of the grapevine are only about 80 percent reliable.

Activity

I. Read *My Name is Mrs. Simon* and complete the Response Sheet.

Assessment

Successful completion of *My Name is Mrs. Simon* Response Sheet.

Materials

My Name is Mrs. Simon
Movie: *The Doctor*

Accommodations for Learning Differences

For reinforcement, the student will complete Developing a Relationship with Patients activity.

For enrichment, the student will watch the movie *The Doctor* and identify human relations techniques throughout.

National and State Education Standards
National Health Science Cluster Standards
HLC02.01 Communications
Health care workers will know the various methods of giving and obtaining information. They will communicate effectively, both orally and in writing.

TEKS
130.205(c)(1)(A) Interpret data from various sources in formulating conclusions;
130.205(c)(3)(A) demonstrate proficiency in medical terminology and skills related to the health care of an individual; and
130.205(c)(7)(A) interpret knowledge and skills that are transferable among health science professions.

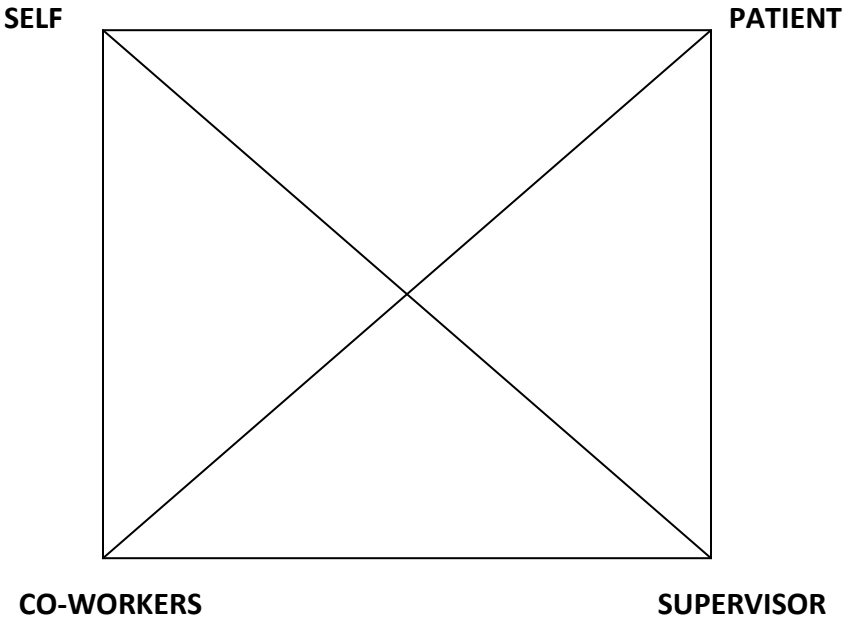
Texas College and Career Readiness Standards
I. Key Cognitive Skills
A. Intellectual curiosity
1. Engage in scholarly inquiry and dialogue.
2. Accept constructive criticism and revise personal views when valid evidence warrants.
B. Reasoning
1. Consider arguments and conclusions of self and others.
2. Construct well-reasoned arguments to explain phenomena, validate conjectures, or support positions.
3. Gather evidence to support arguments, findings, or lines of reasoning.
4. Support or modify claims based on the results of an inquiry.
C. Problem solving
1. Analyze a situation to identify a problem to be solved.
2. Develop and apply multiple strategies to solving a problem.
E. Work habits
1. Work independently.
2. Work collaboratively.
F. Academic integrity
1. Attribute ideas and information to source materials and people.
2. Evaluate sources for quality of content, validity, credibility, and relevance.
3. Include the ideas of others and the complexities of the debate, issue, or problem.
4. Understand and adhere to ethical codes of conduct.
A. Reading across the curriculum
1. Use effective pre-reading strategies.
2. Use a variety of strategies to understand the meanings of new words.
3. Identify the intended purpose and audience of the text.
4. Identify the key information and supporting details.
5. Analyze textual information critically.

6. Annotate, summarize, paraphrase, and outline texts when appropriate.
7. Adapt reading strategies according to structure of texts.
8. Connect reading to historical and current events and personal interest.

