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Chapter 3

Non-Verbal and Visual Communication

Chapter Outline

- Recognise the role of perception in the communication process and the factors that affect it, such as sensory variation, stereotyping and prejudice.
 - Demonstrate an awareness of the ways in which we communicate non-verbally through gesture, posture, appearance, eye and physical contact, facial expression, proximity and orientation.
 - Demonstrate appropriate non-verbal communication in a range of settings, including one-to-one, group, formal and informal.
 - Construct and interpret visual aids and/or images.
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TASK

Carry out a two-way conversation without speaking and see if you can communicate the messages below.

Person A	Person B
Hello	Hello
Are you all right?	I'm all right. And you?
So so!	What time is it?
I don't know	Can you give me some money?
No	Please
No!	I'm hungry
I don't have any money	I'm cold
Look over there	What? Where? I don't see anything
It doesn't matter	Goodbye
Goodbye	

Perception

Perception is the ability a person has to take in the whole picture around them with all five senses. According to Swann (2009), perception is how the brain sifts through the multitude of information it receives and makes sense of this information. Children can do this accurately before they learn to speak. People often rely on perception to give them cues about their surroundings, dangers and people they come into contact with. An adult's perception of things can be how they select, organise and interpret their experiences. However, perception can be misleading, for example train tracks appear to get narrower the further away they are; a siren sounds different when it passes than when it is behind us. So although perception is important in lots of ways, it can also be inaccurate. Furthermore, as individuals we perceive the same circumstances differently. Thus perception, although a tool for forming an opinion, can only ever be a part of the whole picture. See the drawing on the next page and discuss what you perceive.



Selection is the process by which a person filters the information that they perceive. Often, this is how people with the same experience remember different things or

remember things differently. Perception can be based on other experiences the person has had, or listening to or seeing the experiences of others. As children we learn a lot through **modelling**: children tend to copy behaviours and opinions they have been exposed to by adults or older children. Bandura (1977) claimed that how much the observer learns from an experience depends on their incentive and motivation to learn. All of these things form a person's beliefs and reactions to the people, places and things they meet and experience. When faced with a situation or a particular person, an individual may recall any previous experience or information they have been told in order to prepare themselves; and they often form opinions and judgements based purely on this as opposed to the reality of the new experience. It is very important to be aware of this, as people often bring **bias and discrimination** to those they meet or to new situations.

People are products of their environments and societies; they grow up and live in communities or cultures which have certain values, rituals and rules, and most tend to be moulded and shaped by these rules. **Stereotyping** involves judging those who are strangers or judging an entire group based on an experience with one member of that group. In today's mobile society and transient population it is not enough to be aware only of your own culture. **Culture** and **cultural norms** are described as a way of life which includes knowledge, beliefs, morals, laws, customs and other attributes acquired by a person as a member of society (Burnard and Gill 2008), and cultures vary greatly throughout the world, which often leads to misinterpretation or **prejudice** when one culture is perceived to be valued as more 'correct'.

It is expected that the healthcare assistant will meet many different types of clients/service users from various cultural backgrounds. Each client/service user has the right to their own thoughts and opinions. They also have the right to the same care as someone else who might fit better with 'our own' ideas on how to live life or behave. Whether or not the healthcare assistant agrees with someone's choices on a personal level, they need to be aware of the ways they might communicate their own beliefs verbally or non-verbally to others.

Barriers to Communication in Healthcare

There are a number of possible barriers to communicating with clients/service users receiving healthcare. However, there are ways in which the healthcare assistant can learn to communicate effectively.



Hearing Loss

Permanent acquired hearing loss of a significant degree affects one in 12 of the adult population in Ireland. In the over-70 age group this rises to some 50%. Thus, about a quarter of a million adults in Ireland will have a permanent hearing impairment (most often due to ageing and/or noise exposure) that affects their quality of life, communication, social activity and participation to varying degrees (www.irishhealth.com). Imagine what it would feel like if you could not hear birds singing, music or other sounds. Loss of hearing can have a major psychological impact on individuals and affect their quality of life and their sense of safety (Rees 2004), and it can lead to social isolation and depression. Healthcare assistants require excellent communication skills when working with a person with hearing loss. Here are some steps that will help enhance communication with someone who has experienced hearing loss.

