

Communication

By

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LESSON ONE

COMMUNICATION

Introduction to Communication

Communication is key in every sphere; it is the single most important tool for every day life. A task or transaction that requires more than one person can only be successfully completed with communication. The term communication came from the Latin word ‘communicare’ meaning to share, to impart, to partake or to make things common. Every word that is spoken, every movement that is made and every action that is taken or failed to be taken gives a message to someone. It's nearly impossible to go through a day without the use of communication.

Definition of Communication

1. **Communication** is the *transfer of information* from *person to person* and from place to place with a *feedback* that was *mutually understood*.
2. It can also be seen as an act of conveying intended meanings from one entity or group to another through the use of mutually understood signs and semiotic rules or the process of conveying ideas, thoughts, opinions, or facts from one person to another or is sending and receiving information between two or more people.
3. The person sending the message is referred to as the sender, while the person receiving the information is called the receiver. The information conveyed can include facts, ideas, concepts, opinions, beliefs, attitudes, instructions and even emotions.

Methods Of Communication

The methods of communication can be put into several forms. For the purposes of this lesson, let's take a look at some of the primary methods.

1. Verbal communication is simply sending a message through a spoken language that is understood by both the sender and receiver of the message. Examples of verbal communications include face-to-face talking, listening to a lecture or seminar, and listening to a television program. In fact, if you are listening to this lecture, you are engaged in a verbal form of communication.
2. Written communication is sending a message by the use of symbols that are understood by both the sender and receiver of the message. If you are reading this lecture notes, you are engaged in written communication.

3. Non-verbal communication is a form of body language that can be used to send a message. You can often tell if your parents, friends or tutors are pleased or upset simply by looking at their facial expressions, posture and gestures. For example, a flushed face may mean embarrassment; a clinched fist may indicate anger; and the rolling of one's eyes may signal disbelief or annoyance.

The meaning of the word “therapeutic”

- It is a science and art of healing
- It pertains to a treatment or beneficial act

Therapeutic Communication

- The concept of "therapeutic communication" refers to the process in which the nurse consciously influences a client or helps the client to a better understand a procedure or intervention through verbal or nonverbal communication.
- It is the use of communication as this science and art of healing.
- It involves the use of specific strategies that encourage the patient to express feelings and ideas.
- There are different reactions to "therapeutic communication" as all patients differ in their characters, background, social status, culture, etc.
- Therapeutic communication involves the use of specific strategies that encourage the patient to express feelings and ideas and that convey acceptance and respect.
- Therapeutic and communication are two complex words each of which containing different meanings.
- However the term gains quite another meaning when referring to medical terminology and when considered as a compound noun.
- It is obvious that during provision of service, the client/ patient interact more with nurses than any other health professional in the multidisciplinary team.
- Therefore failure to communicate well with client right from the first encounter will destroy the delicate nurse- patient relationship.
- It has been highlighted that patients’ pains are reduced and recovery rates increased when they are provided with additional information/communication about their diagnoses, prognosis, care and treatment.
- Ineffective communication has been cited as being the root of practically all the problems of the world.

- It is given as the explanation for lover's quarrel, ethnic prejudice, and war between nations, industrial disputes and organizational conflicts.

Principles of Communication

Communication is a two-way process of giving and receiving information through any number of channels. Whether one is speaking informally to a patient/client, colleague, addressing a conference or meeting, writing a newsletter article or formal report, the following basic principles apply:

- Know your audience.
- Know your purpose.
- Know your topic.
- Anticipate objections.
- Present a rounded picture.
- Achieve credibility with your audience.
- Follow through on what you say.
- Communicate a little at a time.
- Present information in several ways.
- Develop a practical, useful way to get feedback.
- Use multiple communication techniques

Components/Elements of Communication

There are five components/ elements of communication:

1. **The sender (Who?)** is the the source of the information, the speaker or the encoder. The sender begins the communication cycle by encoding or creating the message to be sent. The person who initiates communication by placing the message in a form that is understandable to he intended recipient. A sender should define the purpose of the message, construct each message with the receiver in mind, select the best channel, time each transmission thoughtfully, and seek feedback.
2. **The message (Says what?)** is the message simply refers to the content (idea, thought, opinion or fact) one person wishes another person to receive.
3. **The receiver (To whom?)** is the recipient of the sender's message, the listener or the decoder. Hence decoding a spoken word, the receiver evaluates the tone and pitch of the voice as well as the speed at which the words are spoken.

4. **The medium of transmission (In What Channel?)** is the method of carrying out or sending the information. The four modes or channels of communication most pertinent in our everyday exchange include; speaking, listening, gestures (body language) and writing.
5. **The response, feedback or the impact (With what effect?)** is the intended result of the message i.e. what the receiver does as a result of the message received. Feedback is a process when the overall communication is evaluated for effectiveness. This is when the receiver sends back a response to the information received.

Levels of Communication

There are several levels of communication people are engaged in during interactions. The nurse's communication skills need to include techniques that reflect competence in each of the various levels of communication. The various levels of communication are:

1. **Intrapersonal communication** is a form of communication where an individual communicates with or within him/herself. This level of communication is also called self-talk, self-verbalization and inner thought. Nurses should be aware of the nature and content of their own thinking and try to replace negative, self-defeating thoughts with positive assertions. People thoughts strongly influence perceptions, feelings, behavior and self-concept. Intrapersonal communication creates a set of conditions through which life is experienced. For example, self-instruction can provide a mental rehearsal for difficult tasks or situations.
2. **Interpersonal communication** is the one-on-one interaction between people. It's often the level of interaction between the nurse and another person that often occurs face to face. It is the level of communication mostly used and lies at the heart of nursing practice. Nurses work with people who have different opinions, experiences, values and belief systems, so making meaning when speaking must be mutually negotiated between participants. Meaningful interpersonal communication results in exchange of ideals, problem solving and expression of feelings, decision-making, goal achievement, teamwork and personal growth.
3. **Transpersonal communication** is the interaction that occurs within a person's spiritual domain. It has been predicted that our greatest advances in the next decade will come from our deeper understanding of what it means to be a human, spiritual being. Many persons use prayer, meditation, guided reflections, religious rituals, or

other means to communicate with their 'higher power'. Nurses who value the importance of human spirituality often use this form of communication with clients and for themselves.

4. **Small-group communication** is interaction that occurs when a small number of persons meet. This type level of communication is usually goal directed and re-quires an understanding of group dynamics. When nurses work on committees, lead client support groups, form research teams or participate in client care conferences, a small-group communication process is used.
5. **Public communication** is interaction with larger audience. Nurses have opportunities to speak with groups of consumers about health-related topics, present scholarly work to colleagues at conferences, or lead classroom discussions with peer or students.

Importance/Significance of Communication

- Good communication is the foundation of sound management in an institution. Through communication, staff or workers, students and community members become aware of their own duties and responsibilities.
- To develop information and understanding among all workers
- To foster good attitude; this is necessary for motivation, cooperation and job satisfaction for workers.
- To discourage misinformation, ambiguity and rumors
- To improve nurse-patient/client relationship
- To encourage social relations among workers by encouraging interpersonal communication
- To maintain/improve on the quality of service rendered to patients/clients
- To elicit cooperation among health workers and patients/clients
- Facilitate learning on the part of patients/clients and relatives in order to promote continuity of care at home
- To prepare workers for a change in methods and procedures by giving them the necessary information in advance
- To encourage subordinates to supply ideas and suggestions for improving upon the product or work environment, and taking these suggestions seriously

LESSON TWO

COMMUNICATION STYLES

Introduction

Learning to identify and understand the different communication styles and recognising which one we use most often in our daily interactions with patients/clients, friends, family and colleagues. It is essential if we want to develop effective, assertive communication skills. Being able to identify the difference between these styles is essential in improving nurse-patient/client relationship and fostering conducive environment/atmosphere for effective delivery of health care.

There are four communication styles, and while many of us may use different styles in different situations, most will fall back on one particular style, which we use as our 'default' style. Though there are five well established communication styles, this course will focus on only four:

1. Passive communication
2. Aggressive communication
3. Passive-aggressive communication
4. Assertive communication

Passive Communication

- Is a style of communication in which individuals have developed a pattern of avoiding expressing their opinions or feelings, protecting their rights, and identifying and meeting their needs.
- Passive communication is usually born of low self-esteem.
- These individuals believe: "I'm not worth taking care of."
- As a result, passive communicators do not respond overtly to hurtful or anger-inducing situations.
- Instead, they allow grievances and annoyances to mount, usually unaware of the build-up.
- But once they have reached their high tolerance threshold for unacceptable behaviour, they are prone to explosive outbursts, which are usually out of proportion to the triggering incident. After the outburst, however, they feel shame, guilt, and confusion, so they return to being passive.

Passive communicators will often:

- fail to assert for themselves
- allow others to deliberately or inadvertently infringe on their rights
- fail to express their feelings, needs, or opinions
- tend to speak softly or apologetically
- Exhibit poor eye contact and slumped body posture

The impact of a pattern of passive communication is that these individuals:

- Often feel anxious because life seems out of their control
- Often feel depressed because they feel stuck and hopeless
- Often feel resentful (but are unaware of it) because their needs are not being met
- Often feel confused because they ignore their own feelings
- are unable to mature because real issues are never addressed

A passive communicator will say, believe, or behave like:

- "I'm unable to stand up for my rights."
- "I don't know what my rights are."
- "I get stepped on by everyone."
- "I'm weak and unable to take care of myself."
- "People never consider my feelings."

Aggressive Communication

- Is a method of expressing needs and desires that does not take into account the welfare of others.
- Is a style in which individuals express their feelings and opinions and advocate for their needs in a way that violates the rights of others.
- Thus, aggressive communicators are verbally and/or physically abusive.
- Aggressive communication is born of low self-esteem (often caused by past physical and/or emotional abuse), unhealed emotional wounds, and feelings of powerlessness.

Aggressive communicators will often:

- try to dominate others
- use humiliation to control others
- criticize, blame, or attack others
- be very impulsive
- have low frustration tolerance

- speak in a loud, demanding, and overbearing voice
- act threateningly and rudely
- Not listen well
- interrupt frequently
- use “you” statements
- have piercing eye contact and an overbearing posture

The impact of a pattern of aggressive communication is that these individuals:

- Become alienated from others
- Alienate others
- Generate fear and hatred in others
- Always blame others instead of owning their issues, and thus are unable to mature

The aggressive communicator will say, believe, or behave like:

- “I’m superior and right and you’re inferior and wrong.”
- “I’m loud, bossy and pushy.”
- “I can dominate and intimidate you.”
- “I can violate your rights.”
- “I’ll get my way no matter what.”
- “You’re not worth anything.”
- “It’s all your fault.”
- “I react instantly.”
- “I’m entitled.”
- “You owe me.”
- “I own you.”

Passive-Aggressive Communication

- Is a style in which individuals appear passive on the surface but are really acting out anger in a subtle, indirect, or behind-the-scenes way.
- Prisoners of War (POWs) often act in passive-aggressive ways to deal with an overwhelming lack of power.
- POWs may try to secretly sabotage the prison, make fun of the enemy, or quietly disrupt the system while smiling and appearing cooperative.

- People who develop a pattern of passive-aggressive communication usually feel powerless, stuck, and resentful – in other words, they feel incapable of dealing directly with the object of their resentments.
- Instead, they express their anger by subtly undermining the object (real or imagined) of their resentments.
- They smile at you while setting bloody traps all around you.

Passive-Aggressive communicators will often:

- mutter to themselves rather than confront the person or issue
- have difficulty acknowledging their anger
- use facial expressions that don't match how they feel - i.e., smiling when angry
- use sarcasm
- deny there is a problem
- appear cooperative while purposely doing things to annoy and disrupt
- use subtle sabotage to get even

The impact of a pattern of passive-aggressive communication is that these individuals:

- Become alienated from those around them
- remain stuck in a position of powerlessness (like POWs)
- discharge resentment while real issues are never addressed so they can't mature

The passive-aggressive communicator will say, believe, or behave like:

- “I’m weak and resentful, so I sabotage, frustrate, and disrupt.”
- “I’m powerless to deal with you head on so I must use guerilla warfare.”
- “I will appear cooperative but I’m not.”

Assertive Communication

- Being assertive is a core communication skill. Being assertive means that you express yourself effectively and stand up for your point of view, while also respecting the rights and beliefs of others.
- Being assertive can also help boost your self-esteem and earn others’ respect. This can help with stress management, especially if you tend to take on too many responsibilities because you have a hard time saying no.

- Some people seem to be naturally assertive. But if you are not one of them, you can learn to be more assertive.

Importance of assertive communication

- Assertiveness is based on mutual respect
- It is an effective and diplomatic communication style
- Being assertive shows that you respect yourself because you are willing to stand up for your interests and express your thoughts and feelings
- It also demonstrates that you are aware of the rights of others and are willing to work on resolving conflicts
- Being assertive gives you the best chance of successfully delivering your message. Thus it is not just what you say (your message), but also how you say it that's important.
- Being assertive makes the respondents to respond positively to your message. That is if you communicate in a way that is too passive or too aggressive, your message may get lost because people are too busy reacting to your delivery.
- Positive practices of assertive communication help clarify misunderstanding,
- It also helps to gather necessary information or contribute reassurance.

Assertive vs Passive Behaviour

- If your style of communication is passive, you may seem to be shy or overly easy going. You may routinely say things such as, 'I will just go with whatever the group decides'' you tend to avoid conflict.
- Why is that problem? Because the message you are sending is that of your thoughts and feelings are not as important as those of other people.
- In essence, when you are too passive, you give others the license to disregard your wants and needs.
- For example, you say yes when a colleague asks you to over a project, even though your plate is full, and the extra work means you have to work overtime and miss your daughter's soccer game.
- Your intension may be to keep the peace.
- But always saying yes can poison your relationships. And worse, it may cause you internal conflict because your needs and those of your family always come second.

Effects of Assertive Vs. Passive Behaviour

The internal conflict that can be created by passive behaviour can lead to:

- Stress
- Resentment
- Seething anger
- Feelings of victimization
- Desire to exact revenge

Assertive Vs. Aggressive Behaviour

- Now consider the flip side. If your style is aggressive, you may come across as a bully who disregards the needs, feelings and opinions of others.
- You may appear self-righteous or superior.
- Very aggressive people humiliate and intimidate others and may even be physically threatening.
- You may think that being aggressive gets you what you want.
- However, it comes at a cost.
- Aggression undercuts trust and mutual respect.
- Others may come to resent you, leading them to avoid or oppose you.

Assertive Vs. Passive-Aggressive Behaviour

- If you communicate in a passive- aggressive manner, you may say yes when you want to say no.
- You may be sarcastic or complain about others behind their back rather than confront an issue directly, you may show your anger and feelings through your actions or negative attitude.
- You may have developed a passive-aggressive style because you are uncomfortable being direct about your needs and feelings.

Benefits of Being Assertive

- Gain self-confidence and self esteem
- Understand and recognize your feelings
- Earn respect from others
- Improve communication

- Improve your decision-making skills
- Create honest relationships
- Gain more job satisfaction
- It helps you keep people from walking all over you.
- It can also help you from steamrolling/ crush others

Becoming More Assertive

People develop different styles of communication based on their life experiences. Your style may be so ingrained that you are not even aware of what it is. People tend to stick to the same communication style over time. You can change your style through the following:

- **Assess your style-** For examples, do you say yes to additional work even when your plate is full? Are you quick to judge or blame? Do people seem to dread or fear talking to you?
- **Use ‘I’ statements-** using ‘I’ statements lets others to know what you are thinking without sounding accusatory. For instance, say, ‘I disagree,’ rather than ‘You are wrong’
- **Practice saying no.** If you have a hard time turning down requests, try saying, ‘No, I can’t do that now.’ Don’t hesitate- be direct. If an explanation is appropriate, keep it brief.
- **Rehearse what you want to say.** If it’s challenging to say what you want or think, practice typical scenarios you encounter. Say what you want to say out loud. Consider role-playing with a friend or colleague and ask for blunt feedback
- **Use body language.** Communication is not just verbal. Act confident even if you are not feeling it. Keep an upright posture, but lean forward a bit. Make regular eye contact. Maintain a neutral or positive facial expression. Don’t wring your hands or use dramatic gestures.
- **Keep emotions in check.** Conflict is hard for most people. May be you get angry or frustrated, or maybe you feel like crying. Although these feelings are normal, they can get in the way of resolving conflict. If you feel too emotional going into a situation, wait a bit if possible. Then work on remaining calm. Breathe slowly. Keep your voice even and firm.

- **Start small.** At first, practice your new skills in situations that are low risk. For instance, try out your assertiveness on a partner or friend before tackling a difficult situation at work. Evaluate yourself afterward and tweak/adjust your approach as necessary.

