Health & Social Care

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Contents

The following units are available online at www.dynamic-learning.co.uk (see final page for access code):

Unit 12 Public Health

Unit 14 Physiological Disorders

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Unit 29 Applied Psychological Perspectives for Health and Social Care

Unit 40 Dementia Care

Unit 47 Social Policy for Health and Social Care

Walkthrough

Prepare for what you are going to cover in this unit, and what you'll know by the end of it.

Learning outcomes:

On completion of this unit, you should:

1 Understand effective communication and interpersonal interaction in health and social care

Reinforce concepts with hands-on learning and generate evidence for assignments.

Activity 1

Find out what the service user/staff ratios are in your setting. Do they differ from setting to setting? Are they different for different age groups?

Understand how your learning fits into real life and working environments.

Case Study

Mary is 82 years old. For the past 20 years, she has made weekly visits to her local bingo hall, where she meets up with friends. As well as the socialising benefits, she enjoys the game because, as she says, it 'keeps her brain ticking over'.

A handy fact to impress people with and help you evaluate key points.

Did you know...?

General practitioners already keep patient information on computer.

Key terms

Phenomenology – the philosophical study of lived experience.

Revise all those new words and what they mean.

Helps you reinforce and remember key concepts and information.

REMEMBER !

Collect evidence as you go along. Don't leave it until the last month!

The comprehensive guide to what assessors will be looking for in your work.

Assessment and grading criteria

To achieve a pass grade the evidence must show that you are able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, you are able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, you are able to:
P1 outline the functions of the main cell components	**M1** discuss the role of energy in the body	**D1** analyse how two body systems interrelate to perform a named function/functions

You've just covered a whole unit, so here's a reminder of the key things you've learned!

Summary

There are many potential hazards within health and social care environments. Minimising the risks reduces the possibility of harm to service users, staff, visitors and property.

You'll often need to find further information for assignments, so here are some pointers to get you started

Resources

Taylor, T.J. and Cameron, D. (1987) *Analysing Conversation: Rules and Units in the Structure of Talk*, Oxford: Pergamon.

The internet's great for further research. These are pointers to some of the more useful information out there for assignments.

Weblinks

www.scie.org.uk:
Social Care Institute for Excellence

1: Developing Effective Communication in Health and Social Care

Introduction

Effective communication is central to all work in health and social care. It is essential for practitioners working in social work, nursing, occupational therapy and many of the other professions in health and social care to develop relationships with the people they are caring for in order to understand their situation, their health issues and problems. Good interpersonal skills also help others feel valued, appreciated and listened to, so are just as important when working cooperatively with colleagues as they are when interacting with people using services.

This unit helps you to develop effective skills for interaction and communication. You are encouraged to examine factors that help or hinder communication and to look at what makes interpersonal skills effective in a work-related situation, including the barriers to effective communication and how these might be overcome. You will also reflect on your own performance and that of others.

Learning outcomes:

On completion of this unit, you should:

1 Understand effective communication and interpersonal interaction in health and social care

2 Understand factors that influence communication and interpersonal interaction in health and social care environments

3 Understand ways to overcome barriers in a health and social care environment

4 Be able to communicate and interact effectively in a health and social care environment.

1 Understand effective communication and interpersonal interaction in health and social care

Key term

Communication – an interactive, two-way process of giving and receiving a message, such as exchanging ideas or information.

Although communication involves interaction between people, the people do not have to be physically present. For example, when you listen to a favourite song, the singer is not there but you hear the message and respond emotionally to the words, so communication has taken place. Similarly, you may see a picture and respond to the message or you may respond to a good book by identifying with the character and feeling their emotions.

In health or social care, a great deal of communication is interpersonal – that is, between two people who are physically present – especially between those who are using services (patients, their relatives and friends) and professional health workers and care practitioners. However, while communication between professionals and practitioners may be interpersonal, it is possible for people who communicate frequently in the course of their work to have never met in person.

Key terms

Interaction – an exchange of communication between two people.
Interpersonal – between people.

The most common forms of communication are:

- verbal – speech, either face-to-face or by telephone
- written – including emails and text messages
- touch – hand-holding, patting, embracing, hugging and kissing

- artistic – abstract communication through music, drama, arts and crafts (e.g. sculpture).

Activity 1

Make a list or mind map of all the ways you communicated yesterday.

When you have finished, compare your list with another person's list. In pairs, see if you can work out which activities on your lists are examples of interpersonal communication and which involve interaction.

Your list for Activity 1 might include some of the following:

- Talking with friends in a group while waiting for class
- Talking to a relative
- Making a purchase in a store
- Reading
- Writing study notes
- Sending a text message
- Looking at a picture and thinking about the meaning of it
- Listening to music
- Producing a poster
- Word processing an assignment
- Sending an email.

