



A2.2 – Educative resources for teachers

Title: The Importance of Communication

Module: Basic Concepts in Caregiving

Sub-Module: Language & Communication in Caregiving



Introduction

Module	Basic Concepts in Caregiving
Sub-module	Language & Communication in Caregiving
Lesson nr.	#1
Duration (minutes)	3 hours
Date	To be defined

Lesson Outcomes

1. Recognize the importance of communication and interpersonal relationships in caregiving;
2. Identify the different types and styles of communication and language barriers.

Topics - Communication and interpersonal relationships

- 1.1. The dynamics of human behavior;
- 1.2. The importance of communication in interpersonal relationships;
- 1.3. The elements of communication;
- 1.4. The verbal language;
- 1.5. Non-verbal language;
- 1.6. The importance of non-verbal communication;
- 1.7. Communication barriers;
- 1.8. Behaviors/ strategies for good oral, verbal and written communication;
- 1.9. Communication styles;
- 1.10. Active listening skills.

The dynamics of human behavior



Retrieved from: <https://surejob.in/types-of-communication.html>

Communication – essential human behavior

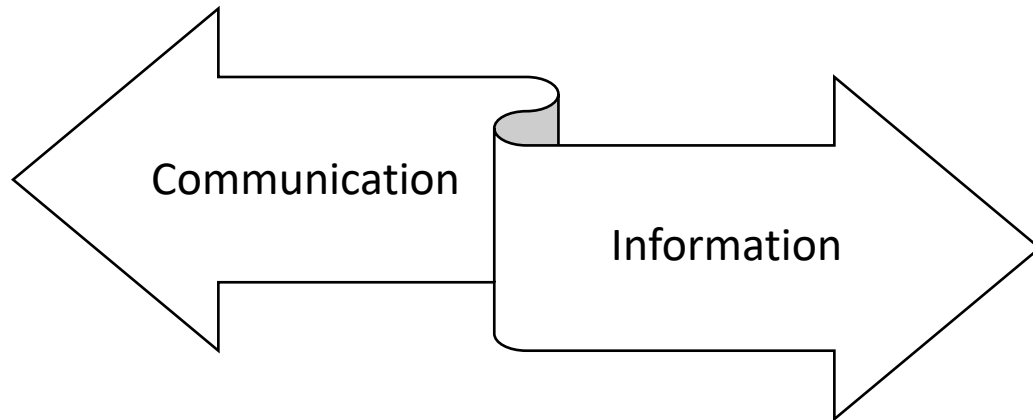
Communication is the process by which an A' (person or group) transmitter transfers information, thoughts, ideas or feelings to a B' (person or group) receiver in order to act on it in a way that causes it to develop ideas, acts or feelings and ultimately affect his or her condition and behavior.

The importance of communication

“Only a relationship bonded by understanding and respect can deepen into a true healing partnership.”

Bernard Lown, M.D.
The Lost Art of Healing

Communication vs Information



The difference between communication and information is that **communication requires two-way transmission of messages** while information requires one-way transmission of messages between the sender and receiver. For information, understanding isn't mandatory.

Face-to-face communication

In **face-to-face communication**, all involved parties can not only hear what is being said but also they can see the body language and facial expressions that provide key information so they can better understand the meaning behind the words.

In the past, this type of communication was only possible in person, but as technology advances there are more ways to have these face-to-face conversations. **Video conferencing** is also a form of face-to-face communication, even though it uses technology to connect the participants. These forms of direct communication may in fact have decreased in the electronic communication age, favoring indirect rather than direct communication.