Benefits of Understanding the Different Styles of Communication

A good understanding of the four basic styles of communication will help in the following ways:

1. One learns how to react most effectively when confronted with a difficult person.
2. It will also help one recognise when you are not being assertive or not behaving in the most effective way. Remember, you always have a choice as to which communication style you use.
3. Being assertive is usually the most effective, but other styles are, of course, necessary in certain situations such as being submissive when under physical threat (a mugging, hijacking, etc)
4. Good communication skills require a high level of self-awareness. Once you understand your own communication style, it is much easier to identify any shortcomings or areas, which can be improved on, if you want to start communicating in a more assertive manner.
5. It is effective in strengthening once relationships, reducing stress from conflict and decreasing unnecessary anxiety in once life.
6. It will help one to diffuse anger, reduce guilt and build better relationships both personally and professionally.

Remember the first rule of effective communication: The success of the communication is the responsibility of the communicator.

LESSON THREE

VERBAL COMMUNICATION

Introduction to Verbal Communication

- Verbal communication is the use of sounds and words to express yourself, especially in contrast to using gestures or mannerisms.
- The sharing of information between individuals by using speech.
- Verbal communication refers to the use of sounds and language to relay a message.
- It serves as a vehicle for expressing desires, ideas and concepts and is vital to the processes of learning and teaching.
- Verbal communication acts as the primary tool for expression between two or more people.
- An example of verbal communication is saying “No” when someone asks you to do something you don't want to do.
- Individuals working within a hospital need to effectively use verbal communication that employs readily understood spoken words, as well as ensuring that the enunciation, stress and tone of voice with which the words are expressed is appropriate.
- Verbal communication is a vital component of nursing practice because nurses must be able to give accurate report, explain procedure to patients, instruct patients on their care and discuss fear and problems with patients.
- Verbal language, the ability to utter the spoken word or written word makes people human and distinguishes them from other animals. Yet, problems arise as humans discover that words mean different things to different people

Conditions of effective verbal communication

There are certain conditions, which are required for effective verbal communication

- Adequate vocabulary
- The speaker should fully understand the message in order to communicate with accuracy
- The nurse should construct simple sentences so that the message can be conveyed clearly
- There should be correct pronunciation to avoid mistakes or mishearing

- As communication is a two way process, the speaker needs to use the feedback from the listener as a guide to the effectiveness of the communication

Advantages of verbal communication

- It is direct, simple, time saving and least expensive
- It gives immediate feedback
- It avoids delays in sending information
- It ensures good relationships
- Misconceptions are cleared immediately

Disadvantages of verbal communication

- Distortion of information can occur
- There is no formal record
- Receiver may misinterpret the message
- Little opportunity is given to reflect on what is said
- Different meaning may be conveyed by the sender

LESSON FOUR

NON-VERBAL COMMUNICATION

Introduction to Non-verbal Communication

- Nonverbal communication is the process of sending and receiving messages without using words, either spoken or written. Also called manual language.
- Non-verbal communication includes facial expressions, the tone and pitch of the voice, gestures displayed through body language (*kinesics*) and the physical distance between the communicators (*proxemics*).
- These non-verbal signals can give clues and additional information and meaning over and above spoken (verbal) communication

Forms of non-verbal communication

- **Written communication** - The written word e.g. written diagnoses, prescription form, instruction of medication, direction/description
- **Personal Presentation/Artifacts** - This how individuals show themselves to the world. It includes dressing, grooming, and the use of cosmetics, perfumes, and deodorants. Personal presentation creates an identity that an individual wishes to portray to the outside world.
- **Proxemics** - This is how we use personal space around us, the distance we maintain from others.
 - Intimate distance (0 to 1.5 feet) - the distance allowing touch and very close communications, usually with selected persons.
 - Personal distance (1.5 to 4.0 feet) - distance allowing personal communications with persons known fairly well.
 - Social distance (4.0 to 12 feet) - the distance allowing casual, social- level communication with acquaintances.
 - Public distance (12 to over 25 feet) - the distance allowing formal communication among one person and a larger number of persons, as might occur with public speaking in an auditorium.
- **Kinesics** - This is the conscious or unconscious movement of the body. It includes changes in body posture, facial expressions, and gestures, silence, eye behaviour etc
- **Touch** - Touch is the manner in which people come into bodily contact with one another in communication. E.g. hand shake, rubbing hands at back.

- **Paralanguage** – Paralanguage is the use of sounds with and without words (verbal language). It is an intermediate area between nonverbal and verbal communication: it consists of nonverbal vocalization (such as **grunts, groans, moans, sighs, and sob**) that alters the quality of verbal messages.

Note: Illness usually makes one more inclined to misinterpret non-verbal communication. A nurse's frown may be seen as expression of concern, alarm or displeasure brisk efficiency is an uncaring attitude or unfriendliness. On the other hand a smile may indicate that all is well. A facial expression can convey sympathy. Touch can comfort and as a sign of caring as well as annoyance and uncaring. For example it was hard to communicate verbally because of the language barrier but he and I communicated using nonverbal cues. He nodded and smiled; he responded to what I was saying.

Reading Non-Verbal Cues

Non-verbal cues are the set of signals, gestures or postures people show, exhibit or assume during communication which adds more meaning or different meaning to what they are communicating. When we interact with others, we continuously give and receive wordless signals. All of our nonverbal behaviors—the gestures we make, the way we sit, how fast or how loud we talk, how close we stand, how much eye contact we make constitute what is referred to as non-verbal cues. It's well known that good communication is the foundation of any successful relationship, be it personal or professional. It's important to recognize, though, that it's our nonverbal communication—our facial expressions, gestures, eye contact, posture, and tone of voice—that speak the loudest. The ability to understand and use nonverbal communication, or body language, is a powerful tool that can help you connect with others, express what you really mean, and build better relationships.

Forms of Non-Verbal Cues

The many different types of nonverbal communication include:

- **Facial expressions**

The human face is extremely expressive, able to express countless emotions without saying a word. And unlike some forms of nonverbal communication facial expressions are universal. The facial expressions for happiness, sadness, anger, surprise, fear, and disgust are the same across cultures.

- **Body movements and posture**

Consider how your perceptions of people are affected by the way they sit, walk, stand, or hold their head. The way you move and carry yourself communicates a wealth of information to the world. This type of nonverbal communication includes your posture, bearing, stance, and subtle movements.

- **Gestures**

Gestures are woven into the fabric of our daily lives. We wave, point, beckon, and use our hands when we're arguing or speaking animatedly—expressing ourselves with gestures often without thinking. However, the meaning of gestures can be very different across cultures and regions, so it's important to be careful to avoid misinterpretation.

- **Eye contact**

Since the visual sense is dominant for most people, eye contact is an especially important type of nonverbal communication. The way you look at someone can communicate many things, including interest, affection, hostility, or attraction. Eye contact is also important in maintaining the flow of conversation and for gauging the other person's interest and response.

- **Touch**

We communicate a great deal through touch. Think about the messages given by the following: a weak handshake, a timid tap on the shoulder, a warm bear hug, a reassuring slap on the back, a patronizing pat on the head, or a controlling grip on the arm.

- **Space**

Have you ever felt uncomfortable during a conversation because the other person was standing too close and invading your space? We all have a need for physical space, although that need differs depending on the culture, the situation, and the closeness of the relationship. You can use physical space to communicate many different nonverbal messages, including signals of intimacy and affection, aggression or dominance.

- **Voice**

It's not just what you say, it's how you say it. When we speak, other people "read" our voices in addition to listening to our words. Things they pay attention to include your timing and pace, how loud you speak, your tone and inflection, and sounds that

convey understanding, such as “ahh” and “uh-huh.” Think about how someone's tone of voice, for example, can indicate sarcasm, anger, affection, or confidence.

Tips for Reading Non-Verbal Cues

Once you've developed your abilities to manage stress and recognize emotions, you'll naturally become better at reading the nonverbal signals sent by others.

- **Pay attention to inconsistencies.** Nonverbal communication should reinforce what is being said. Is what the person saying one thing, and their body language something else? For example, are they telling you “yes” while shaking their head no?
- **Look at nonverbal communication signals as a group.** Don't read too much into a single gesture or nonverbal cue. Consider all of the nonverbal signals you are receiving, from eye contact to tone of voice and body language. Taken together, are their nonverbal cues consistent—or inconsistent—with what their words are saying?
- **Trust your instincts.** Don't dismiss your gut feelings. If you get the sense that someone isn't being honest or that something isn't adding up, you may be picking up on a mismatch between verbal and nonverbal cues.

Non-Verbal Communication Case Study

At an early stage class meeting, Kofi the therapeutic communication tutor, presented his suggested course syllabus timetable to meet the goals of the class. During the presentation he noticed that two class members were showing non-verbal signs of disapproval. Akua was frowning and shaking his head and Joe had leant back in his chair and folded his arms.

Kofi stopped what he was saying, turned to Akua and Joe and asked ‘I sense you are not supportive of what I'm saying. Can I clarify anything for you?’ Akua replied ‘You are right. I think the course syllabus timetable is unachievable.’ He responded by directing a question to the whole group ‘How do the rest of you feel about the timetable I'm suggesting?’

By observing these valuable non-verbal cues Kwasi was able to open up communication amongst the class and find an early resolution to this problem. Had he ignored or not been aware of the cues, she could well have encountered serious problems with meeting the course syllabus timetable and ultimate completion. Additionally, he might not have received the full support of two valuable class members.

Advantages of Non-Verbal Communication

- Reinforce or modify what is said in words. For example, people may nod their heads vigorously when saying "Yes" to emphasise that they agree with the other person, but a shrug of the shoulders and a sad expression when saying "I'm fine thanks," may imply that things are not really fine at all!
- Convey information about their emotional state
- Define or reinforce the relationship between people
- Provide feedback to the other person.
- □ Regulate the flow of communication. For example by signalling to others that they have finished speaking or wish to say something.

Disadvantages of Nonverbal Communication

- **No or Less Effect after the Occurrence:** Nonverbal communication has strong instant and inherent effect but lacks in producing after effect as it cannot be read or heard repeatedly. In some case, it cannot produce any effect at all. For example, in telephone conversation the speakers are unable to learn the body language of each other.
- **Lack of Flexibility:** Lack of flexibility is another important drawback of nonverbal communication. There is no scope of changing the meaning of message sent by nonverbal cues because here in most of the cases nonverbal cues disappear as soon as communication ends.
- **Grater Possibility of exchanging Fraudulent Message:** In nonverbal communication, people can easily mislead others by using some symbols that don't match with their mental status. For example, a person may show respect to superiors bending his head just to take some illegal advantage or favor. Thus nonverbal communication can increase the chance of exchanging fraudulent message.
- **Encoding and Decoding problem:** Communication produces best result if the sender encodes the message considering the receiver and receiver decodes the message exactly as sent by the sender. But in nonverbal communication encoding and decoding may not be perfect if both the parties differ from cultural orientation and from cultural symbolism.
- **Differences in Nonverbal Cues across Culture:** Most of the nonverbal cusses produce different meanings in different cultures. These differences lead the

communicators to misunderstanding and confusion. For example, people in the United States and Canada say no by shaking their heads back and forth, people in Bulgaria nod up and down, People in Japan move their right hand and people in Sicily raise their chin.

- **Absence of Permanent Record:** Nonverbal communication lacks in permanent record of document if it is not recorded. Since it is not a word-based communication method, it does not produce any written message that can be kept as document. It is done instantly and inherently but not permanently.
- **Necessity of Cultural Knowledge:** Understanding the message in nonverbal communication requires cultural knowledge. If the communicating parties are not aware of each other's culture, communication will be ineffective. Because the same nonverbal symbols convey different meanings in different cultures.
- **Dependency on Technology:** In modern age nonverbal communication uses excessive technological instruments that are not comprehensible to all. Without technology, nonverbal communication seems to be dim.
- **Wide Possibility of Distortion of Message:** There is greater possibility of distortion of message in nonverbal communication because nonverbal symbols or cues differ in meanings from culture to culture from country to country and from region to region. So, the meaning of a message may be wrongly interpreted by the communicating parties that can make the communication ineffective.

LESSON FIVE

BARRIERS OF COMMUNICATION

Introduction

There are a number of reasons why a message might not get across properly. Perhaps the speaker is not being clear enough, or the listener is not really paying attention. Maybe there are cultural or technological issues at play. Regardless of the culprit, when information isn't correctly transmitted from the speaker to the listener, there is no effective communication happening and everyone's time is wasted. In addition, misunderstandings or miscommunications can cause a number of problems in both interpersonal and business relationship.

There are many reasons why interpersonal communications may fail. In many communications, the message (what is said) may not be received exactly the way the sender intended. It is, therefore, important that the communicator seeks feedback to check that their message is clearly understood.

The skills of active listening, clarification and reflection may help but the skilled communicator also needs to be aware of the barriers to effective communication and how to avoid or overcome them.

There are many barriers to communication and these may occur at any stage in the communication process. Barriers may lead to the message becoming distorted and therefore risk wasting both time and/or money by causing confusion and misunderstanding. Effective communication involves overcoming these barriers and conveying a clear and concise message.

Common Barriers to Effective Communication

- The use of jargon. Over-complicated, unfamiliar and/or technical terms
- Emotional barriers and taboos. Some people may find it difficult to express their emotions and some topics may be completely 'off-limits' or taboo
- Lack of attention, interest, distractions, or irrelevance to the receiver
- Differences in perception and viewpoint

- Physical disabilities such as hearing problems or speech difficulties
- Physical barriers to non-verbal communication. Not being able to see the non-verbal cues, gestures, posture and general body language can make communication less effective
- Language differences and the difficulty in understanding unfamiliar accents
- Expectations and prejudices which may lead to false assumptions or stereotyping. People often hear what they expect to hear rather than what is actually said and jump to incorrect conclusions
- Cultural differences. The norms of social interaction vary greatly in different cultures, as do the way in which emotions are expressed. For example, the concept of personal space varies between cultures and between different social settings

Categorisation of Barriers to Communication

1. Language Barriers

Language and linguistic ability may act as a barrier to communication. However, even when communicating in the same language, the terminology used in a message may act as a barrier if it is not fully understood by the receiver(s). For example, a message that includes a lot of specialist jargon and abbreviations will not be understood by a receiver who is not familiar with the terminology used. Regional colloquialisms and expressions may be misinterpreted or even considered offensive.

2. Psychological Barriers

The psychological state of the communicators will influence how the message is sent, received and perceived. For example, if someone is stressed they may be preoccupied by personal concerns and not as receptive to the message as if they were not stressed. Stress management is an important personal skill that affects our interpersonal relationships. Anger is another example of a psychological barrier to communication, when we are angry it is easy to say things that we may later regret and also to misinterpret what others are saying. More generally people with low self-esteem may be less assertive and therefore may not feel comfortable communicating – they may feel shy about saying how they really feel or read negative sub-texts into messages they hear.

3. **Physiological Barriers**

Physiological barriers may result from the receiver's physical state. For example, a receiver with reduced hearing may not grasp to entirety of a spoken conversation especially if there is significant background noise.

4. **Physical Barriers**

An example of a physical barrier to communication is geographic distance between the sender and receiver(s). Communication is generally easier over shorter distances as more communication channels are available and less technology is required. Although modern technology often serves to reduce the impact of physical barriers, the advantages and disadvantages of each communication channel should be understood so that an appropriate channel can be used to overcome the physical barriers.

5. **Systematic Barriers**

Systematic barriers to communication may exist in structures and organisations where there are inefficient or inappropriate information systems and communication channels, or where there is a lack of understanding of the roles and responsibilities for communication. In such organisations, individuals may be unclear of their role in the communication process and therefore not know what is expected of them.

6. **Attitudinal Barriers**

Attitudinal barriers are behaviours or perceptions that prevent people from communicating effectively. Attitudinal barriers to communication may result from personality conflicts, poor management, and resistance to change or a lack of motivation. Effective receivers of messages should attempt to overcome their own attitudinal barriers to facilitate effective communication.

Physical Impairment to Communication

While modern life has made great advances for the integration of those with disabilities, these folks do still face many challenges in daily life. Physical impediments can definitely interfere with a person's ability to communicate, whether that means having trouble getting an idea across, or struggling to hear or understand a response.

One such impediment is a speech disorder. In fact, these are sometimes referred to as 'communication disorders'. Someone with a speech disorder may lisp or stutter. Others

may not have the ability to speak at all. Likewise, a hearing individual and a deaf individual may experience some difficulties in communicating effectively.

While much of the responsibility for dealing with these situations falls to the person with the impairment, the other people in the conversation need to do their part to ensure that effective communication is happening. This may involve simply asking the other individual if any accommodations would be helpful. It also involves being respectful when asking for clarification on things that may not have been understood. For example, an individual with cerebral palsy might have no problem following the conversation and formulating intelligent responses. There may be difficulty, however, in articulating those ideas. The others in the conversation should remain patient and respectful and avoid being patronizing or brusque.