READ THE ARTICLE, "MY NAME IS MRS. SIMON"

ANSWER THE QUESTIONS BELOW

RELATIONSHIPS WITH PEOPLE



Human relations refer to relationships between people. The relationship can be formal or informal, close or distant, emotional or unemotional. In health care many kinds of relationships with different people must be considered. As an employee at a health care facility you have a relationship with (1) self, (2) co-workers, (3) your supervisor, and (4) the patient.

1. Identify three (3) desired personal characteristics that are missing in the hospital staff caring for Mrs. Simon. For each characteristic identified, give a specific example that supports your choice.

   Characteristic:
   Example:

   Characteristic:
   Example:

   Characteristic:
   Example:

2. Describe how you would feel if a member of your family was treated like this.

3. What actions could you take if this did occur to one of your family members?

4. What do you consider to be your strongest personal characteristic? Explain.

5. Which one do you consider to be your weakest? Explain.

6. What specific actions could you take to improve on the characteristic you chose in question #5?

A WOMAN TODAY by Emma Elliot

"My Name is Mrs. Simon"

Old and ailing, my mother was fighting a valiant battle against one of America's best hospitals.

Almost the last sentence my mother spoke before she died at age eighty-five was "My name is Mrs. Simon." The young orderly who was moving her from her hospital bed to a gurney (to be taken to x-ray for what seemed to be an endless series of tests), had been calling her 'Doll", "Grannie", or 'Annie". My mother's first name was Anna, and she came from a fairly formal European background, in which older people are rarely on a first-name basis with anyone but relatives and close friends.

Two weeks before her death, my mother had been managing her large home on her own. She worked actively as a volunteer for a number of local civic organizations, read books and listened to classical music on the radio. Recently she had had increased difficulty walking. The pain in her legs and some loss of balance made her physician decide to put her in the hospital for a series of tests. Before she left, she went to a beauty parlor to get her hair done -- a weekly ritual for twenty years. My mother, a great beauty throughout her life, cared very much how she presented herself to the world.

The hospital her physician had chosen was a large, university-affiliated institution, famous throughout the United States for its outstanding research record. My mother had an excellent insurance program to supplement her Medicare benefits, so she was able to move into a small private room. She had not been in a hospital since her last child was born more than fifty years before, but she had never been afraid of new experiences. She reassured my stepfather, her husband of more than twenty years, that when the doctors found out what was wrong with her she'd be fine. They would take their daily strolls around the neighborhood and even get to a movie or a concert.

I am a medical writer, and was on assignment on the West Coast when the call came that my mother was going into the hospital for what her doctor called "routine tests." I asked whether I should come home. "Of course not," my mother said. "Finish your work. I will manage. I always do."

But, somehow the situation worried me enough so that I flew home a day later. When I walked into her hospital room I was appalled. My mother was not the same woman I had seen two weeks earlier. Her hair was straggly and uncombed, and her face looked shrunken, which I soon realized was because they had taken her dentures away. "Senile, old people can hurt themselves with those false teeth," a nurse's aide explained. That was the first time I had heard the word senile applied to my mother. People had used all kinds of adjectives to describe her: willful, stubborn, a little vain, but also intelligent, adaptable, and beautifully groomed. Never had she been suspected of being senile. Now I would hear that word every day, many times, until the evening she died, and each time I would protest vigorously. "Has there been a medical diagnosis of senility?" I asked the nurse's aide. The young woman looked terribly surprised.
"She's eighty-five," she replied in a matter-of-fact tone. "People at that age just don't have all their marbles." She was putting crudely what many others on the hospital floor, from cleaning personnel to physicians, would put in milder or more scientific terms.

I looked around the room, which seemed as unkempt and forlorn as my mother. Her lunch tray, untouched, held a plate of tough-looking meat and a hard roll -- foods that would be difficult to chew even if she had her dentures. The gelatin dessert she refused on grounds of taste. (I remember she used to look contemptuously at a gelatin salad and say, "Stop trembling… I wouldn't dream of eating you.")

"What have you eaten since you got here?" I asked. "Not much," she said. "I don't seem to get anything I can chew. They give me a menu everyday, but without my glasses I can't read it." She slurred her words because it was difficult for her to talk without her dentures. Shaken I asked about the glasses. "A nurse took them away with my pocketbook when I got here," she said simply. "I have asked everybody who comes into the room to give them back, but they insist I never brought them in the first place."