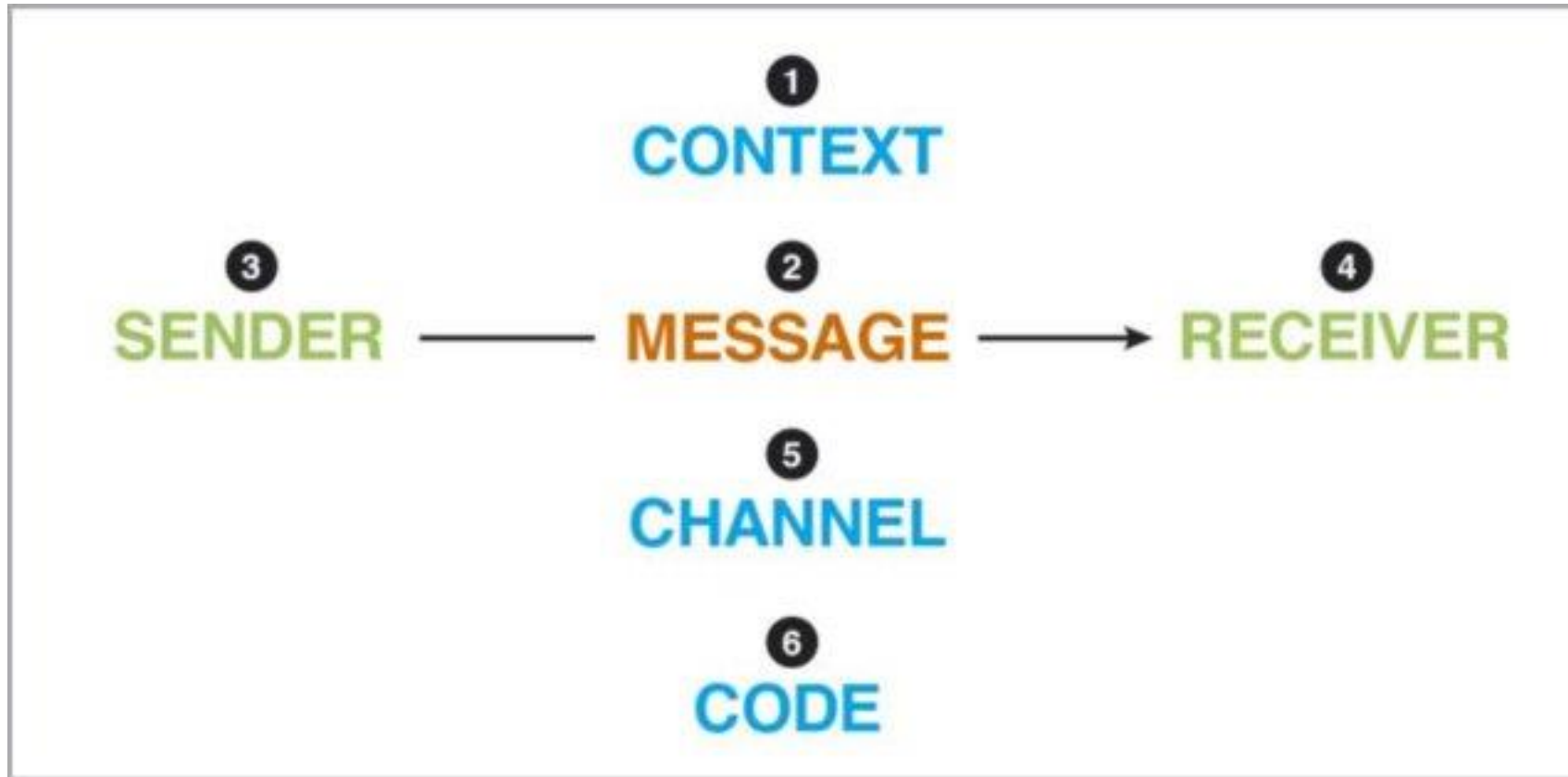
Written communication

The most frequently used forms of written communication are **referral and discharge letters**. Referral letters can be requests for a specific assessment or treatment, request for a second opinion and requests for mutual responsibility for the care of a patient. However, the term is also used for other settings such as answer letters after a specialist outpatient visit without hospitalisation. Sometimes, caregivers give written sheets to patients.

Written communication can be used for future reference purposes and it can be easily and simultaneously distributed to the required number of caregivers involved in the care process. They are not only a means of communication but can also serve as a medico-legal value. Moreover, in the current electronic environment, written communication has evolved towards a more immediate medium and may therefore be preferred.