Communication Strategies of Person's with Physical Impairment

1. When communicating with a person with a physical disability it is important to acknowledge that each person is an individual and should be approached as such.
2. Meet in a setting that is comfortable and does not cause anxiety or distraction
3. Ask the person about the most appropriate way of communicating with them.
4. Do not assume that people with a physical disability cannot comprehend because of physical appearance.
5. Speak directly to the person and not with someone who maybe assisting them.
6. DON'T SHOUT. Speak in a tone appropriate to the setting.
7. Make eye contact.
8. Use an appropriate volume and tone in your voice.
9. Where possible, position yourself at the same level as the person.
10. Make sure the person has understood you. If necessary write the information down.
11. Check with the person about use of adaptive technology to aid with communication

Mental Impairment Affecting Communication

Communication is essential for all individuals to make their needs, wants and ideas known. With a mental health diagnosis communication skills may be delayed or wrought with

difficulties. Developing skills to work with the communication deficits and delays in an individual will improve the quality of their lives.

Mental health disorders that affect communication

The mental health disorders that can affect communication skills can be split into two main categories: childhood onset and adult onset. Childhood onset includes:

Childhood onset

- Mental retardation including mild, moderate, severe, profound and severity unspecified.
- Learning disorders including reading, mathematics, disorder of written expression and learning disorders with not otherwise specified (NOS).
- Motor Skills Disorder including developmental coordination disorder.
- Communication disorders including expressive language disorder, mixed receptive-expressive language disorder, phonological disorder and stuttering
- Pervasive developmental disorders including autistic disorders, Rett's disorder, childhood disintegrative disorder, Asperger's disorder, and pervasive developmental disorder,
- Attention-deficit and disruptive behavior disorders including ADHD, conduct disorder, oppositional defiant disorder, and disruptive behavior disorder NOS.

Adult onset

- Adult onset can include dementia, Alzheimer's type with early onset, Alzheimer's with late onset, vascular dementia, dementia due to Pick's disease, Dementia due to Creutzfeldt-Jakob disease, substance-induced persisting dementia, dementia due to multiple etiologies, and dementia with not otherwise specified.
- Conversion disorder, schizophrenia including paranoid type, disorganized type, catatonic type, undifferentiated type, residual type, schizophreniform disorder, schizoaffective disorder, delusional disorder, brief psychotic disorder, shared psychotic disorder, psychotic disorder due to delusions and hallucinations, substance-induced psychotic disorder,

Outside Impairment Affecting Communication

Not every environment is conducive to effective communication. There are a number of environmental factors that can greatly reduce how well communication happens. Those

working on a construction site, for example, will have to deal with excessive noise, while trying to give or receive instructions on how to get the job done. Staff located in separate buildings will have fewer opportunities for face-to-face communication than they would if they worked in closer proximity.

For those giving presentations, even the room you are in can affect the outcome. In some cases a podium can give you a nice platform from which to speak. At other times, it might be too much of a barrier between you and your audience. If the room is too large, people in the back have trouble hearing what you have to say. Rows of chairs and architectural elements in the room can block the view from the audience to the stage, as well.

Body language you use can also create barriers between you and the people with whom you are trying to communicate. Being aware of what kind of signals you're sending can help you avoid confusing or annoying the listener. You are able to control your body language to some degree, so make sure that you are coming across as being open and interested in others.

Personality Conflict and Communication

Trying to communicate with someone, when you don't get along, can be extremely frustrating. When there is antagonism between two or more people, the ability to effectively communicate diminishes drastically. These situations can result in a variety of negative outcomes:

- **Frustrations**- when people rub each other the wrong way, every little thing can become irritating and frustrating. Obviously, we do not do our best work when we are distracted by the things that are bothering us. The same is true for our ability to communicate effectively.
- **Fear**- it is not impossible for the person on one side of a personality conflict to intimidate the other. The person with the more aggressive personality is liable to discount the other's input, while the more passive person may be too fearful to contradict the other, even when he or she should.
- **Poor cooperation**-people who do not get along are less likely to be able to work together in teams. When they are forced to do so. Cooperation will be low, and the ability to communicate will severely suffer.

In managing personality conflict and communication, the following strategies should be adopted:

1. When two people within a conflict must work together, it can be helpful to add a third party into the mix-especially if this third party has some seniority. The others are less likely to act out on their dislike in this arrangement.
2. Avoid discussing the issue with other colleagues. Many people who are involved in personality conflicts recruit allies among their co-workers. This can create polarization among co-workers and it escalates the situation. While you are passionately upset about this, others are not and most often co-workers are uncomfortable and sometimes frightened over the situation. This behavior is disruptive to the organization and makes it more difficult to fix the situation. **FOCUS** on what you can do to make things better!
3. **Never respond immediately to the person who is irking you.** They know how to push your buttons and they have done so over a period of time. By not responding immediately you give yourself some time to think through your response and this pause may cause the other person to think that you are backing down and they will begin to de-escalate.
4. **Look in the mirror** - How are you contributing to this situation? What role are you playing in the escalation of things? The key is to focus on what you can do differently! What can you do to make things better? If you can figure out your role in the dynamic you'll learn something important about yourself and you will be able to de-escalate the conflict.
5. **Reframe the situation.** For instance, the individual you are dealing with is screaming and yelling and wanting to be right! Instead of becoming annoyed and irritated at their unprofessional behavior, picture them as a child wearing a diaper and throwing a temper tantrum. This allows you to take a step back and not engage.
6. **Focus on the other persons strengths.** Remind yourself of the contributions that the other person brings to your company or your team. When things are going badly, we have a tendency to focus on what doesn't work and all of the negatives. Focusing on the positive helps us to at least get back to a neutral space and look at things a little more objectively

7. **Use cooperative communication.** Say things such as "I've noticed that we seem to have differences. I have some ideas about how we might be able to work together more effectively and I would like to hear your thoughts." Invite them to be a part of the solution and really listen to their ideas. If you are unable to communicate either because you are too angry or the other person is, then walk away gracefully rather than standing your ground and allowing things to escalate.
8. **Document all interactions in a neutral manner.** It is important to keep track of the confrontations. If you are not able to de-escalate the conflict early on, take the issue to your immediate supervisor or someone in your HR department and have a neutral party mediate the situation.

Conflicts should never be swept under the rug. If you are the supervisor or manager and have employees that are involved in a personality conflict, coach them to resolve their own situation and if that doesn't work step in! You have a responsibility to the other employees to get control of this situation.

Medical Jargons

Medical Jargon is a type of shorthand between members of the medical profession, often words that are meaningless outside of a certain context.

The following are some examples of jargon that will help illustrate the concept.

1. Agonal - Term to signify a major, negative change in a patient's condition
2. BP - Medical shorthand for blood pressure
3. FX - Medical jargon meaning bone fracture
4. JT - A joint
5. NPO - A patient should not take anything by mouth
6. IM – Intramuscular
7. K - The elemental symbol for potassium
8. IV- Intravenous infusion
9. CA- Cancer
10. SVD- Spontaneous vaginal delivery
11. LMP- Last menstrual date
12. EDD- Expected date of delivery

The use of medical jargons leads to poor communication between healthcare providers and patients, and consequently leads to poor ineffective medical and nursing care.

LESSON SIX

COMMUNICATION TECHNOLOGIES

INTRODUCTION

In today's technological world, communication takes on a much different scope than it did even 10 years ago. There are devices that enable everything from verbal communication (cell phones) and written communication (emails, faxes, instant messages), to nonverbal communication (webcams) to happen almost instantaneously. With so much technology inundating people around the globe, communication has never been easier-or more fraught with potential problems.

MODERN TECHNOLOGIES

Although there is no single universal method of communicating through technology, computers and the internet are among the most popular today. As a communication tool, computers allow users to send almost instantaneously messages, maintain lengthy correspondences, or even network with individuals from all over the globe.

Almost all computer users are familiar with using the internet to send and receive emails. Further communication through instant messages and forums is also available to those who are willing to use the technology. However, there are additional options for a computer-savvy and less-than-computer-savvy user to consider.

There are several forms of modern communication technologies and includes the following:

1. Computer –Based Technologies

- A. **Social networks:** the most widely-known social networks currently in existence include Myspace and Facebook. These websites create a 'virtual community' wherein users create page that describes their interest, history and background information. Users send messages, offer links to other websites and even promote their own interests by using the virtual 'space' offered by the network.
- B. **Weblogs:** also simply known as 'blogs', these are websites that are built and maintained by independent companies and individuals. Those who run the weblogs publish their thoughts, writings, pictures and even videos on the websites. Other viewers are then typically free to make comments on that weblog or publish their own blogs or blog articles in response.
- C. **Internet forums:** these typically contain threads of conversation that can be read by almost anyone on the internet (although most forums require some

sort of account before you can actually participate in the conversation). Often times, someone poses a question or addresses a controversial topic, which users then respond to.

- D. **Email:** email is one of the most popular forms of written communication, rapidly replacing traditional letters and postcards as a means of keeping in touch. Users create online accounts that enable them to send messages, receive messages and even store messages. Example of an email; k.owusuadoma@yahoo.com or k.owusuadoma@gmail.com
- E. **Instant messaging (IM):** this is a type of 'phone call' that takes place with words. Users type in a message or note, which is then sent immediately to the desired recipient. Files and other documents can also be set through IM. Example of Instant Messaging (IM) is WhatsApp
- F. **Webcameras (webcams):** webcams are typically placed on top of a computer monitor (many are also built into laptops and some higher-end monitors). They function like a video camera, but the images can be recorded and sent online. These can be used to offer up-to-the minute footage.

2. Portable Communication Devices

- A. **Cellular phones:** cell phones are becoming increasingly smaller and more complex. They offer the convenience of telephones with a wireless portability that makes them usable almost anywhere. They range from basic phones to more complex personal communication devices with music playing capabilities (MP3), internet access and even keyboards for typing. The higher-end devices (such as the iPhone) are considered 'wireless hand-held devices' rather than cell phones, even though they feature calling as part of the package.
- B. **Text messaging:** most cell phones produced today offer text messaging capabilities. Popular among teens and many other youthful users. These allow written messages to be sent through hand-held devices in the same fashion as the phone call would be made.

Use of Phone-Manner

Cell phones are great—they keep us in touch with friends and family and can be life savers in an emergency. But they can also be annoying if not used thoughtfully. Your phone doesn't have to be on all the time and you don't always have to answer it immediately. Learn to use your phone's features like silent ring, vibrate and voice mail to handle the times when your phone would be bothering others if it rang and you answered it.

The following are among the manners one need to consider during the phone usage:

1. Be in control of your phone, don't let it control you!
2. Speak softly.
3. Be courteous to those you are with; turn off your phone if it will be interrupting a conversation or activity.
4. Watch your language, especially when others can overhear you.
5. Avoid talking about personal or confidential topics in a public place.
6. If it must be on and it could bother others, use the "silent" mode and move away to talk.
7. Don't make calls in a library, theatre, church, or from your table in a restaurant.
8. Don't text during class or a meeting at your job
9. NEVER drive and use your phone at the same time
10. Never use a phone in where electronic medical equipment are in use.

Benefits of Communication Technology

1. **Ease of communication:** when you communicate using a cell phone or other transportable telecommunication device, you aren't restricted in where and when you can communicate (with the exception of poor cell phone reception). You no longer have to be at home or near a pay phone to make a call, and you can even send written messages through cell phone devices in the form of text messages, or even emails. By breaking down these location barriers, communication becomes faster and easier than ever.
2. **Reduced waste:** part of the appeal of technological communications is the tendency to stray from traditional formats of written communication, like faxes, letters and even books. By using text messages, email, and personal reading devices, users can reduce the amount of paper they use and waste on a daily basis.

Drawbacks of Communication Technology

1. **Isolation:** it is much easier to live and work in social isolation thanks to communication technology. While there are benefits to not being required to make personal connection for each and every social transaction, too much isolation can be detrimental to business and personal relationships. For example, it is easier than ever to send a quick email to check on the status of a loved one. However, as we have discussed in other sections, there is a lack of emotional connection through this kind written communication. Too much of this isolation can put a strain on relationships, and even contribute to poor mental health.
2. **Boundaries:** as communication becomes quicker and easier, it is more difficult to separate one's home life and one's business life. In the past, the only way to conduct major business deals, or to attend to the details of the workplace, was by being physically present or setting face-to-face meetings. Since email can be checked from almost any location and cell phones make communication easier, many individuals find their work lives-regardless of whether the action is voluntary or not.
3. **Misunderstandings:** with the exception of cell phones and other telephone devices, most modern communication devices rely heavily on written communication; text messages and emails are commonly adopted in places of personal confrontations. However, the potential for misunderstanding is increased through written communication.
4. Creates laziness
5. Context misunderstanding
6. Cyber bullying
7. Language skills suffer
8. Health risk

LESSON SEVEN

INTRODUCTION TO THERAPEUTIC RELATIONSHIPS SKILLS

Introduction

A therapeutic nurse-patient relationship is defined as a helping relationship that's based on mutual trust and respect, the nurturing of faith and hope, being sensitive to self and others, and assisting with the gratification of your patient's physical, emotional, and spiritual needs through your knowledge and skill.

1. This caring relationship develops when you and your patient come together in the moment, which results in harmony and healing.
2. Effective verbal and nonverbal communication is an important part of the nurse-patient interaction, as well as providing care in a manner that enables your patient to be an equal partner in achieving wellness.
3. Imagine the newly admitted patient surrounded by strange technology and intimidated by a threatening environment, anxious and uncomfortable.
 1. Dressed in a flapping hospital gown, pricked by a phlebotomist, unaware when the doctor will arrive, left to wait on a gurney in the cold hallway until a room is assigned, or the test results are ready, or the radiologist is available.
 2. The root cause of the patient's medical problem must be identified, personal information gathered, and options explained to a person who is frightened or passive, *the nurse's work begins*.
 3. At this critical moment, the nurse's key goal is to gain the patient's cooperation.
 4. To succeed, the nurse must earn the patient's trust in a limited amount of time, eliciting the required data, yet communicating in a manner that conveys empathy, saves energy but encourages the patient to reveal fears or frustrations, bridges cultural differences, and recognizes individuality.
 5. Therapeutic communication is the establishment of a connection between a patient and a care provider.
 6. It is a key component of healthcare delivery, used to ensure that patients understand their conditions and recommended courses of treatment.
 7. *It is defined as the face-to-face process of interacting that focuses on advancing the physical and emotional well-being of a patient.*

Therapeutic Communication; is also the process in which the nurse consciously influences a client or helps the client to a better understanding through verbal or non-verbal communication.

1. Nurses use therapeutic communication to provide support and information to the patients.
2. Patients also tend to feel more comfortable when they feel supported and attended to the people around them.
3. This can create a trusting relationship, which may lead to more open discussion on the part of the patient, including disclosure of symptoms that may be of concern in the medical team.
4. Healthcare providers learn about the fundamentals of therapeutic communication in training and have an opportunity to practice in clinical skills labs.
5. Sometimes referred to as “*bedsides manner*”, communication involves consciously thinking about words choices, body language, tone, and other signals.
6. Care providers who are brusque or appear judgmental are less likely to establish trust.
7. Others may not feel supportive if they seem edgy, nervous, or worried.
8. Someone who communicates calmly and effectively can make a patient feel comfortable and relaxed.
9. This process can start early, as the care provider connects with the patient and learns more about preferred communication style.
10. Hospital and clinic environments are often intimidating for patient, and they can be put at ease by a friendly healthcare professional.
11. Skilled therapeutic communication can be used to extract important information, talk to patients about the situation, and work with patients on treatment.
12. Talking is one form of communication, but care providers can also act as observers, watching for body language and other warning signs, like a patient who appears reluctant to discuss a particular topic.
13. Another issue with therapeutic communication can be patients who are unable to verbally, or who might have trouble hearing.
14. Care providers may work with brain injuries and other people who may not be able to communicate in a style that is familiar for the clinician.

15. This can require adaptations, like working with an interpreter or using a communication board.
16. If someone can adapt quickly to establish communication with a patient, this can increase the patient's sense of value and self-worth, someone with a brain injury, for instance might open up to a nurse who is willing to meet on the patient's own terms.
17. The therapeutic interpersonal relationship is the process by which nurses provide care for client in need of psychosocial intervention.
18. *It is the skill to create a trusting relationship that promotes growth and healing in the patient's life.*
19. Healthcare providers need to know how to gain trust and gather information from the patient's family, friends and relevant social relations, and to involve them in an effective treatment plan.

Elements to Consider In the Establishment of Therapeutic Relationship: Introduction to Confirmation, Empathy, Trust, Confidentiality and Confrontation

Empathy

1. The term “**empathy**” is used to describe a wide range of experiences.
2. Emotion researchers generally define empathy as the ability to sense other people's emotions, coupled with the ability to imagine what someone else might be thinking or feeling.
3. Contemporary researchers often differentiate between *two types of empathy*:
 - a. “*Affective empathy*” refers to the sensations and feelings we get in response to others' emotions; this can include mirroring what that person is feeling, or just feeling stressed when we detect another's fear or anxiety.
 - b. “*Cognitive empathy*,” sometimes called “perspective taking,” refers to our ability to identify and understand other peoples' emotions.

