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

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
• 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

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 (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

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

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
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

Culture - Characteristics

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

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

Culture – Knowledge (3)

- Hygiene
  - Bathing
  - Clothing

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

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

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

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

Communication – Health Care System

- Has its own culture
- Beliefs
- Practices
- Rituals
- Expectations
“Listen more and speak less to improve communication.”