

State-approved Curriculum Nurse Aide I Training Program

MODULE D Culture and Communication

Student Manual 2024 Version 2.0



NC DEPARTMENT OF **HEALTH AND HUMAN SERVICES**

Division of Health Service Regulation



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North Carolina Department of Health and Human Services
Division of Health Service Regulation
North Carolina Education and Credentialing Section

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Module D – Communication Definition List

Belittle – to speak slightly of; to cause a person to seem little or less

Cliché – a phrase or expression that has become overly familiar or commonplace

Communication – is the process of exchanging information through sending and receiving messages using signs, symbols, words, drawings and pictures

Cultural sensitivity - being aware of, recognizing, acknowledging, and valuing that behavior patterns differ between and within different cultures

Culture – the characteristics of a group of people – language, values, beliefs, habits, likes, dislikes, customs - passed from one generation to the next

Demeanor - behavior toward others; outward manner

Gait - a manner of walking or moving on foot

Liaison - a person who establishes and maintains communication for mutual understanding and cooperation

Non-verbal Communication (also called body language) – body positions and actions that send an unspoken message along with the spoken message; the conscious or unconscious signals that a person's body sends

Paraphrase – to re-state a person's message in your own words

Prejudice - an adverse opinion formed without just grounds or before sufficient knowledge; preconceived judgment or opinion

Slang – language peculiar to a particular group; an informal nonstandard vocabulary

Therapeutic Communication – a type of communication that health care providers consciously use when talking with residents in order to influence residents or help residents to a better understanding

Verbal Communication – the act of sending/receiving the spoken message

Module D – Communication	
<p>(S-1) Title Slide</p> <p>(S-2) Objectives</p> <ol style="list-style-type: none"> 1. Describe components of therapeutic and non-therapeutic communication 2. Discuss the importance of appropriate communication skills 3. Describe barriers to communication 4. Explore how culture and religion impact communication 5. Discuss the NA's role and responsibilities for effectively communicating with a variety of individuals 	
Content	Notes
<p>(S-3) Communication – Definition</p> <p>Communication is defined as sending and receiving messages using signs, symbols, words, drawings, and pictures</p>	
<p>(S-4) Communication – Appropriate Methods</p> <p>Appropriate communication includes:</p> <ul style="list-style-type: none"> • 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 	
<p>(S-5) Communication – Three-way process</p> <p>Simplest form is a three-way process</p> <ul style="list-style-type: none"> • Sender communicates the message • Receiver receives the message • Feedback allows sender and receiver to respond to each other in some way 	
<p>(S-6) Communication – Verbal</p> <ul style="list-style-type: none"> • Using written or spoken words, pictures or symbols to send a message • Speak plainly • Involves active listening skills and silence • Includes paraphrasing, clarifying, and focusing • Asking direct, open-ended questions 	
<p>(S-7) Communication – Non-Verbal (1)</p> <p>Using body language such as movements, facial expressions, gestures, posture, gait, eye contact and appearance to send a message</p> <ul style="list-style-type: none"> • Can be used to support or oppose spoken or written communication 	

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<ul style="list-style-type: none"> – Smiling reinforces the statement, “I am happy today!” while frowning or smirking opposes the statement. • Is often an unconscious gesture, movement or facial expression that blocks effective communication • Can be perceived in different ways by different individuals 	
<p>(S-8) Communication – Non-Verbal (2) Examples of non-verbal communication include:</p> <ul style="list-style-type: none"> • Positive – face the resident while speaking, stand up straight, smile, nod with approval, place arms at sides, show relaxed movements • Negative – turn your back during communication, slouch, avoid eye contact, eye roll, frown, cross arms across chest, show tense movements 	
<p>(S-9) Communication – Importance (1)</p> <ul style="list-style-type: none"> • Learn about the resident in order to provide care that meets individual needs • Be a source of encouragement to the resident and family members • Establish trust • Build meaningful relationships that benefit the resident 	
<p>(S-10) Communication – Importance (2)</p> <ul style="list-style-type: none"> • Serve as a liaison between the resident and healthcare team. • Provide information and respond to questions appropriately. • Listen, observe, report, and record details accurately <ul style="list-style-type: none"> – Discuss the importance of being a liaison and patient advocate. 	
<p>(S-11) Communication – Barriers (1)</p> <ul style="list-style-type: none"> • Language • Using inappropriate words, clichés or slang • Giving responses that cause confusion or frustration • Talking too fast • Giving advice or offering a personal opinion or point of view • Ignoring or belittling the resident 	
<p>(S-12) Communication – Barriers (2)</p> <ul style="list-style-type: none"> • Using non-verbal communication skills when verbal communication is more appropriate • Prejudices and attitudes 	

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<ul style="list-style-type: none"> • Different life experiences • Age • Cultural differences • Noise and lack of privacy • Mental or physical impairments 	
<p>(S-13) Culture Is the characteristics of a group of people that are passed from one generation to the next</p> <ul style="list-style-type: none"> • Varies from one group to another, and encompasses different races and nationalities • Tend to share biological and physiological characteristics 	
<p>(S-14) Culture – Characteristics</p> <ul style="list-style-type: none"> • Includes language, values, beliefs, habits, likes, dislikes and customs • Not all individuals accept all characteristics of the group • People from different backgrounds may have different expectations 	
<p>(S-15) Culture – Knowledge (1)</p> <ul style="list-style-type: none"> • People react differently based on their beliefs and values • Emotions can <ul style="list-style-type: none"> – Impact others in positive and negative ways. – Can promote or prevent emotional and physical healing – Should be acknowledged in a positive manner • Personal space – standing close, touching, gestures, eye contact • Should allow communication to occur comfortably 	
<p>(S-16) Culture – Knowledge (2)</p> <ul style="list-style-type: none"> • Family <ul style="list-style-type: none"> – Living together in one unit – Living in separate locations (other cities, states or countries) – Being isolated • Can be supportive/destructive during illness 	
<p>(S-17) Culture – Knowledge (3)</p> <ul style="list-style-type: none"> • Hygiene <ul style="list-style-type: none"> – Bathing is not viewed the same by all cultures – Clothing styles and colors vary among cultures – Often impacts a person’s feeling of self-worth • Illness <ul style="list-style-type: none"> – Impacts self-image and lowers self-worth 	

