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.”