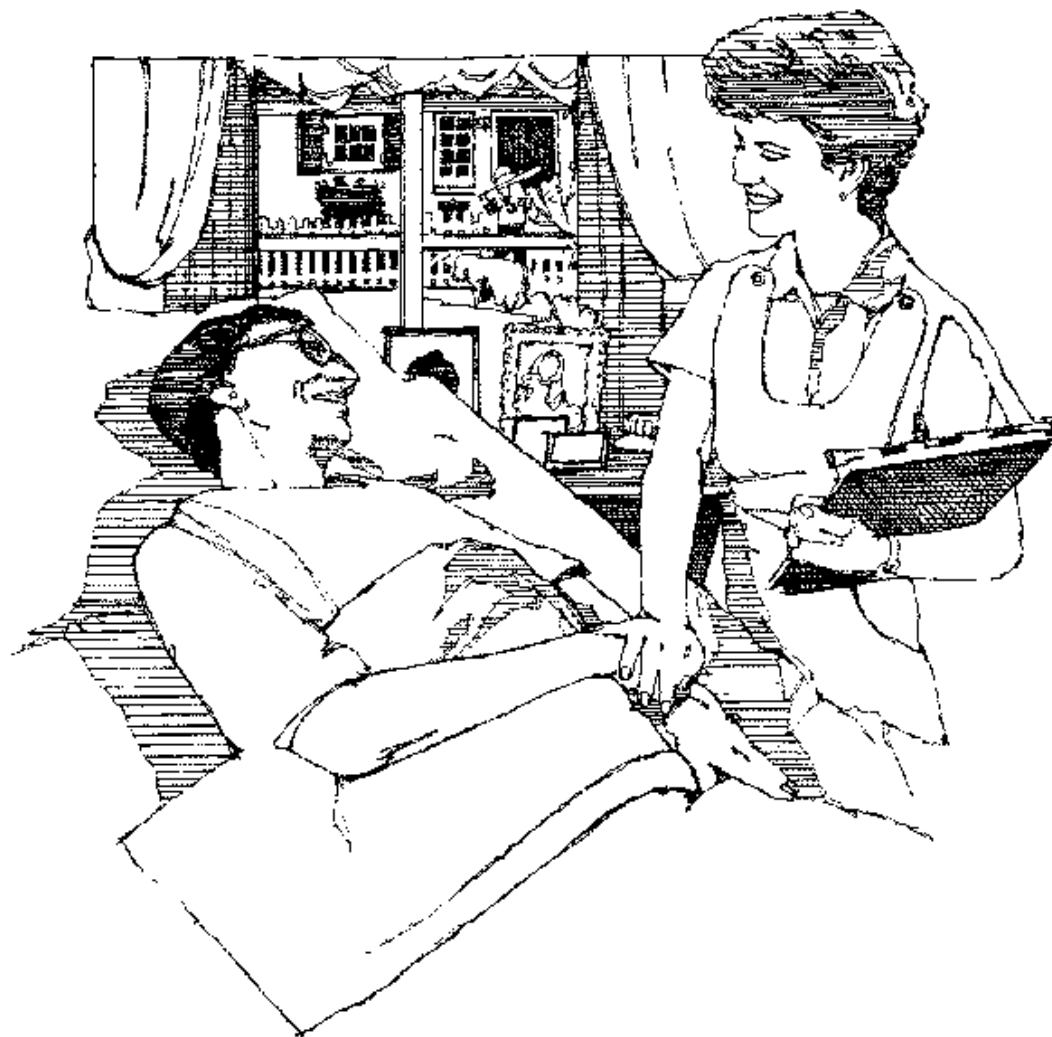
(Vermeir et al., 2015)

The elements of communication



The elements of communication - exercise

Identify the communication elements present in the image.



Existing evidence

Research shows that...

...with professional experience, there is a tendency to improve technical skills...

... and worsen relational skills.