- Make sure that hearing aids (if used) are turned on and working. Batteries generally need to be changed every four weeks.
- Speak clearly and evenly; make sure that your mouth can be seen, to facilitate lip reading.
- Use non-verbal cues such as facial expressions and gestures to enhance communication.
- Be aware of facial expressions and body language.
- Reduce background noise, such as radio and TV.
- If discussing a sensitive matter, it is essential to maintain privacy.

- Get the person's attention before speaking, e.g. by using appropriate touch.
- Never approach a person with a hearing deficit from behind.
- Face the person at the same level.
- Use a normal pitch and tone when speaking.
- Learn to use sign language.
- Repeat questions as necessary.
- Be prepared to write things down, especially any instructions about procedures.
- Check that the person has understood what you have said.
- Make colleagues aware that the person is hard of hearing.

(Rees 2004)

Sight Loss

Caring for an individual with partial sight, sight loss or visual impairment is complex. Helping a person with sight loss also requires skilled communication, using both verbal and non-verbal cues in a sensitive manner. In fact, the role of the HCA when caring for clients/service users with sight loss should be one of support and empowerment to enable them to maintain their independence by overcoming environmental, social and organisational barriers. The goal is to adopt person-centred approaches to care, using effective communication methods and challenging disabling and negative attitudes and beliefs towards people with sensory loss (Veselinova 2013).

Examples of good communication techniques under these circumstances include the following.

- Identify yourself clearly on entering the client/service user's room or as you approach them.
- Speak in a neutral tone and pitch.
- Engage the client/service user's attention before you speak; use touch to get their attention.
- Stand or sit within their field of vision.
- Ensure spectacles are clean and within easy reach.
- Ensure that call bells or emergency bells are within easy reach.
- Adequate orientation to a new environment is essential.
- To avoid accidents, make sure that all areas are free of objects with the potential to cause injury.
- Introduce the client/service user to other clients/service users.
- Always introduce yourself on arrival and inform the client/service user when you are leaving.
- Speak directly to the person with vision loss; do not talk over them to relatives, e.g. 'What does he want to drink?'
- At mealtimes describe the place setting and food arrangement on the plate in terms of a clock face, e.g. 'Your potatoes are at three o'clock', to promote client/service user's choice.



Loss of Speech

As a result of a stroke, for example, some clients/service users may have a form of aphasia and/or dysphasia, which is the loss of the ability to speak. Stroke is a major cause of speech loss; according to Nazarko (2004), every year 120,000 individuals worldwide experience a cerebral vascular accident or stroke. There are two types of aphasia: expressive aphasia and receptive aphasia. Incidentally, you

may hear some similar terms being used in the care facility, but they have different meanings:

- *aphasia* – without speech (the prefix ‘a’ means without or unable)
- *dysphasia* – difficulty in speaking (the prefix ‘dys’ means difficulty with)
- *aphagia* – inability to swallow
- *dysphagia* – difficulty in swallowing.

Expressive aphasia: In expressive aphasia the intellect is not affected; therefore, it is very frustrating for the person, who knows what they want to say but cannot get the words out. Spending time with the client/service user and using communication aids, such as picture boards or pen and paper, may help. Remember not to speak to the person as though they are a child; reassurance and support is needed.

Receptive aphasia: There is impaired comprehension of the written and spoken word, even though the person can say the words out loud. They can see and hear words, but find it difficult to understand and remember, and they may use words out of context. Give assistance with re-learning the association between words and objects. Patience and time spent with the client/service user improves the outcome.

Communication difficulties following a stroke, particularly for those with expressive or receptive aphasia, can impede the patient’s ability to communicate. Assessment and management advice from the speech and language therapist

(SALT) and occupational therapist can help promote means of effective communication and enhance outcomes for clients/service users (Matthews and Mitchell 2010).