These are the types of communication used every day, either consciously or unconsciously.

Contexts

Context refers to the circumstances in which you are communicating and with whom you are communicating. This will affect both the method of communication and the language you use. Communicating at work with your manager or other professionals is quite different from communicating with your family and friends. For example, the language you use and the grammar rules that are followed highlight the differences between formal and informal communication. Such rules are important in formal communication but

may be deliberately flouted in informal communication, since many groups have their own words that are used in unusual ways to reflect shared meaning that is particular to the group. For example, groups of young people often have words and shared meanings that are not understood by their parents. This serves two purposes: firstly, it differentiates them from their parents and enhances their independence and, secondly, it obscures the meaning so that conversations can be kept private. For example:

> Formal greeting: 'Hello. How can I help you?'
> Informal greeting: 'Yo! What's up?'

Formal and informal language can also reflect, enhance or change power relationships, particularly when jargon or technical terms are used between professionals. In the same way that young people use terms not understood by their parents,

professionals might use language that cannot be understood by the people using services, and this has the same effect – it obscures meaning, allowing the professionals to know things that the service user does not, which reinforces the relative powerlessness of those using services. This can have the effect of making people anxious – they sense the professionals are not telling them the whole story and they may feel that they are not being respected.

When you are communicating with just one person, it is quite different from communicating in a group. Communication with only one person is more personal because you each have the full attention of the other person and different rules apply. For example, you take turns to speak, having listened to what the other person is saying. The language you use will depend on whether this is a formal or informal situation and whether you are speaking about work or just having a leisurely conversation about your personal life.

When communicating in a group, the context is crucial. You may be with a group of friends, going to the cinema, for example. The conversation will be informal – several people may try to speak at once, the rules of the communication are much more flexible, there is likely to be laughter and spontaneity and it may be quite noisy as everyone tries to have their say! This is totally acceptable and desirable, as it demonstrates that the bonds between the group members are sufficiently strong so that individuals are not likely to be offended by breaking conversational rules of behaviour. However, it is not likely to result in effective communication because members of the group are not really listening to one another. They are more likely to be waiting for their opportunity to jump in with a contribution, interrupting someone or trying to listen to one person when several are speaking at once. Misunderstandings are therefore very common.

With formal groups, the situation is quite different. You are likely to have been brought together for a specific purpose – a meeting or training session, for example. It is likely that you do not know the other people in the group very well and may not even have met them before. In situations like this, effective communication can be difficult for a number of reasons. For example, you may feel shy and do not want to draw attention to yourself by speaking. You may not be clear about the purpose

Activity 2

Health and social care work involves a great deal of communication with others. Here are some examples of informal and formal interactions:

- **Discussing the resident's health and well-being with colleagues in the care home where you work**
- **Explaining a procedure to a patient in hospital**
- **Reporting and handing over care for residents in a home for people with learning disabilities to the night staff**
- **Talking to colleagues as you prepare snacks for residents in your care**
- **Giving a talk to a group of junior colleagues on an aspect of your work**
- **Speaking to patients as you help them with their personal care.**

Looking at these examples, work out which are formal and which are informal interactions.

of the group and are waiting for instructions. You may feel inhibited by the others in the group, especially if they seem to know each other or they seem confident and knowledgeable.

In formal groups, communication is usually 'regulated' – for example, if it is a formal meeting, there is likely to be a chairperson who is leading the meeting and through whom all questions and contributions should be addressed. It is up to the chairperson to ensure that everyone has an opportunity to speak and contribute. If it is a training group, the person leading will be the trainer or facilitator. Depending on the nature of the training, they may be standing up to teach and give information, or they may facilitate members of the group to work in pairs or small groups. Effective communication will depend on the trainer's skills in engaging the group.

Dr Bruce Tuckman researched the way that groups develop and operate. In 1965, he suggested that when groups work together they go through a series of processes or stages as they become more effective. This is a helpful way of thinking about team development and behaviour since much of the work in health and social care involves working in teams. As the group moves through the stages, the team or group leader needs to change their style of leadership to accommodate the group's progress towards effectiveness. This is called Tuckman's sequential theory of group development.