A quick search of her room turned up the glasses and her pocketbook in a closet, out of reach. Also in the closet were her brush and comb, which explained the condition of her hair. By that time, I was furious, a feeling that would intensify during the next ten days. I went back to the nurses' station and asked that my mother be given her dentures, eyeglasses and personal grooming articles. "Well, if you insist," the nurse said, "but you know that these senile people keep losing things, and nobody on this floor has time to look for them." She was about thirty, with a pair of glasses on a chain around her neck. "Don't you ever lose your glasses?" I asked. "Of course," she said. "That's why I have this chain."

With her personal belongings back, my mother was now able to see the menu, read the newspaper and get-well cards from friends and family, see the numbers on the dial phone next to the bed and talk to the outside world without slurred speech. She could (and did, until the last day of her life) comb and brush her hair. But the word senile continued to haunt her days and nights.

My stepfather, in his nineties, was terribly worried about her. Together they had coped very well in the big suburban house, but now he found he could not manage. His son and daughter-in-law came to take him home with them to another suburb more than thirty miles from the hospital. He could no longer drive, and his children held full-time jobs. So while he and my mother were able to talk daily on the phone, he could not get into the city to see her.

But one afternoon he persuaded a neighbor to drive him to the hospital for visiting hours. When he called with the good news, my mother started primping immediately. Not for the first time, she asked to wear her own nightgown and bed jacket instead of a stiff, rust-stained, tied-in-the-back hospital gown. But her nightclothes were not to be found, and another nurse insisted they had never been brought. "She's just imagining packing them. They imagine lots of things." A five-minute search turned them up, still in her suitcase, locked up at the nurse's station. I insisted that she wear her own clothes from now on, unless there was a medical reason for wearing the hospital gown. At this point, several nurses began looking at me as if senility was an infectious disease and I had caught it. Apparently, to many of these young people, being old did not just mean being senile, it also meant being so hopelessly ugly that appearance should no longer matter.

My stepfather did not agree with the staff. He thought my mother looked very pretty in her silky, cream-colored gown with matching jacket. They were exceedingly glad to see each other and spent the full two hours -- first talking, and then, just holding hands. When he left, he asked me, "She'll be home in a few days, won't she?" I assured him that she would. (That's what everyone had told me.) They never saw each other again. It was the last reasonably happy hour my mother had.

The next day, the medical tests started in earnest, since a preliminary examination had not shown what was wrong with her. It seemed as if every hour another person came in to stick a needle into her arm to get more blood. Eventually, the veins in her arms collapsed, and getting blood became more difficult and painful. “Why do you have to get blood so often?” she asked a resident who had come in to get one more sample. “Why don’t you just come once and get all you need? Then you wouldn’t have to stick me with needles all the time.” It seemed like a perfectly sensible question, one I had been meaning to ask. “Old people ask such funny things,” said the resident, laughing as he probed for a usable vein.

By evening, all the blood tests and x-rays (for which she waited in a corridor on a hard gurney for hours) failed to reveal anything definite. Her personal physician, whom she had visited for more than thirty years, had left for two weeks the day after she entered the hospital. He had assured me that his partner (who’d never met my mother) would cover for him and visit regularly, but the partner got the flu. That left my mother in the hands of the hospital’s teaching faculty, residents and interns. They had a genuine, if academic, interest in finding out the cause of her problems, so when ordinary tests did not turn up any definite diagnosis, they decided on some extraordinary ones: a spinal tap and a bone-marrow examination. I have had both and knew they were frightening at best, very painful at worst. “Why is this necessary?” I asked. “If she has a brain tumor or leukemia (which would be indicated by the spinal tap and bone-marrow examination, respectively), what are you going to do about it? She obviously cannot withstand extensive surgery, radiation treatments or chemotherapy. So why are you doing this?” I never received an answer.

When she entered the hospital, my mother had signed a release (which was not explained to her, and which, without her glasses, she had not been able to read) authorizing the hospital staff to do any tests and procedures they considered advisable. The resident on the floor reminded me that I had no legal authority to stop any test. So my mother was rolled out of her room on that gurney, and I did not see her again for four hours. When she was brought back, she looked gray and terrified. She submitted to the spinal tap with little complaint, but to get enough bone marrow, they had to pierce her breastbone. She said it hurt terribly, but everybody had told her, “Old people’s bones are so brittle. It can’t hurt much. Be a good girl, Annie.” From that evening until she died two days later, she cowered in her bed and started to cry whenever anyone came into the room. She also stopped speaking English, reverting exclusively to her native German.