- As anxiety about the technique decreases, less patient/person centering.
- In terms of communication, the difference between students and experienced professionals is not the answers, but the self-assessment of their effectiveness.

Most common failures in communication

- Interrupt for no reason
- Asking long and complex questions
- Use professional jargon
- Suggest the expected answer
- Interrogate and do not ask (be careful with the “Whys”)
- Ignore the patient's verbal and non-verbal cues
- Changing topics suddenly and inappropriately
- Have attitudes or behaviors that directly or indirectly criticize; make value judgments or patronize the relationship.

Barriers in communication

- **External**

(eg ambient - cold, noise, light)

- **Internal**

Code (eg, technical terms; patient vocabulary)

Social distance (eg difference in social status)

Avoidance due to previous experiences (eg, bad experiences with health professionals; fear of the disease)

Illness and tiredness (decrease availability for communication)

Excessive information (eg, contradictory sources, sometimes incorrect – internet, neighbor, doctor, advertising...)

Verbal vs non-verbal communication

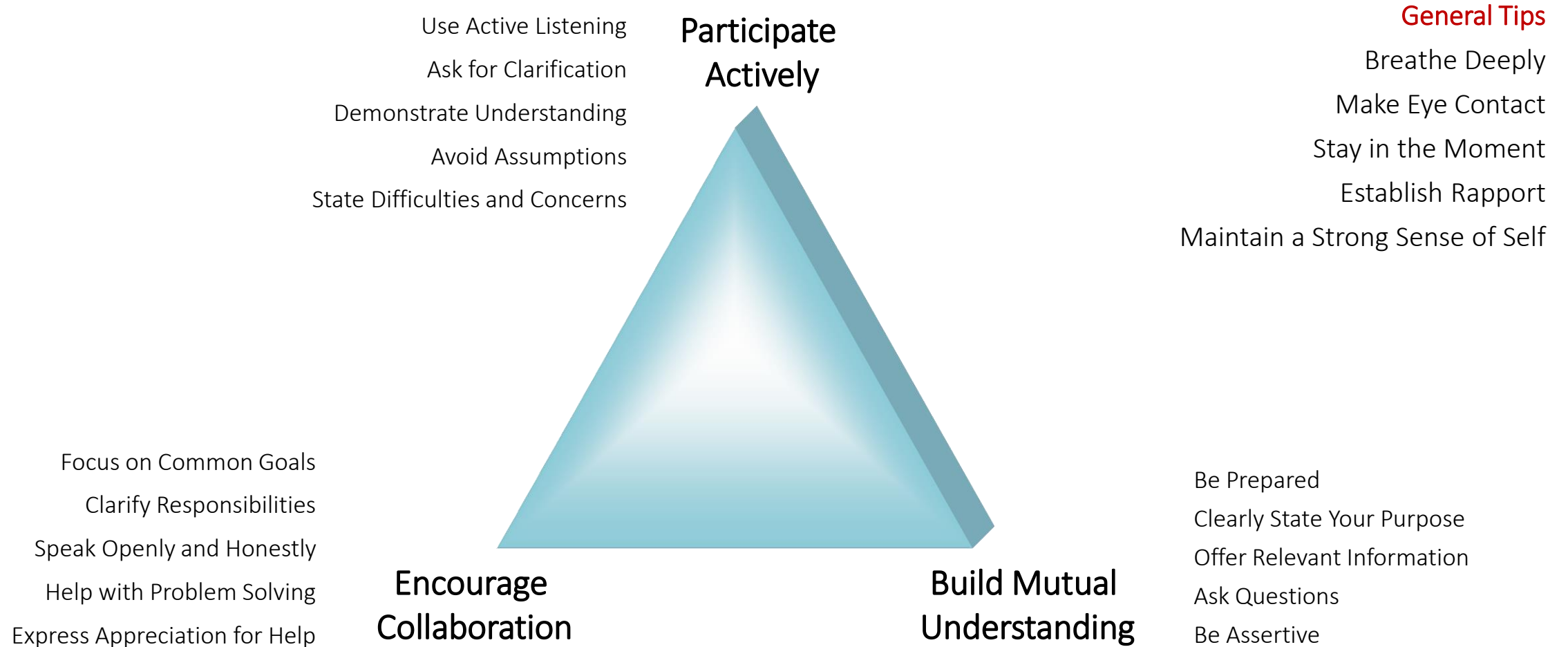
Communication, for the caregiver, is a key competence. It takes different forms, and can be verbal or non-verbal, oral or non-oral and used to communicate with the patient and their family, with peers and with the interdisciplinary team, where it operates.