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<ul style="list-style-type: none"> — Treatments are impacted/dictated in some cultures — Acceptance or denial could be a sign of strength or weakness — Becoming familiar with various illnesses helps provide improved or alternative means of care • Asking questions and researching treatment options opens doors for discussion and helps ease fear. 	
(S-18) Religions <ul style="list-style-type: none"> • Are recognized throughout the world <ul style="list-style-type: none"> — Buddhism, Christian, Hindu, Islam, Jehovah's Witness, Jewish, Mormon (these are only a few) • Play a vital role in the resident's life • Impact whether a resident accepts or rejects medical treatments and care • Are misunderstood due to lack of knowledge 	
(S-19) Communication – NA's Role (1) <ul style="list-style-type: none"> • Develop skills that enhance effective communication <ul style="list-style-type: none"> — Use appropriate verbal and non-verbal communication skills — Listen to what is being said — Ask questions for clarification and acknowledge understanding — Avoid interrupting 	
(S-20) Communication – NA's Role (2) <ul style="list-style-type: none"> — Do not express personal opinions or disapproval — Develop patience — Reduce or eliminate environmental distractions — Understand and use silence appropriately and in a supportive manner 	
(S-21) Culture and Communication – NA's Role <ul style="list-style-type: none"> • Accept each resident as an individual • Follow the nursing care plan that incorporates cultural and religious beliefs • Demonstrate respect <ul style="list-style-type: none"> — Greet the resident using his/her title such as Mr., Mrs., Miss and their last name — Do not refer to the resident as <i>sweetie</i>, <i>honey</i>, <i>dearie</i>, <i>gramps</i> or <i>sugar</i>. These terms are disrespectful and degrading. — Attempt to pronounce the name correctly, speak slowly and ask for clarification. 	

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<ul style="list-style-type: none"> • Follow appropriate cultural preferences (eye contact, distance) • Communicate in a non-threatening, therapeutic manner 	
(S-22) Communication - Special Approaches (1) <ul style="list-style-type: none"> • 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 	
(S-23) Communication - Special Approaches (2) <ul style="list-style-type: none"> • Avoid medical terms and abbreviations • Allow silence • Pay close attention to non-verbal behavior • Note and use words the resident seems to understand • Reference a language translator as needed (i.e. interpreter, google, computerized apps) 	
(S-24) Communication - Health Care System <ul style="list-style-type: none"> • Language • Beliefs - standardized definitions of health and illness, believes in the power of technology • Practices - encourages maintenance of health (annual physical examination/routine diagnostic procedures) and prevention of illness • Rituals - limiting visitors and specific visiting hours • Expectations – punctuality such as arriving for appointments on time 	
(S-25) Communication <ul style="list-style-type: none"> • Listen more and speak less to improve communication. 	

Handout #D8: Types of Conversation / Goals

Type of Conversation	Goal
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Social Conversation	To create a comfortable, relaxed atmosphere to enjoy conversation with others. Share information about things that are of mutual interest. Not to discuss problems or complaints. To learn new things and get fresh information.
Interview	To ask questions with kindness and provide information in a way that does not scare the resident. To demonstrate sincere interest and create trust. To identify the resident's personal preferences, likes and dislikes. To help determine ways to plan and improve nursing care and assist with scheduling activities of daily living. To reinforce your interest and concern in the well-being of the resident.
Teaching	To show and tell the resident something that he or she may not already know. To offer an explanation of why something is done and how it can benefit quality of care.
Reporting	To report accurate information through observation and interaction with the resident. To communicate facts to the nurse, not assumptions or personal opinions.
Problem Solving	To help meet the resident's needs. To focus on the resident's wants or preferences. To find a way to meet the requests while following the nursing care plan. To offer alternative/creative ways to meet the resident's expectations.
Therapeutic Communication	To encourage/allow the resident to discuss feelings openly. To gain insight and be receptive to the resident's thoughts and feelings. To not be judgmental, belittle or degrade the resident. To respond with kindness using supportive verbal and non-verbal communication skills and acknowledge understanding of the resident's feelings.

Handout #D20: Communication Techniques

Successful Techniques

- Accepting – “Yes, I understand.”
- Offering Self – “I’ll sit with you a while.”
- Giving Broad Openings – “Where would you like to begin?”
- Giving General Leads – “Tell me about it.”
- Making Observations – “I notice you are crying.”
- Encouraging – “What does the voice seem to be saying?”
- Reflecting – “So, this causes you to feel angry?”
- Exploring – “Tell me more about that.”
- Presenting Reality – “I see no one else in the room.”
- Summarizing – “So, let’s see, do I have this correct?”

Non-successful Techniques

- Rejecting – “Oh, you don’t want to talk about that.”
- Disapproving – “You shouldn’t talk that way.”
- Challenging – “How do you know that?”
- Requesting an Explanation – “What makes you think that way?”
- Belittling – “Everybody gets down in the dumps.”
- Stereotyping – “Everybody who works here does that.”
- Interrupting – “Wait, what you really mean is. . .”
- Changing the Subject – “Let’s talk about something different.”