Being empathetic

- One is non-judgmental
- Sensitive
- Open
- Capable of imagining another person's experience.

- For example, an empathetic nurse responds to a patient's need to smoke in ways that neither promote the habit nor alienate the smoker.

Trust

1. To believe that someone is good and honest and will not harm you, or that something is safe and reliable.
2. In therapeutic relationship, the patient must believe that the care the healthcare provider renders is safe and reliable enough to heal him that his life is in safe hands.

Being trustworthy

- Be of *good character*. Have more than good intentions in life. While it's nice to mean well, it's far better to show people that you're a person who is reliable, tries their best at all times and thinks clearly.
- Be *reliable and keep your word*. When you say that you will do something for someone, then do it.
- Be *honest*. Be honest in everything you do. Honesty is the keystone to people knowing where they stand with you. Honesty includes having good manners though; when being frank, at least be polite. Sometimes
- Be *compassionate, kind and considerate*. These traits feed into trustworthiness because they let people know that you give people the time of day and that you're willing to give second chances
- Keep *confidences and secrets*. People tell you things in confidence because they trust you. That is a bond to never be broken. You must guard these confidences closely unless and until the person who bestowed you with that confidence says that you can do otherwise.
- Make *good friends*. Avoid befriending the gossiping types other than to say hello to them as you pass by. Instead, find people of good character, who are also aiming to be trustworthy, caring and strong, just like you
- Don't *deceive people or lie*. There will be times when deception and lying seem like the right way out of something. Yet, the truth will eventually come out and it is better to take control of bad actions, bad news and bad happenings before your deception or untruthful statements unravel.

- **Avoid gossip, rumor mongering or innuendo.** None of these things read trustworthy. They're the total opposite. Avoid getting involved in gossip, avoid starting rumors and don't succumb to making insidious suggestions about people.
- **Apologize** when it is needed. Tell people you may have hurt that you're sorry for making a mistake, for getting them wrong or for being totally out of order. You may like to explain the reason you did something, but that depends on the situation.

Confidentiality

1. Confidentiality is the protection of personal information.
2. Confidentiality means keeping a client's information between you and the client, and not telling others including co-workers, friends, family, etc.

In maintaining confidentiality:

- Individual files are locked and secured
- Support workers do not tell other people what is in a client's file unless they have permission from the client
- Information about clients is not told to people who do not need to know
- Clients' medical details are not discussed without their consent
- Adult clients have the right to keep any information about themselves confidential, which includes that information being kept from family and friends

Assertive Behaviour

1. **Assertive behavior** is a behaviour which enables a person to act in his own best interests, to stand up for himself without undue anxiety, to express his honest feeling comfortably, or to exercise his own rights without denying the rights of others.
2. In achieving therapeutic relationship, the nurse must provide the opportunity for their clients to be assertive especially in matters relating to health care.
3. The healthcare provider in the case must equally be assertive in providing care.

How to apply assertive behaviour skills:

1. **Use a warm, welcoming tone**
 - a. Tone of voice is incredibly important in communication. It is far more important than the actual words you use.

- b. When you have a warm tone of voice, it tells others that you welcome their views and are happy to engage in conversation with them.
2. ***Use the appropriate volume***
- a. Your volume communicates a great deal about you too.
 - b. If you are too loud, you come across as aggressive. If you are too quiet, you come across as timid and lacking in confidence.
 - c. Where possible, you should select an appropriate location for your communication.
 - d. Where this is not possible, it is essential that you adjust your volume to suit the location.
3. ***Speak fluently***
- a. When you are using assertive behaviour, you are calm and confident.
 - b. One clear sign of this is that you speak fluently.
 - c. Fluent speaking is a sign that you have confidence in your message and you are calm about the situation.
 - d. To ensure fluent speaking, listen attentively and take sufficient time to process what the other person has said and to formulate your response, before you reply.
4. ***Maintain eye contact***
- a. Appropriate eye contact signals attentiveness, confidence and trustworthiness.
 - b. Maintain consistent eye contact but keep it gentle and inviting.
 - c. Avoid staring or excessive looking away
5. ***Take responsibility***
- a. Your feelings are a result of how you choose to view a situation.
 - b. Nobody can make you feel any particular way.
 - c. If you feel angry, upset etc., it is important to remember that the other person did not choose for you to feel that way.
 - d. They chose their behaviour, you chose your response.
 - e. If you blame others for your feelings, it comes across as an attack and they go on the defensive.
 - f. This closes down the channels of communication. Rather than blame, take ownership of your feelings.

6. *Use descriptive language*

- a. Avoid assumptions, judgments and opinions where possible.
- b. To do this, accurately describe what happened.
- c. When you do this, both parties have a point of agreement to start from.

7. *State opinions and interpretations as such*

- a. In order to explain your point of view, you may need to express an opinion or explain your interpretation of events.
- b. Where this is necessary, make sure that you state it as an opinion or interpretation.
- c. Do not try and present your point of view as fact as it tells the other person that their view is irrelevant to you.

8. *Seek alternative views*

- a. If you are offering your view, it is imperative that you allow the other person to express theirs.
- b. Do not just assume that they will, actively seek their view.
- c. Asking for feedback and opinions demonstrates that you respect their opinion and you want to reach a common understanding.

9. *Use constructive feedback*

- a. It is often necessary to offer negative feedback and express disappointment.
- b. Constructive feedback allows you to adopt assertive behaviour, and express your views in a constructive manner, which encourages improvement by seeking an effective solution which works for both parties.
- c. Focus on the solution rather than the problem.

10. *Invite suggestions / solutions*

- a. Rather than impose your own will on others, you can invite suggestions and solutions from them.
- b. Even if you cannot implement their ideas, you allow them to feel valued by seeking, and considering, their ideas.

Reflection

1. Reflection is the process of paraphrasing and restating both the feelings and words of a speaker.

The purposes of reflecting are:

1. To allow the speaker to 'hear' their own thoughts and to focus on what they say and feel.
2. To show the speaker that you are trying to perceive the world as they see it and that you are doing your best to understand their messages.
3. To encourage them to continue talking.
4. Reflecting does not involve one asking questions, introducing a new topic or leading the conversation in another direction.

Speakers are helped through reflecting as it not only allows them to feel understood, but it also gives them the opportunity to focus their ideas. This in turn helps them to direct their thoughts and further encourages them to continue speaking.

There are two Main Techniques of Reflecting:

- ***Mirroring***
 - Mirroring is a simple form of reflecting and involves repeating almost exactly what the speaker says.
 - Mirroring should be short and simple.
 - It is usually enough to just repeat key words or the last few words spoken.
 - This shows you are trying to understand the speakers terms of reference and acts as a prompt for him or her to continue.
 - Be aware not to over mirror as this can become irritating and therefore a distraction from the message.
- ***Paraphrasing***
 - Paraphrasing involves using other words to reflect what the speaker has said.
 - It shows not only that you are listening, but that you are attempting to understand what the speaker is saying.
 - It is often the case that people 'hear what they expect to hear' due to assumptions, stereotyping or prejudices.
 - When paraphrasing, it is of utmost importance that you do not introduce your own ideas or question the speakers thoughts, feelings or actions.
 - Your responses should be non-directive and non judgmental.

- It is very difficult to resist the temptation to ask questions and when this technique is first used, reflecting can seem very stilted and unnatural.
- You need to practice this skill in order to feel comfortable.
- **Guidelines for Reflecting**
 - Be natural.
 - Listen for the basic message - consider the content, feeling and meaning expressed by the speaker.
 - Restate what you have been told in simple terms.
 - When restating, look for non-verbal as well as verbal cues that confirm or deny the accuracy of your paraphrasing. (Note that some speakers may pretend you have got it right because they feel unable to assert themselves and disagree with you.)
 - Do not question the speaker unnecessarily.
 - Do not add to the speaker's meaning.
 - Do not take the speaker's topic in a new direction.
 - Always be non-directive and non-judgmental.

Interpretation

Interpretation is a communication process, designed to reveal meanings and relationships of our language, cultural and natural heritage, through involvement with objects, artifacts, landscapes and sites.

It should be stressed that interpretive communications is not simply presenting information, but a specific communication strategy that is used to translate that information for people, from the technical language of the expert, to the everyday language of the visitor.

In order to build a stronger, better and healthier nurse patient relationship the nurse must have good interpretational skills to interpret both the verbal and non-verbal communications of their clients.

How to build good interpretational skills

- Be an effective listener
- Be an effective observer
- Have good analytical skills
- Allow people to express themselves
- Do not be emotional

- Do not be judgmental

How can the nurse gain the patient's cooperation (nurse-client relationship)

- Being friendly
- Being empathetic
- Being caring
- Being supportive
- The nurse must earn the patient's trust
- Have the skills in eliciting the required data
- Communicating in a manner that conveys empathy
- Encourages the patient to reveal fears or frustrations
- Bridges cultural differences- cultural sensitivity enhanced the care. For instance, he prefers his local food rather than hospital food; therefore the patient eats more and prevents nutritional imbalance.
- Recognizes individuality (individual differences)
- Professional caregivers must be especially sensitive to approaches that keep communication open
- Active listening may be signalled through body language
- Sitting and facing the patient in an open and forward-leaning posture with frequent eye contact, for example, sends a message of interest and attentiveness.
- Careful observation and conversational prompts, such as "You look tired today," or "I noticed you didn't want to eat this morning,"
- Asking open ended questions invites the patient to lower his or her guard
- Recognizing nonverbal communication helps healthcare workers remain keenly aware that a patient's cognition and behaviours may not match.
- Reminding a patient of her strengths and previous successes in solving problems, the nurse conveys hope and the optimistic belief that the patient is capable of participating in a plan of care.
- By reflecting genuine interest and listening attentively.
- Opened up a dialogue, allowing them to better understand their patients

Importance of Therapeutic Communication

- The practice of therapeutic communication helps form a health-focused
- It helps in stress-reducing
- It brings collaborative relationship.
- It helps in the establishment of trust in order to create a healing exchange between nurse and patient.
- In a properly functioning relationship, the patient communicates his or her experience.
- It encourages the client to share the necessary data, thoughts, and feelings with the nurse who listens carefully.
- Patients also tend to feel more comfortable when they feel supported and attended to by the people around them.
- It helps the nurse to gain the patient's cooperation.
 - Can create a trusting relationship, which may lead to more open discussion on the part of the patient, including disclosure of symptoms that may be of concern in the medical team.

Disagreements and Conflict

No matter how great you are at communication, there will come a time and place when a disagreement arises. As an effective communicator, it is your job to avoid potential disagreements, before a situation escalates to a problem, as well as to employ conflict resolution techniques once a disagreement has occurred. This skill set—that of conflict resolution—is one of the best attributes you can bring to your job, your social life, and your family. Many business and interpersonal relationships function smoothly on healthy conflict. In healthy conflict, differences are shared and encouraged, as long as respect plays an equally starring role. It can take time to develop an atmosphere of healthy conflict, but the reward of strengthened relationship or team dynamic can prove invaluable.

Conflict resolution

Despite your best intentions, healthy conflict and conflict avoidance will sometimes lead to actual out-and-out dispute. When this occurs, you need to begin the process of resolution. The under-listed steps can be used to resolve the conflict.

- **Step one- detachment** - most conflicts that are in need of resolution are those that bring emotions into play. Therefore, the first step you should take is to diffuse the emotions involved. Though you cannot be responsible for the emotions of everyone in the work place, you can control your own, and the way you react to others. Try to detach your emotions from the situation and avoid forcing other people's emotions to rise any more than they already are. Note: emotions are the same as feelings. When you are in a personal conflict, feelings are valid argument. For example, feeling uncomfortable when a co-worker calls you by a certain nickname is acceptable; displaying anger over the name is not. Although it can be incredible to involve your feeling without getting emotional about them.
- **Step two- focus on the present** - noting is more common during a disagreement than the airing of grievances. Spouses and individuals in relationships are notorious for this-they bring up past issues that have little or no bearing on what the disagreement is actually about. Avoid this common pitfall by focusing on the issue right in front of you. No matter how hurt you may have been in the past, the only conflict you can actually do anything about is the present one.
- **Step three-keep your voice level** – shouting over a conversation to make yourself heard is not going to resolve any conflicts: it's only going to make the other person shout in return. If you maintain a calm speaking voice, you are more likely to get calm reactions and be able to actually discuss the issue at hand.
- **Step four -focus on facts** - during a disagreement, it's easy to fall back on generalisations as a way to point fingers. 'You always' and 'you never', are two of the most common villains. These kinds of accusations are almost always inaccurate, and saying them only serves to hurt feelings (rather than foster results). Stick to what you know is true.
- **Step five-own your faults** - conflicts are a two-way street: you are all responsible for at least one portion of the disagreement. Taking responsibility for your actions will help you to reach a conclusion faster, even if it means you have to swallow a little pride to do it.
- **Step six-know when to walk away** - conflicts occasionally escalate to the point where a resolution simply isn't possible at the present time. taking a 'cooling off' period- whether that means 15 minutes or several days-can help all parties

in the disagreement have time to reflect and remove their emotions from the issue.

- **Step seven-know when to come back** - no major disagreement should simply be swept under the carpet. An issue you don't address now can build up resentment and escalate into something much worse later on. As unpleasant as conflict may be, it is sometimes necessary to get communication and your relationship back on track.

Techniques In Therapeutic Communication

To encourage the expression of feelings and ideas, the following techniques must be implored when communicating:

- **Active Listening**– Being attentive to what the client is saying, verbally and non-verbally. Sit facing the client, open posture, lean toward the client, eye contact, and relax.
- **Sharing Observations**– Making observations by commenting on how the other person looks, sounds, or acts. Example:” you look tired” or “I haven't seen you eating anything today”.
- **Sharing Empathy**– The ability to understand and accept another person's reality, to accurately perceive feelings, and to communicate understanding. Example “It must be very frustrating to know what you want and not be able to do it”.
- **Sharing Hope**–Communicating in a “sense of possibility” to others. Encourage when appropriate and positive feedback. Example “I believe you will find a way to face your situation, because I have seen your courage in the past”.
- **Sharing Humour**– Contribute to feelings of togetherness, closeness and friendliness. Promotes positive communication in the following ways; prevention, perception, perspective.
- **Sharing Feelings**– Nurses can help clients express emotions by making observations, acknowledging feelings, and encouraging communication, giving permission to express “negative” feelings and modelling healthy anger.
- **Using Touch**–Most potent form of communication. Comfort touch such as holding a hand, is especially important for vulnerable clients who are experiencing severe illness.

- **Silence**– Time for the nurse and client to observe one another, sort out feelings, think of how to say things, and consider what has been verbally communicated. The nurse should allow the client to break the silence.
- **Providing Information**– Relevant information is important to make decisions, experience less anxiety, and feel safe and secure. Example “Susie is getting an echocardiogram right now which is a test that uses painless sound waves to create a moving picture of her heart structures and valves and should tell us what is causing her murmur”.
- **Clarifying**– To check whether understanding is accurate, or to better understand, the nurse restates an unclear or ambiguous message to clarify the sender’s meaning. “I’m not sure I understand what you mean by ‘sicker than usual’, what is different now?”
- **Focusing**– Taking notice of a single idea expressed or even a single word. An example is “On a scale of 0 to 10 tell me the level of the pain you are experiencing in your great toe right now.”
- **Paraphrasing**– Restating another’s message more briefly using one’s own words. It consists of repeating in fewer and fresher words the essential ideas of the client. For example the client says, “I can’t focus. My mind keeps wandering.” The student nurse says, “You’re having difficulty concentrating?”
- **Asking Relevant Questions**– To seek information needed for decision making. Asking only one question at a time and fully exploring one topic before moving to another area. Open-ended questions allows for taking the conversational lead and introducing pertinent information about a topic. For example “What is your biggest problem at the moment?” or “How has your pain affected your life at home?”
- **Summarizing**– Pulls together information for documentation. Gives a client a sense you understand. It is a concise review of key aspects of an interaction. Summarizing brings a sense of closure. Example “It is my understanding that your arm pain is a level 1 since you’ve taken the pain relieve one hour ago. Taking your pain medication before physical therapy seems to help you complete the activities the doctor wants you to do for your rehabilitation. Is this correct?” Client responds “Yes It really helps to take the medicine before I do my physical therapy because it helps reduce the pain in my arm.”

- **Self-Disclosure**– Subjectively true personal experiences about the self, are intentionally revealed to another person for the purpose of emphasizing both the similarities and the differences of experiences. These exchanges are offered as an expression of genuineness and honesty by the nurse and disclosures should be relevant and appropriate. They are used sparingly so the client is the focus of the interaction: “That happened to me once, too. It was devastating, and I had to face some things about myself that I didn’t like. I went to counselling and it really helped....what are your thoughts about seeing a counsellor?”
- **Confrontation**– Helping the client become more aware of inconsistencies in his or her feelings, attitudes, beliefs, and behaviours. Only to be used after trust has been established, & should be done gently, with sensitivity: “You say you’ve already decided what to do, yet you’re still talking a lot about your options.”