Verbal Communication: oral or written language is used to establish contact; it involves rhythm, intonation, tone.

Non-verbal Communication: all other forms of communication, which may involve body language or facial expressions.

(Vogel, Meyer, & Harendza, 2018)

Key principles of effective communication



Strategies for good communication

“Why” questions:

– Can be interpreted as criticism, value judgment or accusation.

- *“Why didn't you come get the pills?”*
- *“Why do you sleep so little?”*
- *“Why do you do this if you know it is bad for you?”*

Replace with:

- *“You didn't come get the medicine, did something happen...?”*
- *“It's been difficult for you to give up smoking. In your opinion, what makes things so difficult? What has happened?”*
- *“And then he doesn't sleep much because...” “That's because...” “The reason is...”*
- *“Could you tell me about the reasons/reasons and the difficulties you have in going to bed early?”*

Strategies for good communication

Multiple questions:

– Several questions at once can confuse the patient (form of “bombing” and avoiding issues)

• *“Have you had vomiting? And diarrhea? And the fever, continued?” “Yes...(?!)” “How do you feel about that? What do you think it is?”*

But they can be useful because they allow the patient to choose which one to respond to, particularly and the topic is sensitive or difficult to describe.

• *“And how have you been feeling about the divorce? How have the children been?”*

Strategies for good communication

Suggestive questions:

– When we want the patient to consider our perspective (by force)

- *“It's much better already, isn't it?”*
- *“And your head hurts too, doesn't it?”*

Replace with open questions:

- *“How have you been feeling?” “How are you doing?”*

Introduce the topic by normalizing:

- *“I'm going to ask you some questions about things that people can feel – or not, I don't know what your case will be, you'll tell me right away: have you had headaches or not?”*

Strategies for good communication

Questions in the negative

- Use affirmative language: positive and reassuring attitude

- *“And vomiting, haven't you had it?”*

“And vomiting, have you had?”

- *“Don't you have anything else to add?”*

“What else would you like to add?”, “Is there anything else?”

Minimizations

- Removes importance; gives less attention, minimizes; infantilizes the patient

- *“the granny”* → Address by name!

Be available... Ask if the person needs help

Consider asking the following question when scheduling every appointment:

“Do you have any special needs related to a disability that I can assist you with during the visit?”

Examples:

- Help with dressing or undressing
- Understanding medical information
- Positioning during a procedure
- Help with completing forms
- Adjustable medical equipment that goes low enough for someone seated in a wheelchair