The stages that Tuckman identifies are as follows:

- **Forming** – establishing the purpose of the group, the expected outcomes and the relationship of the group with the wider organisation. Individual roles and responsibilities are not yet clear and processes are often ignored as members work at getting to know each other. Very little progress is made towards the goal and the leader needs to be directive and prepared to answer questions as members test them out.
- **Storming** – during this stage, members of the group compete with each other, and often with the leader, to establish their position. Sub-groups and factions may be present as

power struggles persist. Decisions are hard to confirm because this requires compromise. Clear direction and purpose can be obscured. The leader should be coaching.
- **Norming** – agreement begins to appear amongst team members. Roles and responsibilities are allocated and accepted, and big decisions are made collectively as the team establishes processes, working styles and methodologies. There may be some socialising and enjoyment of each other's company. The leader facilitates and enables the group to work together.
- **Performing** – the group finally begins to make progress towards achieving goals and objectives. There is a high degree of self-direction and autonomy and any disagreements are usually sorted out within the team. The leader needs to delegate tasks and projects, overseeing without interfering.

Tuckman later added a final stage:

- **Adjourning** – this is when the goals are achieved, tasks completed and the group is ready to break up and move on. This stage can engender some sadness and feelings of loss if members have bonded successfully. However they can feel good about their achievements.

If you join an existing group, you may find that Tuckman's sequence is not as obvious, so some theorists focus on the processes and purpose of the group rather than stages of development. For example, Robert F. Bales (1970) put forward a theory of 'task and maintenance' activity within a group, arguing that there needs to be a balance within the process between achieving the task and meeting the social and integration needs of the group members. He suggested that by observing behaviour using *interaction analysis*, which classifies individual behaviour within the group, observers are able to understand how a group moved between the task activities and the social activities. For example, see Table 1.1.

Key term

Interaction analysis – the assessment of a communication exchange to see if meaning has been shared.

Table 1.1 Processes within a group

Group task (work activity)	• Gives suggestion (including taking the lead) • Gives opinion (including feelings and wishes) • Gives information (including clarifying and confirming) • Asks for information • Asks for opinion • Asks for suggestion
Group maintenance (social–emotional activity)	• Seems friendly • Dramatises • Agrees • Disagrees • Shows tension • Seems unfriendly

Activity 3   P6

Take a group of six people and arrange them in two circles – the inner three people should be seated facing each other and the outer three people placed where they can see the faces of the inner circle, as shown in the diagram below.

The inner circle of three are given a task to discuss, plan and prepare to carry out – for example, planning a patient discharge from hospital or planning how to staff a residential home to meet the needs of the residents. You can think of your own task if you prefer.

Using the chart below, and based on Bales theory, identify the task and maintenance behaviours occurring minute by minute by putting the contributing person's initial in the relevant box. You will need to be able to see a clock or use a stopwatch.
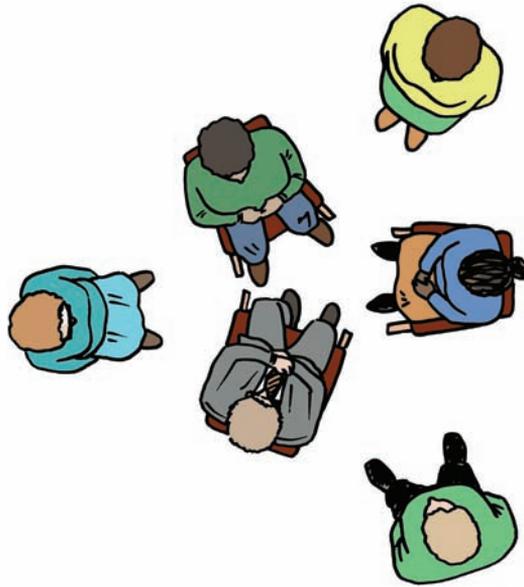
Minutes	1	2	3	4	5	6	7	8	9	10
Group task										
Starting discussion										
Giving information										
Asking for information										
Clarifying discussion										
Summarising discussion										
Group maintenance										
Humour										
Expressing group feelings										
Including others										
Being supportive										

Each person in the outer circle should complete his or her own chart. Once you have done this, compare your charts and discuss your findings within the whole group.

Communication forms

As well as the context in which communication occurs, choosing the right form or method of communication is equally important for communication to be effective. For example, there have been instances of people being dismissed from their job and informed by text message not to turn up for work the following day. This gives out the message that the person is not important enough to waste time speaking to face-to-face. The person receiving such a message is likely to feel angry for being dismissed in such a disrespectful and unprincipled way. Can you think of examples when text messaging is the most appropriate way to communicate?

