

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

## **Module D Culture and Communication**

**July 1, 2024**

# Objectives

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 Nurse Aide's (NA) role and responsibilities for effectively communicating with a variety of individuals

# 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



# Communication – Three-way Process

Simplest form

- Sender
- Receiver
- Feedback



# Communication - Verbal

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





# Communication – Non-Verbal

- 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



# 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





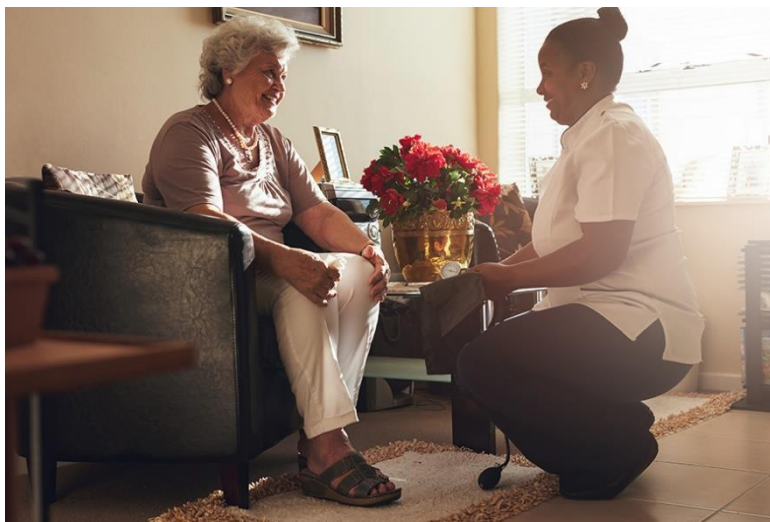
# Communication – Importance

- 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 health care team
- Provide information and respond to questions appropriately
- Listen, observe, report, and record details accurately



# Communication – Barriers

- 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



# Communication – Barriers (2)

- Using non-verbal 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



# Culture

Characteristics of a group of people that are passed on for generations.

- Varies: encompasses different races and nationalities
- Tend to share biological and physiological characteristics





# Culture - Characteristics

- Include 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



# Culture - Knowledge

- 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



# Culture – Knowledge (3)

- Hygiene
  - Bathing
  - Clothing
- Illness
  - Self-image
  - Treatment options
  - Acceptance
  - Denial





# Religions

- Recognized throughout the world
- A few types: Buddhism, Christian, Hindu, Islam, Jehovah's Witness, Jewish, and Mormon
- 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

- 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



## Communication – NA's Role (2)

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



# Culture and Communication the 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

# Cultural Communication Special Approaches

- 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

# Cultural 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 translator.





# Cultural Communication Health Care System

- Language
- Beliefs
- Practices
- Rituals
- Expectations



**“Listen more and speak less to  
improve communication.”**



# **The End**