Active Listening

PEANUTS CLASSICS By Charles M. Schulz



Active Listening

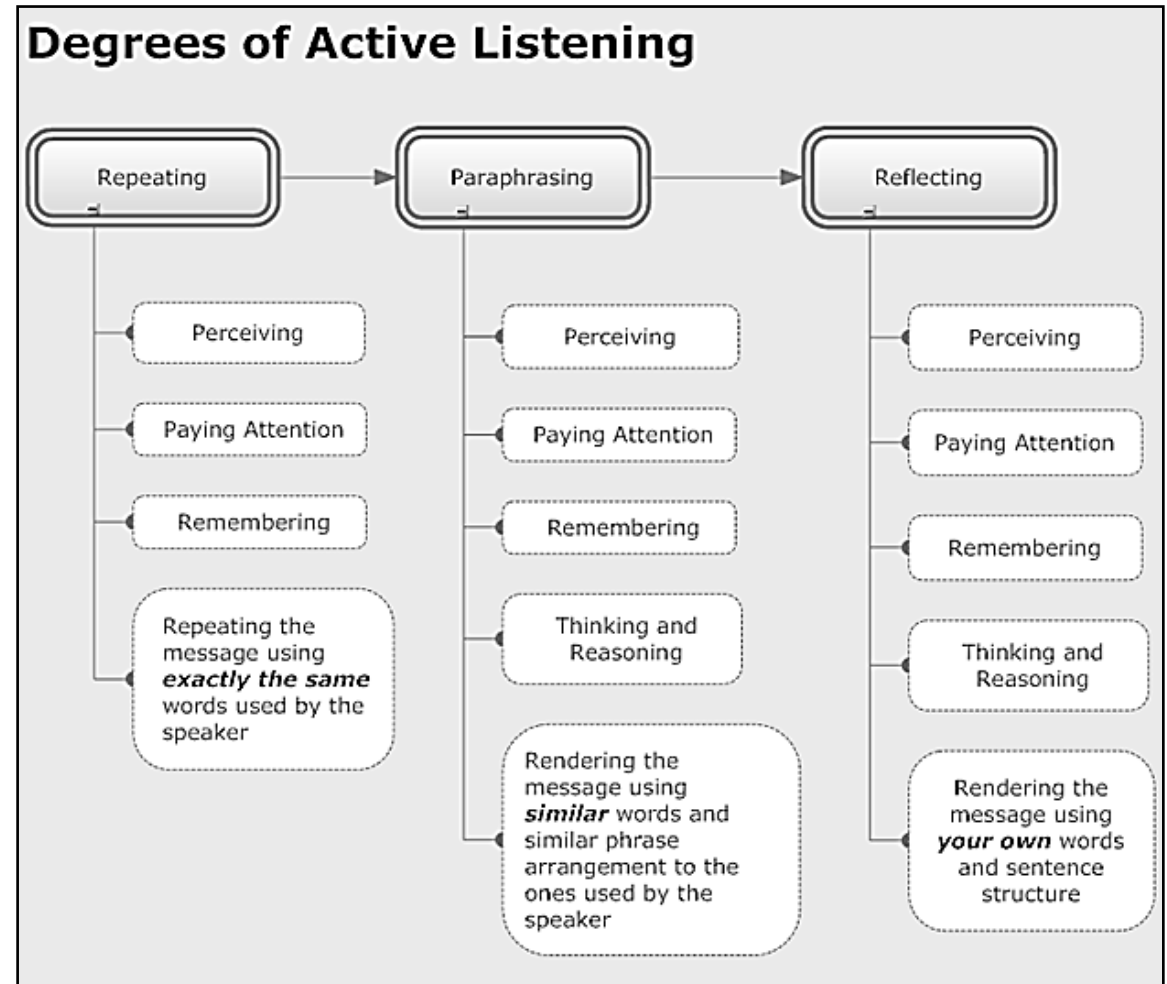
Listening, observing and feeling

- Understand the information and its meaning for the patient (intentions, feelings...)
- Understand and encourage full expression from the subject's point of view (explanations, fears, opinions...)

Active listening leads to less receptivity, less frustration and less search for alternatives (other agents; self-medication; ...).

Active Listening

Experience what the other is feeling “as if” we were in his/her shoes; seeing through the other person's perspective...



Active Listening – video discussion



https://www.youtube.com/watch?v=VRXmsVF_QFY

Communication styles

There are 4 communication styles and they are: **assertive, passive, passive-aggressive and aggressive communication.**

In **assertive communication**, individuals defend their basic personal rights without violating the basic rights of others. They express their rights openly and honestly and take responsibility for their own actions by letting others make their choices. This type of behavior leads these individuals to establish pleasant and satisfying relationships with others.

Communication styles

In **passive communication**, often referred to as non-assertive communication, individuals are constantly seeking to please others at the expense of denying their own basic human rights.

Typically, these individuals do not show their true feelings and consequently feel anxious and hurt as they do not make decisions, letting others choose for them. They are uncomfortable with interpersonal interactions and often have a weak and hesitant voice.