Non-Therapeutic Communication Techniques

“Blocks” to communication of feelings and ideas

- **Asking personal questions** – Asking personal questions that are not relevant to the situation, is not professional or appropriate. Don’t ask questions just to satisfy your curiosity. “Why aren’t you married to Mary?” is not appropriate. What might be asked is “How would you describe your relationship to Mary.”
- **Giving personal opinions**– Giving personal opinions, takes away decision-making for the client. Remember the problem and the solution belongs to the patient and not the nurse. “If I were you I’d put your father in a nursing home” can be reframed to say, “Let’s talk about what options are available to your father.”
- **Changing the subject**– “Let’s not talk about your insurance problems it’s time for your walk” Changing the subject when someone is trying to communicate with you is rude and shows a lack of empathy. It ends to block further communication, and seems to say that you don’t really care about what they are sharing. “After your walk let’s talk some more about what’s going on with your insurance company.”
- **Automatic responses**– “Administration doesn’t care about the staff,” or “Older adults are always confused.” These are generalizations and stereotypes that reflect poor nursing judgment and threaten nurse-client or team relationships.

- **False Reassurance**– “Don’t worry, everything will be all right.” When a client is seriously ill or distressed, the nurse may be tempted to offer hope to the client with statements such as “you’ll be fine.” Or “there’s nothing to worry about.” When a patient is reaching for understanding these phrases that are not based on fact or based on reality can do more harm than good. The nurse may be trying to be kind and think he/she is helping, but these comments tend to block conversation and discourage further expressions of feelings. A better response would be “It must be difficult not to know what the surgeon will find. What can I do to help?”
- **Sympathy**– Sympathy focuses on the nurse’s feelings rather than the client’s. Saying “I’m so sorry about your amputation, it must be terrible to lose a leg.” This shows concern but more sorrow and pity than trying to understand how the client feels. Sympathy is a subjective look at another person’s world that prevents a clear perspective of the issues confronting that person. A more empathetic approach would be “The loss of your leg is a major change, how do you think this will affect your life?”
- **Asking for Explanations**– “Why are you so upset?” A nurse may be tempted to ask the other person to explain why the person believes, feels or is acting in a certain way. Clients frequently interpret why questions as accusations. “Why” questions can cause resentment, insecurity and mistrust. It’s best to phrase a question to avoid using the word “why”. “You seem upset. What’s on your mind?”
- **Approval or Disapproval**–“You shouldn’t even think about assisted suicide, it’s just not right.” Nurses must not impose their own attitudes, values, beliefs, and moral standards on others, while in the professional helping role. Judgmental responses by the nurse often contain terms such as should, ought, good, bad, right or wrong. Agreeing or disagreeing sends the subtle message that nurses have the right to make value judgments about the client’s decisions. Approving implies that the behaviour being praised is the only acceptable one. Disapproving implies that the client must meet the nurse’s expectations or standards. Instead the nurse should help clients explore their own beliefs and decisions. The nursing response “I’m surprised you are considering assisted suicide. Tell me more about it...” gives the client a chance to express ideas or feelings without fear of being judged.

- **Defensive Responses**– “No one here would intentionally lie to you.” When clients express criticism, nurses should listen to what they are saying. Listening does not imply agreement. To discover reasons for the client’s anger or dissatisfaction, the nurse must listen uncritically. By avoiding defensiveness the nurse can defuse anger and uncover deeper concerns: “You believe people have been dishonest with you. It must be hard to trust anyone.”
- **Passive or Aggressive Responses**– “Things are bad and there is nothing you can do about it.” Or “Being sick is bad and it’s your entire fault.” Passive responses serve to avoid conflict or sidestep issues. They reflect feelings of sadness, depression, anxiety, powerlessness, and hopelessness. Aggressive responses provoke confrontation at the other person’s expense.
- They reflect feelings of anger, frustration, resentment and stress. Assertive communication is a far more professional approach for the nurse to take.
- **Arguing**– “How can you say you didn’t sleep a wink when I heard you snoring all night long!!” Challenging or arguing again perceptions denies that they are real and valid to the other person. They imply that the other person is lying, misinformed, or uneducated. The skilful nurse can provide information or present reality in a way that avoids argument: “You feel like you didn’t get any rest at all last night, even though I thought you slept well since I heard you snoring.”

LESSON ELEVEN

GAINING UNDERSTANDING OF THE NATURE OF COUNSELLING

Introduction

Counselling is gradually becoming a very important skill for health workers to enable them educate people, and help them to make informed choices about their health (self-empowerment model). You need some counselling skills to enable you reach out to your clients effectively. This is because, there could be times during your educational sessions that somebody will approach you with a problem that requires using a counselling technique.

Counseling

Counseling is a type of client- provider interaction that involves two-way communication between a health care worker and a client for the purpose of confirming or facilitating a decision by the client, or helping the client address problems or concern. High quality counseling is the main safeguard for clients' right to informed choice

Qualities of a Counselor

- **Personality**
Warm, Respectful, Friendly attitude, Non-judgmental, Strong self-motivation, and empathetic, broad and open mindedness, willingness to learn.
- **Knowledge**
Have knowledge in Health, Reproductive health issues, Pregnancy, Contraceptive methods, STIs, HIV/AIDS, Abortion (safe, unsafe, legal issues), Cultural practices, Referral points (Clinic, hospital, etc.)
- **Skills**
Good interpersonal communication skills

Who is a Counselee?

Counselling can be given to anybody who needs solution to a problem. Usually, the person is considered as the client/counselee. People may seek counselling services for a variety of reasons. These may range from issues concerning making decisions on

their health, social life and other aspect of life. Remember that people's physical, social, mental and psychological states determine their health. Thus in counselling, you might need to look at all these factors.

The counselee/client has the following rights during counselling session:

- Information: to learn about the issue
- Access: to get the appropriate services
- Choice: to decide freely on a choice that will suit her.
- Safety to be able to practise that choice safely and effectively
- Privacy to have a private place where she can be counselled
- Confidentiality to be assured that her personal information will remain a secret with you.
- Dignity to feel comfortable when receiving services
- Continuity to receive counselling and other supportive services as Long as needed.
- Opinion to express views on the services offered

Counseling Environment/Setting

- **Privacy**
- **Comfortable**
- **Confidentiality**
- **Quiet**

Counseling Steps

R- Rapport building

E- Exploration

D- Decision making

I- Implementing the decision

Phase 1: Rapport Building

- Greet client politely, introduce oneself, and offer a seat
- Ensure privacy without interruptions
- Ask client's name, age, and contact information

- Explain the need to ask personal and sensitive questions of all clients to help them select a safe and appropriate FP method based on their individual needs while assuring confidentiality.

Phase 2: Exploration

- Complete categorization of client and explore in-depth the reason for the visit
 - New client with method or no method in mind
 - Satisfied or dissatisfied return client
- Explore the client's future RH-related plans, current situation and past experience.
- Discuss the client's preferred FP method if any, or relevant options, give information, as needed and correct misconceptions.
- Explore obstetric, Medical and social histories.
- Assist the clients to perceive or determine their risk of pregnancy and contracting STIs or HIV

Phase 3: Decision Making

New clients and dissatisfied return clients:

- Address client by name, clarify what RH/FP decisions the client needs to confirm or make
- Explore relevant options for each decision
- Help the client to weigh the benefits, disadvantages, and consequences of each option
- Encourage the client to make his or her own decision.
- Then carry out method specific counselling after she has made a decision.

Phase 4: Implementing the Decision

- Make a concrete and specific plan for carrying out the decision (including correct method use)
- Identify the barriers that the client may face in implementing the plan
- Develop strategies to overcome the barriers
- Identify and practise skills that will be needed by the client
- Make a plan for follow up care and or provide referrals as needed.

Counseling Includes

- Establishing supportive relationships
- Having conversations with a purpose (not just chatting)
- Listening carefully
- Helping people tell their stories without fear of stigma or judgment
- Giving correct and appropriate information
- Helping people to make informed decisions
- Exploring options and alternatives
- Helping people to recognize and build on their strengths
- Helping people to develop a positive attitude toward life and to become more confident
- Respecting everyone's needs, values, culture, religion, and lifestyle

Counseling Does Not Include

- Solving another person's problems
- Telling another person what to do
- Making decisions for another person
- Blaming another person
- Interrogating or questioning another person
- Judging another person
- Preaching to, or lecturing, another person
- Making promises that cannot be kept
- Imposing one's own beliefs on another person
- Providing inaccurate information

What Counseling Is Not

- Giving advice
- Guidance
- Education
- Conversation
- Interrogation
- Confession
- Prayer
- Information giving

- Ongoing therapy

Characteristics of Effective Counseling

- Client-centered (two experts in the room)
- Interactive
- Private and confidential
- Individualized

Conditions That Facilitate Counseling

- **Internal Conditions**
 - Respect
 - Empathy
 - Genuineness
 - Attentiveness/Accessibility
- **External Conditions**
 - Physical Setting
 - Seating Arrangement
 - Privacy
 - Confidentiality

Confidentiality

In order for clients to trust health workers with their feelings and problems, it is important for them to know that anything they say will be kept confidential. This means that members of the multidisciplinary care team will not tell other people any information about the client. Confidentiality is especially important in HIV programs because of the stigma surrounding HIV and discrimination against PLHIV. Because multidisciplinary teams take care of clients, sometimes they need to discuss a client's needs and health status with one another to provide the best care possible. This is called *shared confidentiality*.

Communication Skills for Health Service Managers

Lecture 1: Introduction to Health Communications

Dr. Prince Owusu Adoma

Course Objectives

- At the end of the course the student should be able to:
 - Define basic terms in health communication theory and practice.
 - State the importance of health communication theory and practice in health promotion

Introduction

- *Communication has an essential role in any action that aims to improve health.*
- *It is difficult to imagine how a message could be delivered to promote healthy choices if we could not communicate.*
- *The communication process is a multi-dimensional transaction influenced by a variety of factors*
- *In health promotion, the successful exchange of information between the practitioner and target audience is an area that has received mixed attention.*

Introduction

- *Most commonly, the emphasis on theory is clear, but the application of theory to practice is limited.*
- *This course introduces theoretical models that can be applied to health promotion activities.*
- *This course will seek to bridge the theory-practice gap using a range of examples enabling the practitioner to link theoretical models to practice.*

What is communication



Definition and Meaning of Communication

- **Communication** - is a transactional process and in a health context it is an important part of health promotion.
- **Communication** – is the exchange of information between individuals by means of speaking, writing or using a common system of signs and behaviours
- **Communication** - the process of sharing ideas, thoughts, and feelings with other people and having those ideas, thoughts, and feelings understood by the people we are talking with
- **Communication** - is the *transfer of information* from *person to person* and from place to place with a *feedback* that is *mutually understood*.

Definitions and Meaning of Communication

- **Communication** according to Minardi and Reily (1997) is an essential, instrumental and purposeful process.
- **Communication** – is the transaction of one of sharing information using a set of common rules (Northouse & Northouse, 1998).
-
- In *health promotion communication* is a planned process (Kiger 2004).
- The effectiveness of this planned process comes to fruition when the audience has achieved, acted on or responded to a message.

Definition of Terms

- **Therapeutic communication** refers to the process in which the healthcare provider consciously influences a client or helps the client to a better understand a procedure or intervention through verbal or nonverbal communication
 - ie. use of communication as this science and art of healing
- **Health communication** is the use of communication strategies to inform and impact individual and community decisions with the goal of improving and enriching personal and community behaviours and public health practices.
- **Interpersonal communication** is the process of exchange of information, ideas, feelings and meaning between two or more people through verbal and/or non-verbal methods.

Definition of Terms

- **Mass communication** is the process of imparting and exchanging information through mass media to large segments of the population.
- **Theories** are scientifically acceptable general principle used in program planning to understand and explain health behaviour and to guide the identification, development, and implementation of interventions
- **Framework** is a public health model which emphasizes monitoring outcomes and optimizing interventions at the population level.
- **Intervention** is a combination of program elements or strategies designed to produce behaviour changes or improve health status among individuals or an entire population.

MODELS OF COMMUNICATION

- Various models have been developed to help explain the process of communication
 - S-M-C-R Model
 - Convergence Model

S-M-C-R Model

- communication takes place when there is a ***Sender*** with a ***Message*** to be sent, a ***Channel*** for carrying the message and a ***Receiver*** of the message.
- The person receiving the message should interpret the message correctly to understand correctly.
- The model assumes that the purpose of communication is to effect change in knowledge, attitude or behaviour of the “receiver”.
- Its main weakness is that it does not allow for any real dialogue between the “sender” and “receiver”.

The convergence modal

- It recognizes that communication involves dialogue and the exchange of information and ideas to arrive at a shared understanding.
- It includes the idea that individuals are active participants who bring their own experience to the process of communication which takes place over time and consist of activities such as listening, reflection, expressing ideas and adapting feelings and behaviours.
- In this theory, as more communication takes place, the area of mutual understanding increases.

The importance of communication

- It **promotes motivation** by informing and clarifying the employees about the task to be done, the manner they are performing the task, and how to improve their performance
- It is a **source of information** to the organizational members for decision-making process
- It also plays a crucial role in **altering individual's attitudes**, i.e., a well informed individual will have better attitude than a less-informed individual.
- It **helps in socializing**. In today's life the only presence of another individual fosters communication.
- it assists in **controlling process**. It helps controlling organizational member's behaviour in various ways.

Communication Networks

- **Vertical communication** involves both downwards and upwards flows of information through the chain of command. That is, from superior to supervisor, from supervisor to subordinates, and from subordinates to subordinates.
- **Downward communication** is the flow of information transmitted from a higher to lower levels in an organisation such as, from the district Director of Health Services, down the ladder.
- **Upward communication** – it is the flow of information, complaint, suggestions from subordinates to the superior or the higher level.
- **Horizontal/lateral communication** is the lateral flow of information, among the workers of the same level, such as, among directors, among community health nurses.
- **Diagonal communication** refers to all transmission that cut across an organisation's chain of commands and it takes the form of interactions between line and staff (among all levels of workers)

Barriers to communication

- Different perception: people's brain to select the most important due to differences in age, sex, socio-cultural background, etc
- Semantic problem: the use of words, phrases or media that are above the understanding of the recipient
- Filtering: subordinates fear superiors such that they do not report the truth about an event but rather relate them in a way pleasing to the hearing of the superiors.
- Poor listening habit: many people are unable to listen properly due to divided attention, noise, hunger etc
- Mistrust or lack of credibility: habit of giving vain promises or saying one and doing the opposite

Barriers to communication cont

- The kind of rapport among workers: no amicable relationship between superiors and subordinates
- Inconsistency of language: when body language (facial expression, gestures, eye movement, posture, etc) is not consistent with verbal language
- Lack of empathy: inability to recognize other people's view
- Emotional reaction: anger, love, jealousy, fear, hatred, etc influences how people understand messages

Take home assignment

- Briefly discuss the importance of theories in health communication and practice

THANK YOU

COMMUNICATION SKILLS FOR HEALTH SERVICE MANAGER

MINUTES/NOTES MAKING

BY

DR. PRINCE OWUSU

ADOMA

INTRO TO MINUTES/NOTES MAKING

- Minutes/note making involves recording ideas and facts you learn or heard in class, conference, meeting and from books to help you remember and use them later.
- The five (5) Rs of minutes/note taking are:
 - Record,
 - Recite,
 - Reduce,
 - Reflect and
 - Review.

REASONS FOR MINUTES/NOTES MAKING

- Minutes/notes help to revive memories of meetings and lectures/reading.
- Minutes/notes are often valuable clues for information or facts which is the most important; that is, facts that are likely to appear on the next test, needs an action or concern.
- Writing minutes/notes helps one to concentrate in workplace/class or on the reading material.
- Minutes/notes are ready source for test preparation/task to perform.

CONT...

- Minutes/notes often contain information that cannot be easily found elsewhere such textbooks.
- Writing minutes/notes forces you to listen carefully and test your understanding of the material, lecture or issues.
- Personal notes are usually easier to study and remember than the text or lecture.
- The writing down of important points helps you to remember them even before you have studied the material formally.

VALUE OF WRITING/MAKING GOOD REPORT/NOTES

- To help clarify ideas on a particular topic
- To remind students' of key points in a lecture or a book
- To collect ideas for essays, seminars and other assignments
- To facilitate learning

GUIDELINES FOR NOTE MAKING/WRITING MINUTES

- Concentrate on the lecture or on the reading material.
- Make notes consistently without breaks.
- Make notes selectively. Do not write down every word, only the important ideas/points.
- Translate ideas into your own words.
- Organize notes in logical form.
- Be brief. Write your ideas in concise form.
- Write clearly. Notes become useless if you cannot read and understand them later.
- Do not let spelling and grammar problems hold you down.