Her new attitude brought yet another specialist into the picture, a neurologist whose questions seemed exceedingly silly to her. He wanted to know what day it was and who was president of the United States. “I could tell him who the city councilman from my district is,” she said to me in German, “but why should I?” The neurologist motioned me out of the room and started to ask me about her medical history. “Has there been any insanity in your family?” he wanted to know. I inquired why he was asking. “Well, your mother is clearly having a psychotic episode,” he said. “She’s talking gibberish.” I pointed out that far from talking gibberish, she was speaking clear, grammatical German. He looked a little disconcerted, made a note on her chart, did not apologize, and left, never to be heard from again.

I had been spending the nights at the hospital, but that night my mother was so exhausted, I was sure she would sleep. I was tired myself, so I decided to go to my apartment and return early in the morning. After all, what else could happen to humiliate and hurt her?

Something could. Early the next morning, before I arrived, she was wheeled from her room to a small auditorium, where a large number of white-coated individuals poked her, looked into her eyes with flashlights and then discussed her condition at great length. Obviously, she had been the subject of teaching rounds, in which one intern or resident presents a difficult case to his colleagues and professors. I had been the subject of teaching rounds myself when I was in the hospital two years earlier, but I had been asked whether I would agree to this procedure, and I had been dressed in a nightgown and a robe, neat and dignified. My mother was there in one of those hospital gowns, open at the back. Nobody had washed her face or comber her hair. She was terribly embarrassed and exhausted.

For the rest of the day, she was in pain. Her feet hurt. Her back hurt. She was dizzy. She could no longer get to the toilet alone, and finding someone to help her was no easy task. I spent a lot of time trying to get some pain medication for her, finding an extra pillow to put behind her back, asking someone to bring a bedpan. She had developed diarrhea, and once when she soiled the bed it took thirty minutes to get a nurse's aide to come with clean sheets. Certainly the floor was busy and probably understaffed, but after all those days in the hospital it had become obvious to me that the five old people on that floor had their bells answered last. "Those people are always complaining" or "They just want attention" were sentiments heard a lot around that nurses' station.

As a medical writer, I was appalled at the way this hospital's trained professionals were treating their elderly patients. They, of all people, should be well aware that "old age" and "senility" are not interchangeable terms. In fact, only 5 percent of older people ever suffer from severe intellectual impairment. Fifteen percent may suffer some mild disability, such as minor memory loss, but 80 percent of those who live to very old age, into their eighties or even nineties, never experience any symptoms of senility at all.

We tend to forget that Picasso was painting the last day of his life. He died at ninety-one. Alfred Hitchcock was planning a new film. He died at eighty. Martha Graham, America's greatest dancer and choreographer, produced brilliant new dances this year -- the year of her ninetieth birthday. What is true for them is true for hundreds of thousands of older Americans who could live full productive lives, who could teach us and our children about the past and thus prepare us for the future, if we would just let them. To discriminate against the very minority we are all destined to join in the most irrational prejudice of all.

Late that evening my mother started to have difficulty breathing. The floor resident ordered one more x-ray. The gurney came through the door. "Nein," my mother said. "No, no….." "Now don't you be difficult, Dolly," said the orderly, as he transferred her from bed to gurney. He was younger than her youngest grandson. That's when she announced firmly and with dignity, "My name is Mrs. Simon." They got her as far as the elevator. I was holding her hand when she stopped breathing. The resident sounded the alarm. I was told to go to the waiting area as an emergency cart came rushing down the hall and fifteen people collected around her. Her heart had stopped. They tried to resuscitate her, but nothing worked. She was dead.

"We tried everything," said the resident who came to tell me it was all over. "Except to treat her with dignity and respect," I wanted to say, but I didn't. I wrote this article instead.