Communication styles

In **passive-aggressive communication**, individuals are disloyal, manipulative, critical and quite sarcastic. These individuals defend their own rights taking the form of a passive, non-confrontational action. Thus, these individuals allow others to make choices for them and then resist these same choices, using passive behaviors such as procrastination, stubbornness, wasting time, among others.

This type of behavior provides a feeling of control, however, these individuals feel resentment and that they are being used, often showing a very low level of confidence.

Communication styles

In **aggressive communication**, as opposed to non-assertive communication, individuals defend their basic personal rights, verifying for this, a violation of the basic personal rights of others. These individuals usually present themselves as individuals with an air of superiority, cold and often emotionless.

This type of behavior damages interpersonal relationships.

Communication styles

What communication style do you use most of time?



Assertiveness

Basic assertiveness involves the simple self-defense of rights, beliefs, feelings and opinions. For example: *“Sorry, I would like to finish explaining the treatment to you”*.

Scaled assertiveness is a type of response that can be used when a basic assertive response has had no effect on the receiver.

In this situation, you can gradually increase or scale the degree of assertiveness used (ex: Level 1: *“Sorry, I cannot change the time of treatment tomorrow.”*; Level 2: *“As I explained to you, I won’t be able to change your treatment to another time.”*; Level 3: *“Please don't insist! I've already told you twice, I can't change my schedule for tomorrow!”*).

Assertiveness

Use “I” messages rather than “you” messages.

“I feel angry” rather than “You made me angry” enables you to express your feelings without blaming others or causing them to become defensive.

It includes the expression of wishes (eg, *“I wish you were on time for...”*), feelings (eg *“When you tell me you don't want to undergo treatment, I feel...”*) and assertions (eg *“When you are late, we start sessions after hours, which slows down all my work with other clients. I feel you are not respecting my work. I really wish you weren't late again.”*).

The individual uses the first person singular and tries to describe, in a concrete way, what he thinks or feels, produces positive effects, without attacking the other person's self-esteem.

Assertiveness

Empathic assertion appears as an appropriate type of response when the interlocutor is sensitized and may feel offended by the expression of feelings on the part of the other. To be used when the relationship with the other is important and the other is weakened. We must first recognize something (feelings, desires, beliefs) about the other person (eg sadness) or situation (eg time pressure). Then we describe our situation, feelings, desires or beliefs.

For example: *“I feel that you do not feel better and that this treatment is not the best fit for you. I would love to explain my point of view about your evolution and about the care plan that we have agreed upon.”*

Assertiveness

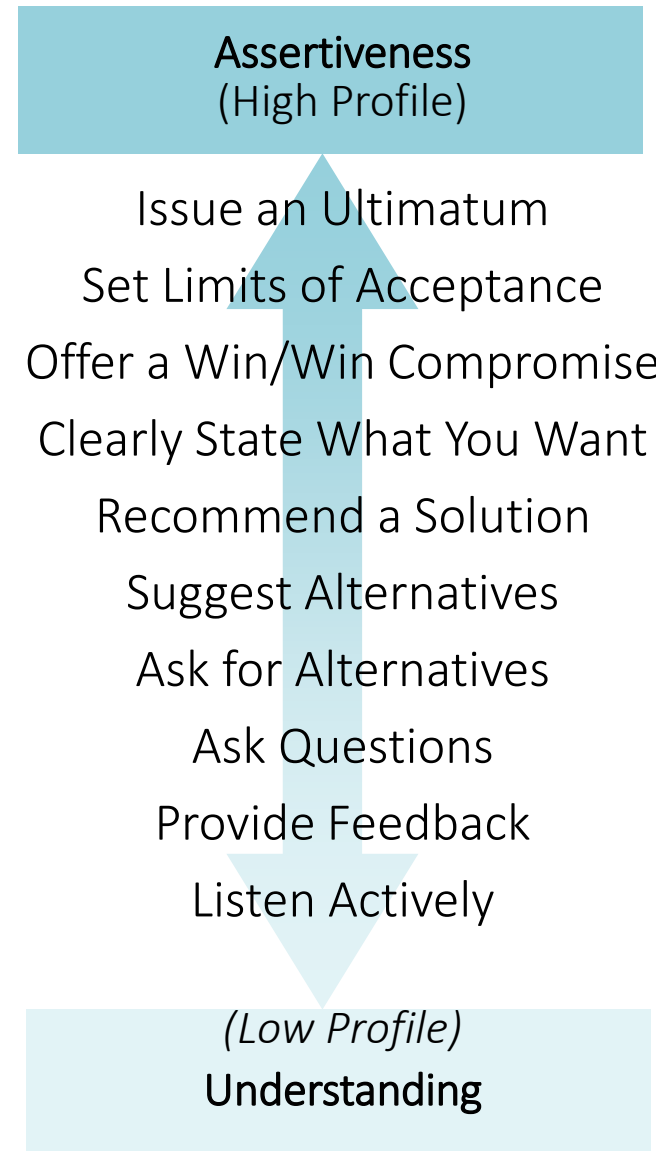
Appropriate confrontational assertion when discrepancies exist (eg the interlocutor's words contradict your behavior). This type of assertive response has three parts: (1) objective description of what the other person said they would do; (2) description of what the other person actually did; (3) expression of what you really want.