METHODS OF MAKING NOTES/WRITING REPORT

- There are several methods of making notes/writing minutes from lectures and textbooks.
- Among these methods are:
 - Summary,
 - Paragraphing,
 - Outline,
 - Numbering notes,
 - News paper headlines techniques and
 - others.

POINTS TO NOTE WHEN MAKING LECTURE NOTES

- Lecture notes should be specific and concrete. It makes them easier to understand, remember and apply.
- Do not copy information verbatim; that is word for word.
- Develop the habit, and make it your intention to learn in the lecture room.
- Get involved in the ideas and information being presented. Don't be passive listeners; be a positive or active participant.

POINTS TO NOTE WHEN MAKING LECTURE NOTES CONT...

- Listen for clues to important points. Some of the common clues are;
 - Material written on the whiteboard
 - Repetition
 - Emphasis by way of change of tone or gesture, length of time spent on a particular point, number of examples etc.
 - Word signals such as 'firstly' 'secondly' 'finally'
 - Summaries given at the end of class.
- Sit in front to hear better, see better and avoid distractions.
- Compare notes with that of fellow students to help you update them.

PRE-LECTURE PREPARATION

- Take some time before lecture to anticipate what the lecturer is likely to present
- Make a quick review of your notes of the last lecture.
 - Take a quick glance at the reading assignments for the lecturer.
- Try to establish the relationship between the information presented in the lecture and information in the reading and other assignments.
- Try to anticipate the ways you may be tested on the material presented in the lecture.

LISTEN ATTENTIVELY AND MAKE GOOD NOTES

- To take good notes, you should be able to listen attentively
- Ask questions if necessary
- Use consistent, understandable abbreviations, both **standard and personal** ones.

LISTEN ATTENTIVELY AND MAKE GOOD NOTES CONT

- Write on only one side of the paper.
- Leave lines to indicate transition from one idea to the next.
- Leave noticeable blanks for words, ideas you could not catch but can fill in later.
- Put question marks on the left-hand margin against ideas you need to do further research on.

AFTER LECTURE ACTIVITIES

- Make it a point of duty to review your notes within 24 hours of making notes to avoid forgetting them.
- Fill in any blanks you left.
- Use the left-hand margin to indicate key terms, concepts and other important information that will help you review your notes quickly and effectively.
- Always label (give title), number and date your notes.
- Use the bottom margin to write a summary of the notes.
- Review your notes regularly to achieve lasting memory.

THE CORNELL NOTE MAKING METHOD (DOUBLE ENTRY)

CUES	NOTES
Main Ideas	Short, concise sentences
Question marks	Abbreviations, leave lines
Prompts to help you study	Leave space, underline main ideas, give headings
	SUMMARY

MAKING NOTES FROM BOOKS

Note making is the processing of writing ideas or and information in a brief, concise and accurate form by summarizing them from books and other printed material.

ADVANTAGES

- Note making serves as memory training
- It helps one to develop the skill for selecting important from unimportant materials.
- It also helps you to develop an accurate means of arranging necessary information.
- It serves as a written record for future reference.
- It helps you learn because it keeps you reading.



METHODS OF MAKING NOTES FROM BOOKS

DIAGRAMATIC METHOD

- This method involves using spider diagrams and mind maps.
- You start with the theme or central idea and build outwards, making connections.

MAPPING METHOD

- This is a useful way of making notes from a book as it provides you with a map of the text for easy reference.



MAPPING METHOD

- The steps involved in this method are as follows:
 - Get the theme of the book and use a word to represent it.
 - Place the word in the centre of the page.
 - Count and draw down the chapters
 - Put down each chapter in a single word.
 - Count the smaller headings (sub-headings) and draw them.
 - Count and add the paragraphs to it.
 - Use the topic sentences to get information on the paragraphs.
 - Put down the key word of every paragraph.

METHODS OF MAKING NOTES FROM BOOKS

OUTSIDE THE TEXT

- The content list
- List of places and illustrations
- Introduction/Preface
- Index

WITHIN THE TEXT

- Chapter headings and sub-headings
- Chapter introduction and summaries
 - Chapter intro and summary
 - Paragraphing structure

MAKING A GOOD NOTES FROM LECTURES

Guide to selecting key points from a lecture

- **Extra-linguistic:** pay attention to lecturers' clues, such as tone of voice, body language, gestures
- **Linguistic:** key expressions – lecturer summarises and writes key expressions on the board.
- **Signposts:** these are statements which signal the direction and structure of the text. Eg.
 - **Introductorys** (today we are going to look at...) and
 - **Enumerators** (First, we are going to examine..., Secondly..., Thirdly..., etc).

MAKING A GOOD NOTES FROM LECTURES CONT

- **Frames:** these are statements which are delineating beginning and ending of topic and sub-topic: For example:
 - We will now focus on...
 - Let's now turn to...
 - Another point/dimension to this is...
 - Another way of looking at the issue is...
 - To sum up
 - To conclude/ In conclusion...

MAKING A GOOD NOTES FROM LECTURES CONT

- **Foci:** these are statements which highlight and emphasize key points. For example
 - The importance of hand hygiene is...
 - The points worth emphasizing are the following...
- **Links:** statements linking sections of lecture together. For example
 - Thus, the effect of...
 - Consequently, we see that...
 - Nevertheless, the picture being painted is...
 - Apart from the negative effect of...
 - On the one hand...

USE OF ABBREVIATIONS

- Abbreviations are very important in notes making.
- It helps students to write faster and makes notes making easy.
- We have both **standard and personal** abbreviations.
- **STANDARD:** Dr. – Doctor, St. – Saint, Hon. – Honourable, Rev. – Reverend, Co. – Company, e.g. – example, viz. – namely, Vs. – versus, str. – street.
- **PERSONAL:** b/4 – before, b/tn. – between, cos. – because, b/cos – because
- **SIGNS & SYMBOLS:** therefore, @ - at, = - equal, fe – iron

CHALLENGES/OBSTACLES OF MAKING LECTURE NOTES

- Hunger.
- Bad weather
- Distracting thoughts.
- Stress.
- Outside distractions e.g. noise.
- Difficult vocabulary and language of lecturer.
- Lecturer speaking too fast.
- Lecturer's voice is inaudible.
- Lack of furniture in the hall.

**GOOD NOTES
IS BETTER
THAN NONE**

Thank u for
our attention

What do I keep?

1. Have I used you in the last year?
2. Do I have a place for you?
3. Do you make me smile?
4. Do you have any bad memories for me?
5. Do I have two of you?

- Give Away

- Throw Away

- Put Away

Communication Skills for Health Service Managers

Communication Theories

Dr. Prince Owusu Adoma

Course Objectives

- At the end of the course the student should be able to:
 - Explain the theories of communication
 - Critique the theories of communication
 - Understand the importance incorporating theories in communication

Dual Coding Theory (Paivio, 1986)

- The theory posit that humans process information in two different ways:
 - **a. Visually** – processes events and images (i.e. pictures and movies).
 - **b. Verbally** – processes linguistic information (i.e. speeches and writing).
- The theory therefore gives equal weight to verbal and non verbal processing.

- The theory assumes that there are **two cognitive subsystems**:
 - one specialized for the representation and processing of nonverbal objects/events (i.e., imagery)
 - and the other specialized for dealing with language.

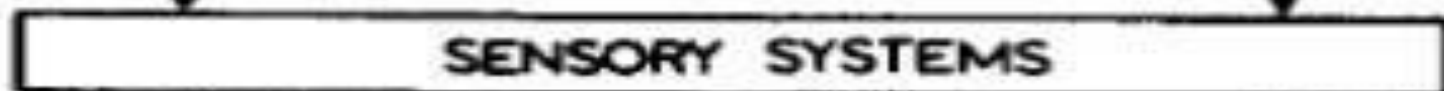
- Hence, the general assumption of the theory is that:
- there are two classes of phenomena handled cognitively by subsystems, one specialised by representation and processing of information concerning non verbal objects and events, the other, specialised for dealing with language.

- The two subsystems, **verbal** and **non verbal**, are functionally and structurally independent.
- This means that each system can work independently of the other one and they work on different representational units.

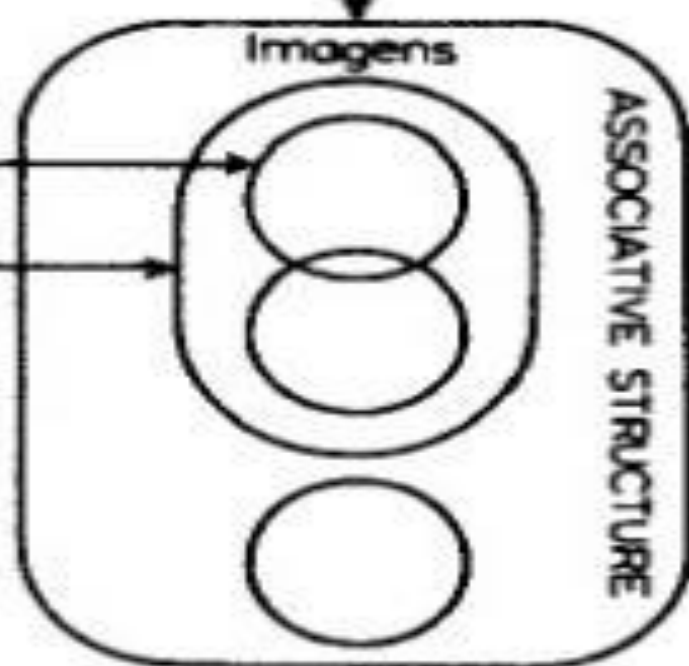
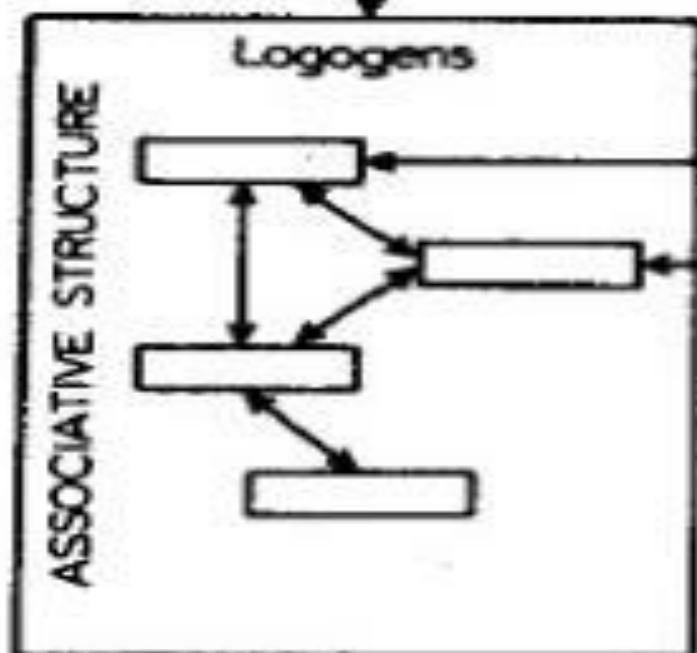
- Two different types of representational units of the subsystems identified are:
 - "imagens" for mental images and non verbal entities
 - "logogens" for verbal entities (spoken or written words)
- Logogens are organized in terms of associations and hierarchies; (words come in one at a time at an appropriate sequence)
- while imagens are organized in terms of part-whole relationships (all parts of an image available at once)

VERBAL STIMULI

NONVERBAL STIMULI



REPRESENTATIONAL CONNECTIONS



REFERENTIAL CONNECTIONS

VERBAL RESPONSES

NONVERBAL RESPONSES

ΣΠ-ΩΥ-ΩΣ

ΣΠ-ΩΥ-ΩΣ

Types of processing

- Dual Coding theory identified three types of processing:
- (1) **Representational processing**: the direct activation of verbal or non-verbal representations
- (2) **Referential processing**: the activation of the verbal system by the nonverbal system or vice-versa
- (3) **Associative processing**: the activation of representations within the same verbal or nonverbal system.
- NB: A given task may require any or all of the three kinds of processing.

Practical implications

- Under this theory, the communicator gives a lecture or talk while showing pictures or videos of the discussion.
- Technology can be introduced into this theory by the use of PowerPoint presentation, with many pictures and videos alongside the presentation.
- The student/client actively listens to the lecture while views images and videos about the lecture.

Experiment

- Give clients/students a long list of pictures or words to remember.
- Later test memory with either a recall or recognition test.
- Clients/ Students recall more pictures than words
- The Imagen system has superior memory
- Representing ideas in both systems is superior to representing ideas in only one system.
- Paivio claimed that picture memory was superior because whenever we see a picture we also represent that picture verbally.
- However when we see a word we do not always form a mental image of the word.

Communication for Persuasion Theory (McGuire, 1984)

- This theory focuses on how people process information.
- Twelve interdependent steps in the process of persuasive communication have been outlined by McGuire.
- He suggested that in order to assimilate and perform a new behaviour, a person should do the following:

- 1. Be exposed to the message
- 2. Pay attention to it
- 3. Find it interesting or personally relevant
- 4. Understand it
- 5. Figure out how the new behaviour could fit in his or her life
- 6. Accept the changes that is being proposed

- 7. Remember and validate the message
- 8. Be able to think of the message in relevant context situations
- 9. Make decisions on the basis of the retrieved information or message
- 10. Behave in line with that decision
- 11. Receive positive reinforcement for that behaviour
- 12. Integrate new behaviour into his or her life

- The model also suggest that the twelve steps are interdependent.
 - Thus achieving any of them is strictly dependent on the success at all prior steps.
- Moreover, message design, message credibility, communication channels and the characteristics of both intended audiences and the recommended behaviour, all influence behavioural outcomes.

The Shannon-Weaver model of communication (1949)

- According to the model, information is selected by an ‘information source’ and this is then encoded into a message.
- The message is then transmitted via a signal, through a channel (such as speech) to a receiver.

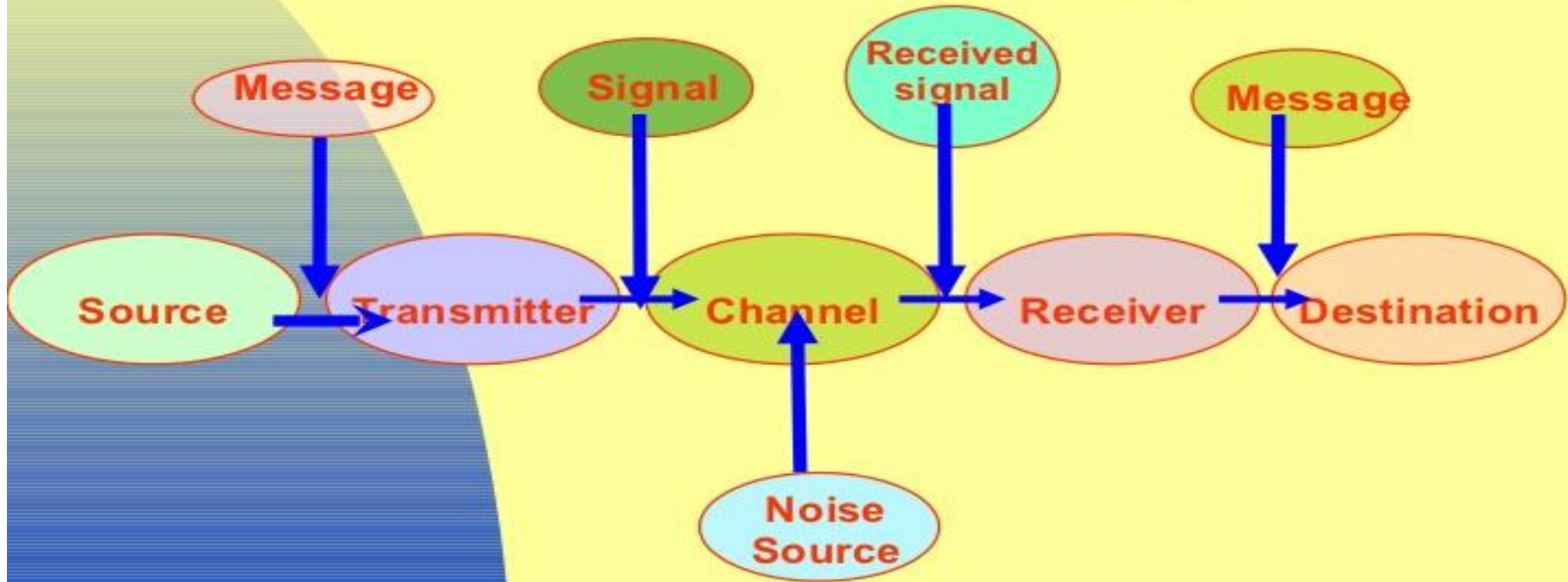
- The receiver decodes the signal and acts on it, for example, by passing the message onto some destination.
- The other concept identified in the model is ‘noise source’.
- During the course of transmission, the message can be disturbed by factors such as an audible sounds or distortions, that may change the meaning of the message.

- Example:
- In oral speech, the information source is the brain, the transmitter is the voice mechanism producing the various sounds (signal) which are transmitted through the air (channel) to the ear and the associated nerve (receiver), then the message arrives to the brain (destination).
- Here the noise can be screaming, loud music, etc.