-Ladies Home Journal - August 1984

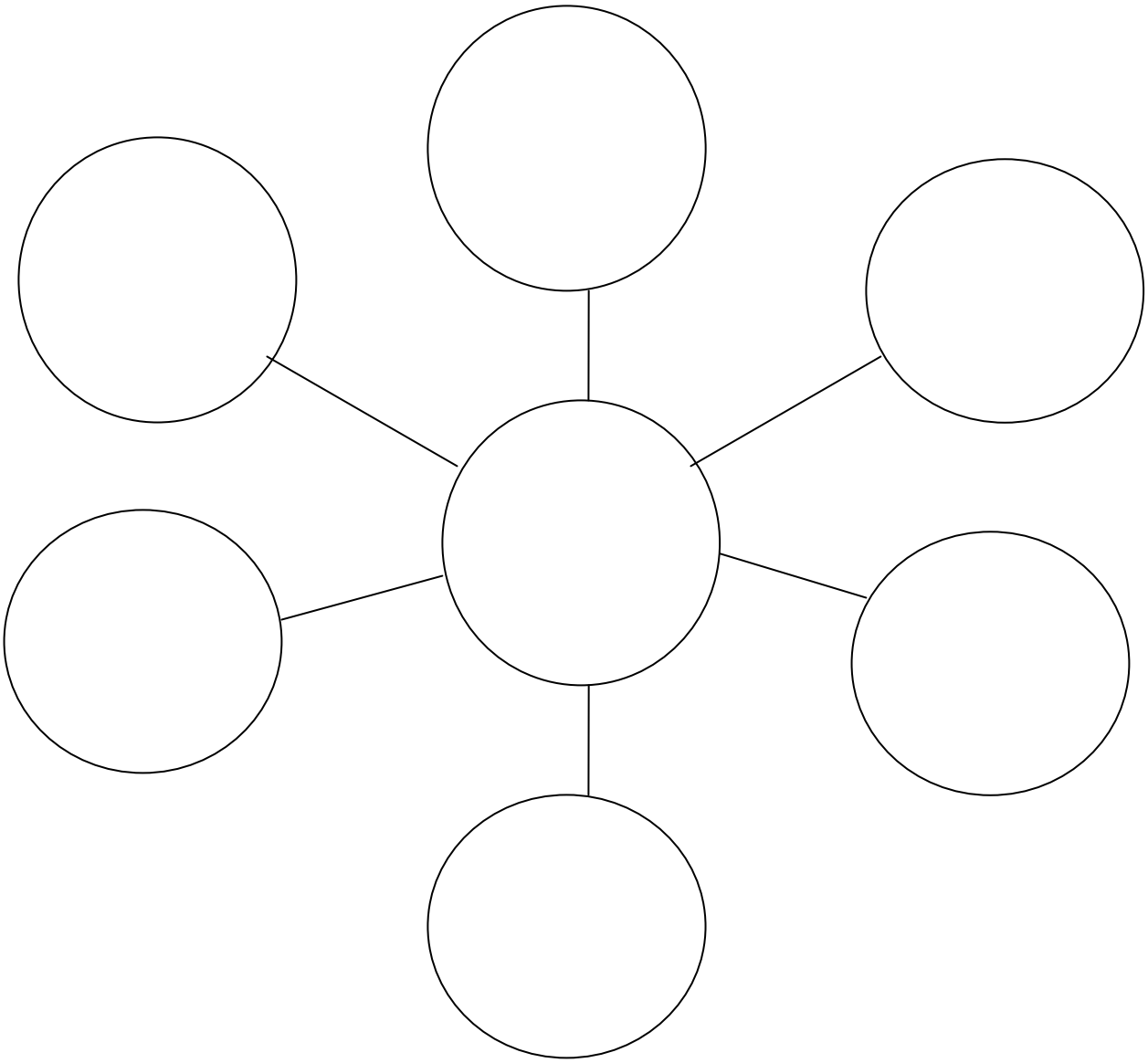
RELATIONSHIPS WITH PEOPLE

Human relations refer to relationships between people. The relationship can be formal or informal, close or distant, emotional or unemotional. In health care many kinds of relationships with different people must be considered. As an employee at a health care facility you have a relationship with (1) self, (2) co-workers (in your unit/department), (3) your supervisor, (4) the patient, (5) patient's family/visitors, (6) physicians, (7) other health care workers.

Using the Describing Qualities Thinking Map –

- place your name in the center circle of the diagram;
- place the other people you will come in contact with in the other circles;
- list the type of relationship that you can form with each type; and
- list things that may happen to change the relationship.

DESCRIBING QUALITIES



Describing Qualities

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