

FACTFILE: GCE HEALTH & SOCIAL CARE

AS2 COMMUNICATION IN HEALTH, SOCIAL CARE & EARLY YEARS SETTINGS



Factors that support effective communication

Students should be able to:

- explain how the following factors positively affect communication with service users:
 - confidentiality, for example maintaining privacy when discussing personal information with service users;
 - physical factors such as appropriate dress, personal grooming, respecting personal space and the physical environment;
 - emotional factors such as confidence, a positive attitude, trust, empathy and compassion; and
 - practitioners' communication skills such as clarity, pace and tone of speech, and the use of prompts, probes, silence, questioning, turn taking, reflection, eye contact, facial expressions, posture, gestures, touch or observation.



Course Content

It is important to be able to communicate effectively both on a one-to-one basis and in a group context. Communication is not just about the words you use, but also your manner of speaking, body language and, above all, the effectiveness with which you listen. To communicate effectively it is important to take account of culture and context, for example where English is a second language.

Exchanging information is important for practitioners to develop their understanding of the needs of the individual in order to provide the support they require and improve the quality of service provision.

Communication in settings may well be of a complex nature. Practitioners will need to be aware that each individual will have their own way of interpreting things that are said.

Confidentiality

Confidentiality is an essential part of working in health, social care and early years settings. It means making sure that personal information is only passed on to the people who have a proper, professional reason to have the information on a need-to-know basis.



Private discussions

Care settings that promote privacy encourage service users to express their feelings and problems. It is important to provide space for private conversations and telephone calls.

Protecting records

The Data Protection Act 1998 sets out rules for processing personal information, and it applies to paper records as well as those held on computer. Employees can also be prosecuted for unlawful action under the legislation. Fines of up to £5000 could result if you use or disclose information about other people without their consent or proper authorisation. You could even be committing an offence if you give information to another employee who does not need the details to carry out their legitimate duties. You should take particular care when using the Internet, e-mail and the internal network. Special care must be taken with sensitive data such as ethnic origins, religious/political beliefs, health data, disabilities, details of offences or alleged offences, sexual life or trade union membership.

Care plans, needs assessments, case reviews and day files are required as legal records of care and the keeping of certain confidential notes and records relating to individual individuals are an essential part of the communication and day-to-day **running of any service.**

Sharing information appropriately

Disclosure of information to people other than your immediate work colleagues about a service user's background, personal problems, care needs or health issues, normally only happens with the consent of the service user or their next of kin. However, there are exceptions to this rule. For example, confidential information can be passed on if a person requires an assessment or specialist support from a practitioner who is not a member of your work team.



Physical factors

Appropriate dress and personal grooming

The way an individual dresses and the clothes they wear play an important role in the way they are perceived by others. A person's physical appearance and dress creates a definite impact on the communication process. When working in health, social care and early years settings, clothing should be appropriate for the task, and for the group of people being worked with, for example, when attending a community meeting clothing should be such that it shows respect for the people who are involved in the interaction, their culture, age, gender etc. whilst leaving a positive impression on them.

Long before getting close enough to talk to people, their appearance may make a statement about their gender, age, economic class, and often even intentions. Individuals begin to recognise the important cultural clues for this at an early age. The vocabulary of dress that we learn includes not only items of clothing but also hair styles, jewellery, makeup, and other body decoration such as tattoos. In most cultures, however, the same style of dress communicates different messages depending on the age, gender, and physical appearance of the individual wearing it. Putting on certain types of clothing can change an individual's behaviour and the behaviour of others towards them. When an individual is approached by a police officer in uniform they may feel scared even though they know they have not done anything wrong. Their behaviour would be different if they were approached by a plain clothes police officer.

The Physical Environment

Examples include:

Respecting personal space

In today's multicultural society, it is important to consider the range of non-verbal codes as expressed in different ethnic groups. When someone violates an 'appropriate' distance, people may feel uncomfortable or defensive. Their actions may well be open to misinterpretation.

In Western society, four distances have been defined according to the relationship between the people involved.

These four distances are associated with the four main types of relationship – intimate, personal, social and public.