For example, *“You told me you would do 30 minutes of exercise every day at home. We had agreed that his recovery plan was essentially through his work at home. This week, I found that you never performed the exercises. As I explained to you, in my opinion, it is very difficult to recover only with treatments on the gym equipment. What do you think is preventing you from exercising at home?”*

Particularly effective in situations where an assertive request to change behavior was previously made, with which the other agreed, but which ended up not complying.

Assertiveness

***Match Your Level
of Assertiveness
to the Situation***



Assertiveness – group discussion

- Reasons for being assertive rather than passive or aggressive?
- How does assertive communication result in better care for patients?

Research on communication


Communication between healthcare professionals and relatives of patients approaching the end-of-life: A systematic review of qualitative evidence

Rebecca J Anderson , Steven Bloch, Megan Armstrong , more...

First Published June 11, 2019 | Review Article | [Find in PubMed](#) |  Check for updates

<https://doi.org/10.1177/0269216319852007>

[Article information](#) ▾

 Altmetric 62

[> Aging Ment Health](#). 2018 Jul;22(7):863-880. doi: 10.1080/13607863.2017.1399343. Epub 2017 Nov 10.

Communication training interventions for family and professional carers of people living with dementia: a systematic review of effectiveness, acceptability and conceptual basis

L Morris ^{1 2}, M Horne ^{1 3}, P McEvoy ¹, T Williamson ^{2 3}

Affiliations [+ expand](#)

Communication skills training for healthcare professionals working with people who have cancer

 Philippa M Moore, Solange Rivera, Gonzalo A Bravo-Soto, Camila Olivares, Theresa A Lawrie [Authors' declarations of interest](#)

Version published: 24 July 2018 [Version history](#)

<https://doi.org/10.1002/14651858.CD003751.pub4> 

[13607863.2017.1399343](#)

Group Discussion

"Barbara's Story"

A quarter of patients in UK hospitals have dementia and the number is growing. The Trust is using 'Barbara's story' as a training tool as part of an innovative campaign to raise awareness of dementia for all staff in the acute and community sectors. All staff are expected to have a good understanding of issues faced by dementia patients in order that exceptional care can be provided. It does not matter whether as a member of staff you work with patients directly. The reality is that you will meet a patient with dementia just by walking down a corridor."

<https://www.youtube.com/watch?v=VFXirEnjfTI>

What are the positive aspects and what are the aspects to improve regarding the communication/interaction with Barbara?



International campaign

hello my name is...




“A campaign for a more
compassionate care”

<http://hellomynameis.org.uk/>



GIVINGCARE
Empowering Caregivers

Thank you!

Teachers's name

Teachers e-mail

Date of the session