Elements of the model

- According to Shannon and Weaver, any communication system can be divided into:
 - 1. Information source, which produces a message (e.g. brain)
 - 2. A transmitter, which encodes the message into signals (e.g. voice)
 - 3. A channel (e.g. air) to which signals (e.g. sound) are adapted for transmission
 - 4. A receiver (e.g. nerves in the ear), which 'decodes' the message from the signal.
 - 5. A destination (e.g. brain), where the message arrives.
 - 6. A sixth element (e.g. loud music), noise, is a dysfunctional factor: any interference with the message travelling along the channel which may lead to the signal received being different from the one sent.

Shannon and Weaver's Model-1949



Criticism of the model

- The model is acknowledged to be limited due to the following reason:
- The model flows in one direction – from source to receiver. Thus, does not allow for the transactional (two – way) nature of communications.

Northouse and Northouse's model of health communication (1998)

- This model specifically considers communication in the context of health.
- According to the proponents of the model, health communication refers to transactions between participants in healthcare and about health related issues.
- The model emphasizes the way in which a series of factors (most notably relationships, transactions and contexts) can impact on the interactions in the healthcare settings.

- Four types of relationships that exist in the healthcare setting have been identified by the model:
 - 1. Professional-professional
 - 2. Professional - client
 - 3. Professional - client's significant others
 - 4. Client – significant others

- Thus, both health professionals and clients bring unique characteristics, beliefs, values and perception to the healthcare setting, which can affect how they interact.
- **Elements of the model**
 - **1. The client's significant others**
 - They have been included in the model because they have been found to play a significant role in supporting clients in relation to their health.

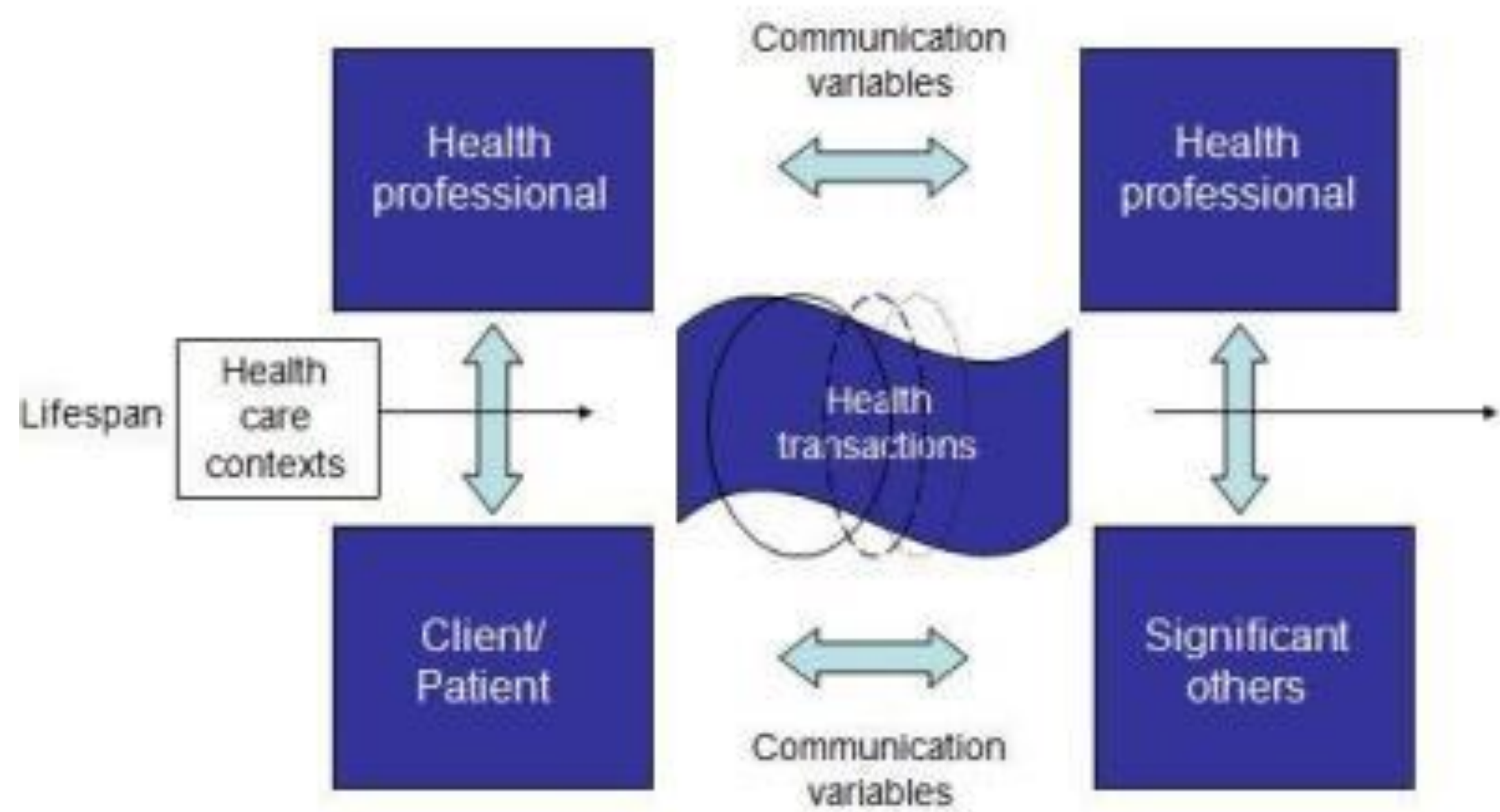
2. Transactions: These are the health-related interactions that occur between participants.

- Health transactions include both verbal and non-verbal communications, as well as the content and relationship dimensions of the messages.
- The relationship dimensions of health transactions is established within the various relationships represented by the model.
- These dimensions influence how the content of the messages should be interpreted.

- The central spiral (as shown in the model) illustrates the on-going transactional and interactive nature of health communication, whereby the different participants influence each other's communications as an interaction process.

3. Healthcare contexts

- This is the settings in which health communications occurs.
- Contexts can refer to particular settings (such as waiting rooms and hospital wards) or to the number of participants within the particular setting.
- Different contexts have significant influence on the form and effectiveness of communications between the different participants.



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THANK YOU

GOOD LUCK IN YOUR EXAM

COMMUNICATIVE SKILLS FOR HEALTH SERVICE MANAGERS

DEVELOPING READING SKILLS

BY

DR PRINCE OWUSU ADOMA

INTRO TO DEVELOPING READING SKILLS

- Reading is an interactive process that goes on between the reader and the text, resulting in comprehension.
- The text presents letters, words, sentences, and paragraphs that encode meaning.
- The reader uses knowledge, skills and strategies to determine what that meaning is.

READING KNOWLEDGE, SKILLS AND STRATEGIES

- **LINGUISTIC COMPETENCE:** This is the ability to recognize the elements of the writing system; knowledge of vocabulary; knowledge of how words are structured into sentences.
- **DISCOURSE COMPETENCE:** This is knowledge of discourse markers and how they connect part of the text to one another.
- **SOCIO-LINGUISTIC COMPETENCE:** Knowledge about different types of texts and their usual structure and content.
- Texts are more than simply a succession of connected sentences. In the way they are organized, texts generally conform to textual conventions.

STRATEGIC COMPETENCE

- This involves the ability to use top-down eye movement strategies for description and narratives as well as knowledge of the language (a bottom-up strategy).

READING PURPOSE

- Reading is an activity with a purpose. A person may read:
- In order to gain information
- To verify existing knowledge
- To access a writer's ideas or writing style
- For enjoyment
- To enhance knowledge of the language being read.

DIFFERENT WAYS OF READING AND THEIR USES

- Skimming
- Scanning
- Close or critical reading

SKIMMING

- SKIMMING: This method is used to quickly identify the main ideas of a text.
- Skimming is at a speed three to four times faster than normal reading.
- People often skim when they have lost material to read in a limited amount of time.

STRATEGIES FOR SKIMMING

- They include:
 - Reading first and last paragraphs using headings, summaries and other organizers.
 - Reading the titles, subtitles, subheadings and illustrations.
 - Reading the first sentence (topic sentence) of each paragraph.
- Skimming works well when looking for dates, names and places. It may be used to review graphs, tables and charts.

SCANNING

- This is a technique we often apply when looking up a word in the telephone book or dictionary.
- You only have to search for key words or ideas.
- In most cases, you know what you are looking for, so you concentrate on finding a particular answer.
- Scanning involves moving your eyes quickly down the page seeking specific words and phrases.
- When scanning, you look for author's use of organizers such as numbers, letters, steps or the words 'first', 'second' or 'next'.
- You also look for words in bold print, italics or different size, style or colour.

CLOSE OR CRITICAL READING

- It is done for the purpose of understanding the text.
- Most subjects, however, have their own specialized vocabularies (registers).
- These are words which carry special meaning in a special subject or field, and without which there would be little understanding of the text.
- Because of this, critical or close reading has to be done slowly or thoroughly.

DEVELOPING FASTER READING

- **STRATEGIES**
- **PREVIEWING:** Reviewing titles, headings, photo captions etc. to get a sense of the structure and content of a text.
- **PREDICTING:** Using knowledge of the subject matter to make predictions about content and vocabulary;
 - using knowledge of the text-type and purpose to predict discourse structure;
 - using knowledge about the author to predict writing style, vocabulary and content.

DEVELOPING FASTER READING CONT

- **SKIMMING AND SCANNING:** Using a quick survey of the text to get the main idea, identify text structure, confirm or question predictions.
- **GUESSING FROM CONTEXT:** Using prior knowledge of the subject and ideas in the text as clues to the meaning of the unknown words instead of stopping to look them you.
- **PARAPHRASING:** Stopping at the end of a section to check comprehension by restating the information and ideas in the text.

DEVELOPING FASTER READING CONT

- **MOTIVATION**

- Pre-reading activities (Previewing and Predicting) help readers to gain idea of what the text will be about and this increases their motivation to read.

- **CONCENTRATION**

- When the readers have a purpose for reading a selected text, they find out that, that purpose not only direct their reading towards a goal, but help to focus their attention or give them concentration.

DEVELOPING FASTER READING CONT

- CONTENT AND STRUCTURAL WORDS
- Content words are nouns and verbs, mostly.
 - These are the most important words since they convey the bulk of the meaning in any text.
- Structural words which are of lesser significance include adjectives, prepositions, conjunctions etc
 - Slow readers usually stress every word equally, hence they read slowly.
- To be able to read quickly and effectively, you have to learn to identify the key words (content word) quickly and stress them.

EXAMPLE

- Identification of the 4 key words quickly unlocks the meaning of the sentence.
- “A masked bandit robbed the newly – opened Central Bank on Liberty Street today”.
 - “Bandit robbed Central Bank”
- Notice that the meaning of the sentence becomes hazy and difficult to understand if you put emphasis on the structure words thus; “A masked The newly-opened..... On Liberty Street today”

STRUCTURAL WORDS

- PUNCTUATION

- As you sort out key words in order to discover the meaning of a sentence rapidly, you should not overlook punctuations. They are also important in determining the meaning of sentence.
- Send John, by no means send James – You should send John
- Send John by no means, send James – You should end James
- Let us part friends – Let us leave as friends

STRUCTURAL WORDS CONT: PUNCTUATION

- Let us part friends – Advice to friends that it is time for them to leave.
- Mr. Ohene, the barber, has closed his shop – Mr. Ohene who is the barber has closed his shop
- Mr. Ohene, the barber has closed his shop – Mr. Ohene is being told that the barber has closed his shop.

RELATIONSHIP BETWEEN IDEAS

- When you read a sentence, you need to see exactly how the ideas are related, if you are to fully understand the sentence.
- **“John likes movies more than television”**
- In the sentence above, movies are being contracted to television.
- The connecting words ‘MORE THAN’ help to show this relationship. For example, the word ‘BUT’ shows difference or opposite

RELATIONSHIP BETWEEN IDEAS CONT

- THEN shows time relationship
- BECAUSE expresses cause and effect.
- DESPITE Contrast
- NOT UNTIL, SHORTLY AFTER, AS SOON AS time
- SINCE, CONSEQUENTLY, IN ORDER TO cause and effect.
- INCLUDING listing details
- THAT IS TO DAY, IN OTHER WORDS continue same thought
- ALSO, MOREOVERadding a detail
- THIS..... refers to a preceding word or statement
- YET, ACTUALLY point out a difference/exception
- FINALLY indicates last of a series of statements

VOCALIZATION

- Vocalization means reading a text with your voice.
 - In other words, it means reading aloud.
- One may embark on reading a text aloud for continuity and smoothness.
- The reader creates an atmosphere or context with his voice.
 - Expressive reading uses many vocal tools.

VOCALIZATION CONT

- Vocal qualities show differences in characters, development of the action and indications of emotions.
- Rhyme, pace and cadence include pauses and effective spacing for words.

VOCALIZATION CONT

- Pronunciation of words pays attention to clear articulation of sounds.
 - The reader also needs to pay attention to punctuation, and inflection, that is, raising and lowering of pitch as loudness and softness.
- For example:
 - A rising inflection is used to ask a question or express happiness.
 - A falling inflection expresses seriousness, completing a thought or an indirect question
- When reading to an audience, use facial expression, gestures and timely, effective eye contact with the audience.



THANK YOU



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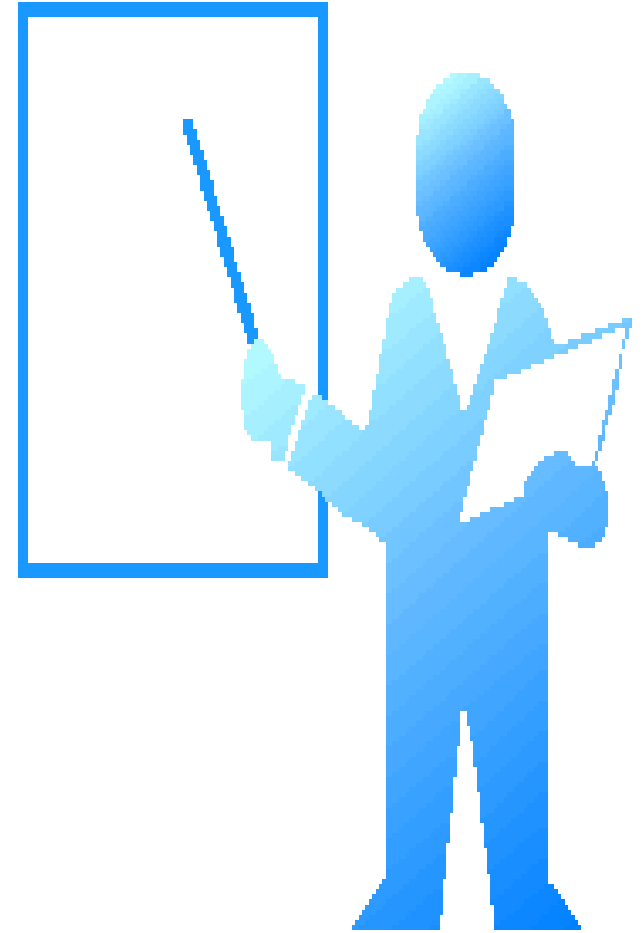
**COMMUNICATION SKILLS FOR HEALTH SERVICE MANAGERS
HADE 242**

TOPIC: INTRODUCTION TO HEALTH COMMUNICATION SKILLS

DR. PRINCE OWUSU ADOMA

COURSE OBJECTIVES:

- ❑ **By the end of this lecture, you will be able to:**
 - ❑ Define health communication
 - ❑ Recognize the importance of health communication
 - ❑ Identify the most important concepts related to health communication
 - ❑ Identify the most important health communication principles
 - ❑ Start developing cultural competency for successful health communication



Health communication

- Health communication is the study and use of communication strategies to inform and influence individual and community decisions that enhance health (Healthy People, 2010)

Function of health communication

- Health communication includes the study and use of
 - communication strategies to inform and
 - influence individual and community knowledge, attitudes and practices (KAP) with regard to health and healthcare.



Effective Health Communication

- ❖ Understanding and delivering effective health communication is the charge of all health care professionals from all parts of your organization
 - ❖ HEALTH ADMINISTRATORS
 - ❖ Physicians
 - ❖ Dentists
 - ❖ Nurses
 - ❖ Health educators
 - ❖ Social Workers
 - ❖ Front-office staff
 - ❖ Accountants/Billing staff
 - ❖ Pharmacists



Importance of Health Communication

- ❖ Effective health communication can lead to positive health outcomes
- ❖ Better use of the health care system
- ❖ Better medical outcomes
- ❖ Improved patient-provider relationships.
- ❖ Poor health communication can lead to negative outcomes
- ❖ Low patients compliance
- ❖ Low patient participation
- ❖ Weak patient-provider relationships





FACTS



- Up to 80% of patients forget what their doctor said as soon as they leave the doctor's office
- Nearly 50% of what patients remember is recalled incorrectly
- How more, if it's
 - between manager and
 - Between subordinates?
 - Between managers and subordinates?