Cognitive Impairment

Dementia is a term for a range of progressive, terminal organic brain diseases (National Audit Office 2007). The term 'dementia' is used to describe a collection of symptoms, including a decline in memory, reasoning and communication skills, and a gradual loss of skills needed to carry out daily activities. These symptoms are caused by structural and chemical changes in the brain as a result of physical diseases such as Alzheimer's disease (Nazarko 2009). People suffering from dementia commonly develop psychiatric symptoms first and later develop signs of cognitive impairment. Additionally, many individuals who have a cognitive impairment experience difficulties when attempting to communicate with and interact with others. People with dementia, whether as a result of Alzheimer's disease (AD), vascular dementia (VD) or Lewy body dementia (LBD), for example, often experience a deterioration of their communication abilities and it may be necessary for additional care and support to be provided in this area (Green 2012). When dealing with clients/service users suffering from cognitive impairment, particularly as a result of a dementia-related illness, there are a number of techniques the HCA can consider.

What Not To Do	What To Do
Argue with the client/service user – this will only cause further distress	Attempt to understand the client/service user's needs
Order the client/service user around	Remain positive
Compete with background noise, e.g. TV or radio	Speak slowly in a soft tone
Tell the client/service user what they cannot do	Avoid arguing, smile and make eye contact
Ask too many complex questions	Acknowledge the client/service user's opinions. Offer simple answers/choices and use closed questions
Treat the person like a child	Limit distractions
Approach from behind – a person with dementia is often easily startled/frightened	Allow for personal space

Remember, communication strategies that work for one person may not work for another. Similarly, the abilities of the person with dementia vary from day to day, so a flexible approach to communication is essential. As healthcare assistants get to know their clients/service users better, it is important to recognise the non-verbal cues indicating distress and over time to develop the ability to identify the factors causing this distress (e.g. fear, anxiety, pain, hunger or thirst). To communicate effectively and to deliver excellent

person-centred care, the healthcare assistant must know their clients/service users as individuals. If you are employed or working in a residential care facility, refer to the individual's assessment 'A Key To Me' and/or try to discover the individual's 'life story' to get a sense of who they are and what their life story and meaningful activities entail.

THINK TANK



Knowing Yourself

How well do you know yourself? Stephen Covey (2004) defines self-awareness as the ability to think about one's thought processes and identifies that self-awareness is the reason why we can learn from our mistakes and, indeed, from the mistakes of others. Self-awareness permits us to examine how we see ourselves and to acknowledge how others see us. In fact, the majority of us are curious about how others view us and we often try to make sense of this through reflection.

While it is important to develop self-awareness, it is just as important to learn from experiences and consider the positive elements in every situation, no matter how difficult the experience has been (Duffy and Noone 2013). Take a few moments to think about yourself and answer the following questions.

- How do I describe my culture?
- How do I identify myself?

- Have I ever suffered discrimination? How did it make me feel?
- Have I ever judged someone only to find out that my initial perception was incorrect?
- In what ways can I non-verbally communicate my likes and dislikes to someone?

Now share your thoughts with the group and note the different and similar experiences and ideas on this area.

Visual Communication

TASK

A picture is worth a thousand words. Discuss.

Name some images and commercial symbols that come to mind when you think of this phrase. What is it that makes them memorable?

Images provoke thoughts and emotions in people; they stimulate discussion and convey meaning – all of this without writing a word. Galleries are full of thought-provoking images and artworks. This does not mean that images are better communication techniques than words; they are simply

another method by which to communicate. Combining words and images often presents a very clear message – a tactic employed by newspapers with front-page news items. An understanding of the potential of images will help to enhance communication skills.

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Visual Production

Being required to create a visual message can often cause worry as a person's lack of drawing skills or ability to use colour, for example, can make them feel limited. Nowadays, however, computer technology has made it much easier for us all to express ourselves using visual imagery. Couple the convenience of computers with the diversity of the internet and there is a vast bank of images to help people shape their ideas.

Posters and flyers: First choose a theme for the poster/flyer. Remember that text and imagery need to be balanced depending on the message you wish to communicate. Write down the objectives of the poster/flyer (limit to three aims). Perhaps write a small passage to accompany the poster,

describing it and the message in more detail. Think about who your target audience is. Choose an appropriate font style for the text.

TASK

Look at the anti-racism campaign posters below. Using a computer program such as Microsoft Word, construct an anti-prejudice campaign poster based on a prejudice that you have strong feelings about.



STAMP OUT



www.antiracism.utoronto.ca

ERASE



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OUTPACE



Anti-Racism and Cultural Diversity Office