Each of the distances is divided into two, giving a close phase and a far phase, making eight divisions in all. It is worth noting that these distances are considered the norm in Western society.

• Intimate Distance:

Intimate distance ranges from close contact (touching) to the 'far' phase of 15–45cm.

In British society, it tends to be seen as an inappropriate distance for public behaviour and entering the intimate space of another person with whom you do not have a close relationship can be extremely disturbing.

• Personal Distance:

The 'far' phase of personal distance is considered to be the most appropriate for people holding a conversation. At this distance it is easy to see the other person's expressions and eye movements, as well as their overall body language. Handshaking can occur within the bounds of personal distance.

• Social Distance:

This is the *normal* distance for impersonal business, for example working together in the same room or during social gatherings.

Seating is also important; communication is far more likely to be considered as a formal relationship if the interaction is carried out across a desk. In addition, if the seating arrangements are such that one person appears to look down on another, an effect of domination may be created.

At a social distance, speech needs to be louder and eye contact remains essential to communication, otherwise feedback will be reduced and the interaction may end.

• Public Distance:

Teachers and public speakers address groups at a public distance. At such distances exaggerated non-verbal communication is necessary for communication to be effective. Subtle facial expressions are lost at this distance, so clear hand gestures are often used as a substitute. Larger head movements are also typical of an experienced public speaker who is aware of changes in the way body language is perceived at longer distances.

Seating arrangements and positioning should be considered carefully when communicating with others. Positioning between practitioners and individuals will depend upon the purpose of the communication to be undertaken. For example, if the interaction is informal and between two people, sitting next to one another, with the practitioner mirroring the body language of the person could be most suitable. If, however, the communication is to be of a more formal nature, then having a table at a higher level, with chairs placed near, but on different sides of the table may be more appropriate.

Low noise levels. A health and social care environment can be noisy, distracting and confusing at times. It is important that practitioners recognise this and reduce any background noise to a minimum, for example how often have you seen individuals placed next to a noisy television that no one is watching. What effect do you think this will have on their ability to concentrate or converse with others? It is also important that practitioners make sure that the environment is freely accessible, and that the placement of furniture encourages individuals to interact with each other.

Adequate lighting is also key and can enhance communication. For example if a person with sensory needs cannot see the other person's face clearly they may not be able to lip read effectively or see their body language and gestures. In addition reading can be more difficult in poor light.

Adequate ventilation is important as an environment can be too hot, too cold or draughty. So windows should be adjusted according to the person's preferences, needs and wishes.

Emotional factors

Confidence is the term we use to describe how we feel about our ability to perform roles, functions and tasks. Users of health and social care services and their relatives often seek reassurance from practitioners as a way of developing their self-confidence. In response, practitioners use praise and touch, and give time and attention as a way of rewarding a person's efforts and achievements and to reassure them. Some care settings also use support groups, staff meetings and appraisals as ways of providing practitioners with support and reassurance about their work performance.



Positive attitude: Research shows that positive thinking does have a scientific basis. While a person can't change the world, they can change how they perceive it and how they react to it. This can change the way that a person feels about them self and others, which impacts on well-being.

Trust: Health and social care practitioners develop relationships with service users, their relatives or carers and colleagues, by maintaining a friendly, supportive approach, and by being interested in what other people are doing and feeling. This enables service users to feel comfortable and secure, and that they can trust and rely on professionals.

Empathy and compassion: Empathy involves a caring attitude where someone can see beyond his or her own assumptions about the world and can imagine the thoughts and feelings of someone else. A care worker who can empathise will be able to imagine the emotions associated with the pain and grief that another person is experiencing.

Practitioner's communication skills

Communicating has to be a two way process where each person is attempting to understand and interpret, or make sense, of what the other person is saying.



Posture: The position in which a person sits or stands can send out messages to those they are communicating with. An open posture can mean 'I'm taking notice'. Leaning slightly forward is seen as positive as it shows interest in what the other person is saying. Leaning too far forward can be seen as intrusive and intimidating. The SOLER technique is effective in promoting positive communication:

- Face the other person **S**quarely
- Adopt an **O**pen posture
- **L**ean towards the other person
- Maintain **E**ye contact
- Try to be **R**elaxed while paying attention

Clarity, pace and tone of speech: Practitioners must ensure they speak clearly, use appropriate body language and actively listen to show that they are interested and trying to understand what they are being told.

