

NC Department of Health and Human Services
NC Nurse Aide I Curriculum

Module D Communication

July 2019

Objectives

- Describe components of therapeutic and non-therapeutic communication
- Discuss the importance of appropriate communication skills
- Describe barriers to communication
- Explore how culture and religion impact communication
- Discuss the NA's role and responsibilities for effectively communicating with a variety of individuals

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Communication - Definition

 Successfully sending and receiving messages using signs, symbols, words, drawings and pictures



Communication – Appropriate methods

- -Use words that mean the same to the sender and receiver
- -Use words that are familiar
- -Be concise
- -State information in an organized, logical order
- -State facts and be specific



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Communication – Three-way Process

- Simplest form
 - -Sender
 - -Receiver
 - -Feedback



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Communication - Verbal

- Use written or spoken words, pictures or symbols to send a message
- Actively listen
- Use silence
- · Paraphrase, clarify and focus
- · Ask direct, open-ended questions

Communication - Non-Verbal (1)

- Use body language movements, facial expressions, gestures, posture, gait, eye contact and appearance
- Use to support or oppose spoken or written communication
- Use to block communication
- Is perceived in different ways by different individuals

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Communication - Non-Verbal (2)

- · Positive body language
 - Face the resident while speaking, stand up straight, smile, nod with approval, place arms at sides, show relaxed movements
- · Negative body language
 - -Turn your back during communication, slouch, avoid eye contact, eye roll, frown, cross arms across chest, show tense movements

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Communication – Importance (1)

- Learn about the resident and his/her needs
- · Encourage the resident and family
- Establish trust
- Build relationships



Communication – Importance (2)

- Serve as a liaison between the resident and healthcare team
- Provide information and respond to questions appropriately
- Listen, observe, report and record details accurately

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Communication – Barriers (1)

- Language
- Inappropriate words, clichés or slang
- Responses that cause confusion or frustration
- Talking too fast
- · Giving advice or personal opinions
- Ignoring or belittling the resident

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Communication – Barriers (2)

- Using non-verbal skills (body language) when verbal is more appropriate
- Prejudices and attitudes
- · Different life experiences
- Age
- · Cultural differences
- · Noise and lack of privacy
- · Mental or physical impairments

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Culture

- Characteristics of a group of people that are passed from one generation to the next
- Varies; encompasses different races and nationalities
- Tend to share biological and physiological characteristics



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Culture - Characteristics

- Include language, values, beliefs, habits, likes, dislikes and customs
- Not all individuals accept all characteristics of the group



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Culture - Knowledge (1)

- People react differently based on their own beliefs and values
- · Emotions can promote or prevent healing
- · Understand personal space



Culture - Knowledge (2)

- Family is important
 - Living together
 - Living separately
 - Being isolated



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Culture - Knowledge (3)

- HygieneBathing
 - -Clothing



- -Self-image
- -Treatment options
- -Acceptance
- -Denial

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Religions

- Recognized throughout the world
- Buddhism, Christian, Hindu, Islam, Jehovah's Witness, Jewish, Mormon – are a few
- Play a vital role in the resident's life
- Impact acceptance or rejection of medical treatments and care
- Are misunderstood due to lack of knowledge

Communication - NA's Role (1)

- Develop skills that enhance effective communication
- Use appropriate verbal and non-verbal communication skills
- · Listen to what is being said
- Ask for clarification and acknowledge understanding
- Avoid interrupting

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Communication - NA's Role (2)

- Do not express personal opinions or disapproval
- Develop patience
- Reduce or eliminate distractions
- Use silence appropriately and in a supportive manner



Culture and Communication - NA's Role

- · Accept each resident as an individual
- Follow the nursing care plan that includes cultural and religious beliefs
- Demonstrate respect
- · Follow appropriate cultural preferences
- Communicate in a non-threatening, therapeutic manner

Communication – Special Approaches (1)

- When a resident speaks a different language
- Use a caring tone of voice and facial/body expression
- · Speak slowly and distinctly, but not loudly
- · Keep messages simple
- Repeat the message in different ways as needed
- · Focus on a single idea or experience

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Communication - Special Approaches (2)

- · Avoid medical terms and abbreviations
- Allow silence
- Pay attention to details
- Note and use words that the resident seems to understand

· Reference a language dictionary



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Communication – Health Care System

- · Has its own culture
- Beliefs
- Practices
- Rituals
- Expectations



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