Think.....



- How many of the individuals you serve do you think remember what you say?
- Are you sure?
- How do you know?

Health communication: Overview

- ❑ Health communication is a critical public health competency for all diseases and has become especially important in administrative duties, communicable diseases.
- ❑ The surfacing of numerous departments and unit, as well as delivering quality healthcare imply that effective communication needs to happen between health administrators and between health care providers, or patents/clients

Purpose of Health Communication

- ❑ Health Communication serves the following purposes:
 - ❑ Initiating actions
 - ❑ Making known needs and requirements.
 - ❑ Exchanging information, ideas, and beliefs
 - ❑ Creating understanding
 - ❑ Establishing relations.
 - ❑ Train and assist to adopt desired change and maintain it.

Important concepts related to Health Communication

- ❑ Health literacy
 - ❑ Health literacy can be defined as the capacity that an individual has to access and effectively use health-related information.

- ❑ Health education
 - ❑ Health education aims to influence a person's knowledge, attitudes and behaviours connected to health in a positive way.

- ❑ Social marketing
 - ❑ Is the planning and implementation of programs designed to bring about social change using concepts from commercial marketing for the purpose of societal benefit rather than commercial profit.

Important concepts related to Health Communication

- ❑ Health advocacy
 - ❑ Advocacy is one strategy to raise awareness and promote health and access to quality health care at the individual and community levels.
 - ❑ Outbreak communication An effective outbreak communication can help to bring an outbreak under control as quickly as possible, with as little social disruption as possible.

Tools and Techniques for Identifying Limited Literacy

- ❖ Patient registration forms incomplete or inaccurately completed
- ❖ Appointments frequently missed
- ❖ Not following medication directions or procedures
- ❖ Inability to describe how to take medications
- ❖ Lack of follow-through with referrals to consultants
- ❖ Help sought only when illness is advanced
- ❖ May not be able to articulate symptoms or time course of illness

Tools and Techniques for Identifying Limited Literacy

- ❖ Patient-centered visits take no longer than “traditional” visits, in which the agenda is set by the health care provider.
- ❖ Behaviors such as sitting rather than standing, listening rather than speaking, and speaking slowly, can help to reinforce the impression that you are focused on the patient.
- ❖ Not a lot of research but there is a consensus among health literacy and communication experts that the following basic methods can improve communication

Tools and Techniques for Identifying Limited Literacy

- ❖ Slow down
- ❖ Use plain, nonmedical language
- ❖ Show or draw pictures
- ❖ Limit the amount of information provided, and repeat it
- ❖ Produce easy-to-read written materials
- ❖ Confirm the patient's understanding of your message
- ❖ Create a shame-free environment
- ❖ Address the needs of patients with disabilities

Tools and Techniques for Identifying Limited Literacy

- ❑ Use Plain, Nonmedical Language
- ❑ Most people have trouble understanding words used in health care.
- ❑ In others, a word may be familiar, but the person may not understand it in a health care context.
- ❑ Words that providers use in their day-to-day conversations with colleagues may be unfamiliar to the majority of persons who are not medically trained.

Tools and Techniques for Identifying Limited Literacy

☐ PLAIN LANGUAGE!!!

- ☐ Evidence indicates that all patients prefer easy-to-read materials to more complex or comprehensive materials.
- ☐ Focus on instructions for key behaviors that the patient must put into action
- ☐ Create materials for readability at the 6th- to 8th-grade level
- ☐ Larger text (10- to 12-point) and fill it with blank space
- ☐ Bullets and clear illustrations

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THANK YOU



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**DEPARTMENT OF HEALTH ADMINISTRATION AND
EDUCATION**

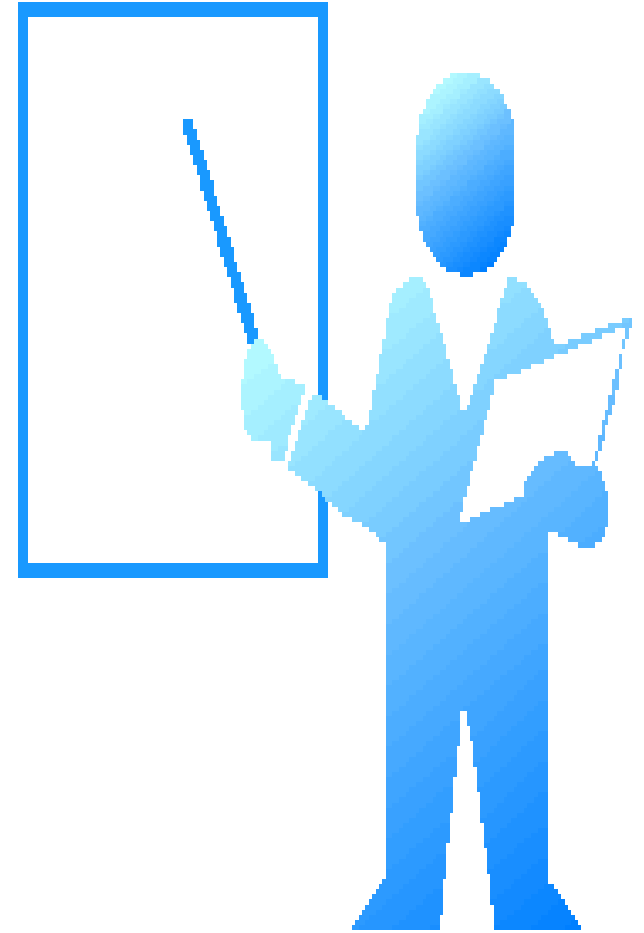
**COMMUNICATION SKILLS FOR HEALTH SERVICE MANAGERS
HADE 242**

TOPIC 2: EFFECTIVE HEALTH COMMUNICATION AND SKILLS

DR. PRINCE OWUSU ADOMA

COURSE OBJECTIVES:

- By the end of this lecture, you will be able to:**
 - Define ingredients for effective communication
 - State the types of communication
 - Identify elements that influence communication
 - State barriers to communication
 - Identify communication skills



Communication

- Communication is the exchange of information, ideas, feelings, and thoughts.
- Communication helps us know what the needs of others are and how to meet those needs.
- Healthcare workers must be able to communicate with patients, families, co-workers, other professionals, and supervisors.

Types of Communication

- **Verbal**

- Words
 - Written
 - Spoken



- **Nonverbal**

- Gestures
- Facial expressions
 - Frowns
 - Smiles
- Body posture/language
- Touch
- Listening

Elements that Influence Our Communication with Others

- Prejudices
 - Opinions or biases that affect how you feel about others and how you relate to them.
- Frustrations
 - Impatience, annoyance, anger, irritation.
- Attitudes
 - Disinterest, bored, bad moods.
- Life Experiences
 - Knowledge of your own behavior.

Barriers to Communication

- Labeling
 - Describing a person with a word that limits them (lazy, stupid, complainer, difficult)
- Sensory Impairment – Physical disabilities
 - Deafness, blindness, speech impairments
- Talking Too Fast
 - Especially important when working with elderly patients.

Effective Communication

- Health care workers must learn to put barriers aside and show respect to all individuals.
- We must learn to see beyond the surface to the human beings underneath.
- We must adjust our communication styles so that patients can understand.

Effective Communication

- Developing skills in communication helps you become a better healthcare worker.
- It is important always to be courteous and understanding (polite and considerate towards others).
- Take time to evaluate gestures, facial expressions, and tone of voice in order to understand what is really being said.
 - You must attempt to understand and to listen.

Elements of Communication

- **Message**

- Information, ideas or thoughts.
- What you are trying to convey to another person.

- **Sender**

- Individual who creates a message to send.

- **Medium/Channel**

- Transportation mode – voice, newspaper, etc

- **Receiver**

- Individual who receives the message from the sender.

Elements of Communication

- All three elements are essential. Without any one element, communication cannot occur.



Feedback

- Used to determine if the communication is successful.
- Occurs when the receiver responds to the message.
- Allows the sender to evaluate how the message was interpreted and to make any necessary adjustments or clarification.
- Can be verbal or nonverbal.

Listening

- Essential part of effective communication.
- Paying attention to and making an effort to hear what the other person is saying.
- Requires constant practice.
- Being a good listener makes you a better health care provider.



Listening

- Good listening skills:
 - Show interest and concern for what the speaker is saying.
 - Be alert and maintain eye contact with the speaker.
 - Avoid interrupting the speaker.
 - Pay attention to what the speaker is saying.
 - Avoid thinking about how you are going to respond.

Listening

- Try to eliminate your own prejudices and see the other person's point of view.
- Eliminate distractions by moving to a quiet area for the conversation.
- Watch the speaker closely to observe actions that may contradict what the person is saying.
- Reflect statements back to the speaker to let the speaker know that statements are being heard.

Listening

- Ask for clarification if you do not understand part of a message.
- Keep your temper under control and maintain a positive attitude.
- Good listening skills also help you follow directions, make good observations of patients, and understand your fellow workers.

Active Listening Skills

- Reflect on what the sender is trying to say – think about the message, not just your response.
- Restate (paraphrase) back to the sender to let them know they are being heard and understood.
- Ask for clarification if you do not understand part of the message.

Communication Styles

- Assertive Communication:
 - An honest and direct way to say what you feel or think.
 - You have the right to be heard and believed by others.
 - You must understand that it is OK for you and for others to say no when it is appropriate.
 - Does not take power or authority away from others.
 - Empowers you to speak up and be heard.

Communication Styles

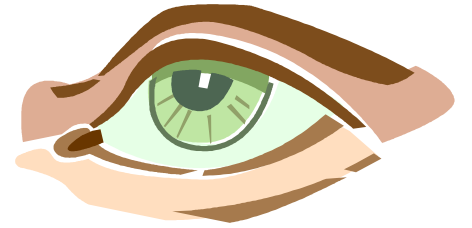
- Passive communication:
 - Allows others to control the conversation.
- Aggressive communication:
 - Takes power away from others and communication breaks down.
- Most people communicate in all three styles, depending on their feelings or thoughts at the time.
- Most effective style is Assertive.

Nonverbal Communication

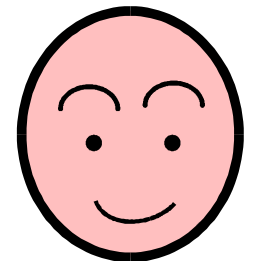
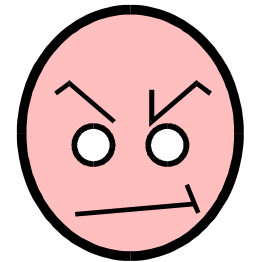
- It is not necessary to speak in order to send a message.
- Health care workers need to be aware of both their own and patients' nonverbal behaviors because these are an important part of any communication process.
- When verbal and nonverbal messages agree, the receiver is more likely to understand the message being sent.

Nonverbal Communication

- Eye Contact
 - Lets others know that you are paying attention.



- Facial Expressions
 - Ex: smile, frown.
 - Make sure that the verbal message matches your facial expression.



Nonverbal Communication

- Gestures
 - Motions of a part of the body to express feelings or emotions.
 - Ex: shrugging your shoulders, turning your back, leaving the room while someone is talking – convey lack of interest.
- Touch
 - Can convey great caring and concern or rejection and anger.
 - Touch can convey more interest and caring than words could ever do.

Verbal Communication

- Spoken messages:
 - Tone of your voice, language you use, and the message you send are all interpreted by the receiver.
 - Always speak clearly and concisely.
- Written messages:
 - Spell correctly, use proper grammar, and write in a clear, concise manner.

Telephone Communication

- Answer the telephone cheerfully and promptly.
 - Use a pleasant, caring, and sincere tone of voice.
 - Speak clearly and courteously.
 - Identify yourself and give your title.
 - Identify your department or office.
 - Thank the caller for calling.
 - Allow the caller to hang up first to ensure that they have said everything they wanted.



Five Fundamentals of Service

- As you interact with patients and their families you can provide them with good customer service by following these service fundamentals:

1. Acknowledge

- Friendly greetings, eye contact, smile.

2. Introduce

- Introduce yourself and what role you have in the patient's care.

Five Fundamentals of Service

3. Duration

- Let patient and family know about anticipated wait times.

4. Explanation

- Explain what the patient or family can expect during the visit/procedure.

5. Thank You

- Thank the patient and family for visiting.

Recording and Reporting

- In health care, an important part of effective communication is reporting or recording all observations while providing care.
- Your ability to observe patient behavior and symptoms will directly affect their care.



Observation

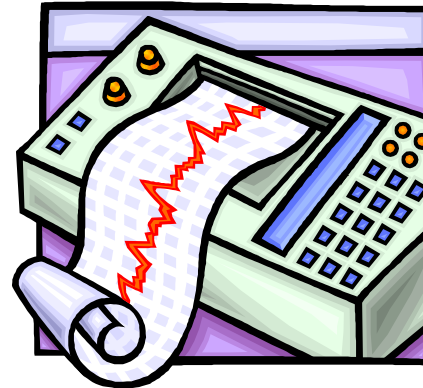
- All of your senses are used to make observations.
 - Sense of sight: color of skin, swelling, presence of a rash or sore, color of urine or stool, amount of food eaten, and other similar factors.
 - Sense of smell: body odor, unusual odors of breath, wounds, urine, or stool.
 - Sense of touch: pulse, dryness or temperature of the skin, perspiration, swelling.
 - Sense of hearing: listen to respirations, abnormal body sounds, coughs, and speech.

Types of Observation

- Subjective Observation
 - Cannot be seen or felt. They are ideas, thought, or opinions.
 - Commonly called symptoms.
 - Usually statements or complaints made by the patient.
 - Report in the exact words used by the patient.

Types of Observation

- Objective Observation
 - Can be measured, seen, felt, heard, or smelled.
 - Commonly called signs.



Reporting

- Observations should be reported promptly and accurately to an immediate supervisor.
- Reporting unusual events or any change in behavior or condition is every health care worker's responsibility.
- Relevant information should be reported in its order of occurrence.

Documentation

- A record of the patient's progress throughout treatment.
- Many people are responsible for documenting information on patients.
- Documentation must be accurate, concise, and complete.
 - Writing should be neat and legible.
 - Spelling and grammar should be correct.

Documentation

- All records must contain certain information:
 - Patient name, address, age, identification #.
 - Diagnosis and physician's orders.
- Other information may be required:
 - Care or treatment given and how patient tolerated it.
 - Time of treatment.
 - Observations that would be helpful to other health care workers.

Documentation

- All documentation must be signed with the name and title of the person recording the information.
- Errors should be crossed out neatly with a straight line, have “error” recorded by them, and show the initials of the person making the error.
- Patient documentation is a legal record, admissible in a court of law.

Documentation

- If you do not write it down, it did not happen!
- Use ink for all documentation.
- Entries should be in short phrases. You do not need to write in complete sentences.
- Time should be recorded in military (24 hour) time.

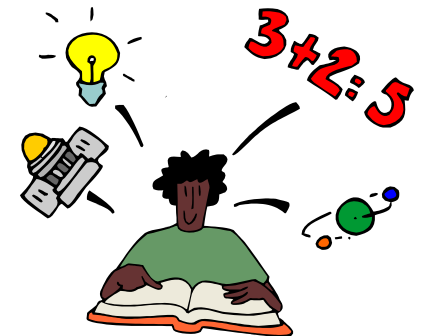
Technical Writing

- Any writing designed to describe and inform about how something works.
- A really good technical writer (communicator) takes difficult scientific and technical language and transforms it into concepts that are easy to grasp and instructions that are easy to follow.



Technical Writing

- You might be surprised to realize just how much of the information you encounter each day comes from a technical writer's keyboard:
 - ATM display messages
 - Application forms for a loan
 - Rules for playing games
 - Instructions for heating a frozen dinner
 - Policies in your company's employee handbook
 - Safety notices and warnings of all kinds



Technical Writing and Health Care

- Medical writers work in diverse settings and have a wide range of responsibilities:
 - Regulatory documents
 - Clinical study protocols
 - Drug brochures
 - Research papers
- Health care magazines
- Medical newspapers, newsletters and articles
- Medical web sites
- Patient education materials
- Marketing and advertising materials

Tips for Good Technical Writing

1. Select appropriate format for the document.
2. Organize material logically.
3. Prepare user-friendly instructions.
4. Use graphics to enhance technical information.
5. Zero in on your reader's needs.
6. Revise the work based on feedback to ensure the correct message is being received.

Written Communication

- All written communications should be evaluated to make sure that the correct message is being sent.
 - Is the appropriate response to the message being given by the receiver?
- Always ask for feedback to continually improve written communication.



Summary

- Good communication skills allow health care workers to develop good interpersonal relationships.
- Patients feel accepted, they feel that others have an interest and concern in them, they feel free to express ideas and fears, and they develop confidence in the health care workers.
- Part of providing quality health care.

THANK YOU