It is also important to check that the individual understands correctly. In particular, when talking with individuals practitioners should:

- speak at a volume that the individual can hear
- use words and expressions that individual can understand;
- say what they mean, don't ramble
- speak clearly and concisely
- speak at a speed that the individual can keep up with; and
- use a tone of voice that is appropriate to the conversation

Prompts and probes

Prompt the person if they seem to be struggling with what they want to say. For example “You were telling me about what you did yesterday.”

Silence

Silence can be used to allow you or the person to gather their thoughts and think about what else they might want to say. It can enable the person to say what they want to say by allowing them time to do so.

Questioning

Only about ten per cent of our communication is actually spoken, and it is very important that you make the most of your conversations with individuals and their families, as this will enable you to understand their needs and feelings. A lot of this information can be collected through the use of questioning, and it is important that you consider the different techniques that might be used to collect information without creating too much distress. For example, you might use:

- closed questions, for example “Would you like your lunch now Milo?” The person need only reply “Yes” or “No”.
- open questions, for example “Tell me about where you used to live Jia.” This will enable you to start up a conversation
- process questions, for example “What did you think the doctor was telling you Mina?” This type of questioning can tell you how the individual understands their situation.

Turn taking because conversations need to be organised, there are rules or principles for establishing who talks and then who talks next. This process is called turntaking.

There are two guiding principles in conversations:

1. Only one person should talk at a time.
2. We cannot have silence.

The transition between one speaker and the next must be as smooth as possible and without a break.

There are different ways of indicating that a turn will be changed:

1. Formal methods; for example, selecting the next speaker by name or raising a hand.
2. Adjacency pairs; for instance, a question requires an answer.

3. Intonation; for instance, a drop in pitch or in loudness.
4. Gesture; for instance, a change in sitting position or an expression of inquiry.
5. The most important device for indicating turn-taking is through a change in gaze direction.

While you are talking, your eyes are down for much of the time. While you are listening, your eyes are up for much of the time.

For much of the time during a conversation, the eyes of the speaker and the listener do not meet. When speakers are coming to the end of a turn, they might look up more frequently, finishing with a steady gaze. This is a sign to the listener that the turn is finishing and that he or she can then come in.

Reflection: for example ‘I think you said that this made you feel worse. Is that right, Leanna?’ This is a useful way of reflecting back on and clarifying the outcomes of a conversation, and shows that you are listening.

Practitioners need to see people’s body language to fully understand what is being said. Therefore it is important that practitioners also maintain an alert but contact comfortable **posture**.

Facial expression: Facial expressions are used to convey meaning in communication. They can be an indication of the emotional state of the person communicating. Facial expressions include smiling, frowning, raising an eyebrow or pulling the mouth into other shapes. A quizzical expression can show that the person has misunderstood or maybe has a question they want to ask. A sad expression can be an indication that the individual has something wrong with them. It is also possible to recognise that a person is in pain or surprised by the expression on their face.

Touch: if appropriate use touch but it is important to remember that some people are not comfortable with being touched, and others don’t like their ‘personal space’ to be invaded.

Observation: Observe the person’s body language; does it mirror what they are saying? If there is a mismatch you may need to ask further questions to ensure the person is clear about what they are asking or telling you.

Activities

Michelle is 56 years old and has recently suffered a stroke. This has left her with paralysis down her right side and limited speech. She cannot put her thoughts into words or understand words that are written down. She can understand some of what is said to her. Michelle has never been in hospital before and appears to be quite anxious when her husband and daughter are not visiting. She seems to enjoy meal times and looks at photographs of her family and pet dog quite a lot. At other times she is tearful and looks quite sad. Michelle's husband has told you that his wife feels lonely and frustrated because she can't communicate with the other people around her at the moment.

- Suggest three things you could do to help Michelle to communicate more effectively with the ward staff.
- Explain why it is important to pay attention to Michelle's non-verbal communication when you are speaking to her.
- How would you go about finding out what Michelle would like to eat at dinner time, taking her communication problems into account?