Once you have decided you need to communicate with someone, it is helpful to think about the communication cycle. This is a commonly used theory of communication first developed by Charles Berner in 1965 and modified by Michael Argyle, a social psychologist, in 1972. Simply put, the communication cycle is when someone decides to communicate, takes action (message sent), which is received by the other person (message received), who then works out the meaning (message decoded) and lets the other person know they have understood (feedback). The feedback is the response to the message and then the whole cycle may start again.
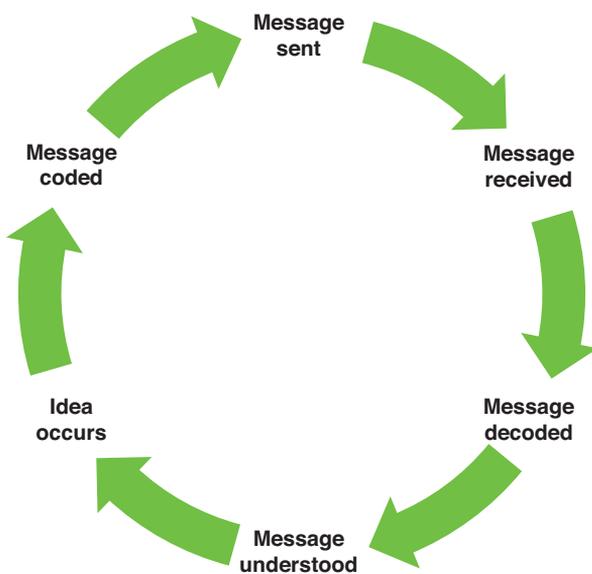
> **Key term**
>
> **Communication cycle** – the sending, receiving and decoding of messages.

How do we choose which method of communication to use? Firstly, we need to think about the purpose of communication – is it to find out information, or to reassure and comfort someone who is distressed? Perhaps you need to get to know someone, or you want to exchange ideas and thoughts. Maybe you are responsible for informing and instructing others. Don't forget, *the meaning of the message is the responsibility of the **sender**, not the recipient.*

However, when communicating in health or social care, it is helpful to think about your service users and their needs, since the core of your job role is likely to be helping people. Not all service users are the same and certainly do not present with the same needs. So the purpose of the communication is to establish what an individual requires from you that will help them feel better.

Two effective ways to consider service users' needs are:

- Maslow's hierarchy of needs
- PIES – physical, intellectual, emotional and social.

The communication cycle
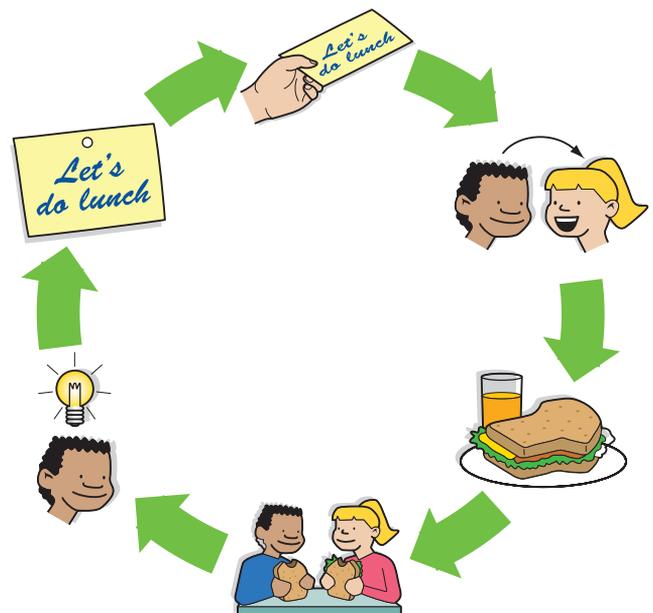
Maslow's hierarchy of needs

This is a theory put forward by Abraham Maslow (1908–1970), who suggested that people continue to develop throughout their lives. He suggested that the ultimate goal in human life is to maintain personal growth to reach fulfilment, which he described as self-actualisation. In order to meet that ultimate goal, basic needs must first be met. These range from the things needed for basic physical survival to higher-level intellectual needs. To aid service users to meet their needs and to work towards this goal, good communication is essential.

Key term

Self-actualisation – self-fulfilment, meeting one's full potential.

Level 1: Meeting physical and biological needs

A person will experience stress and their health will suffer if they do not have these needs met. Poor and inappropriate communication can cause stress. For example:

> Mrs Healy: 'Can you help me to the toilet, please?'
> Care worker: 'Just a minute, Mrs Healy.'
> Mrs. Healy (sounding anxious): 'I really need to go. Can you help me, please?'
> Care worker (sounding irritated): 'I said, in a minute.'

What do you think would have improved this communication? What if the care worker had said, 'I'm just going to put this in the laundry room and wash my hands and I'll be right with you'? This would have demonstrated that the care worker had heard and understood Mrs Healy's request.

Self-actualisation

Self-esteem

Love and belonging

Safety and security

Physical and biological needs
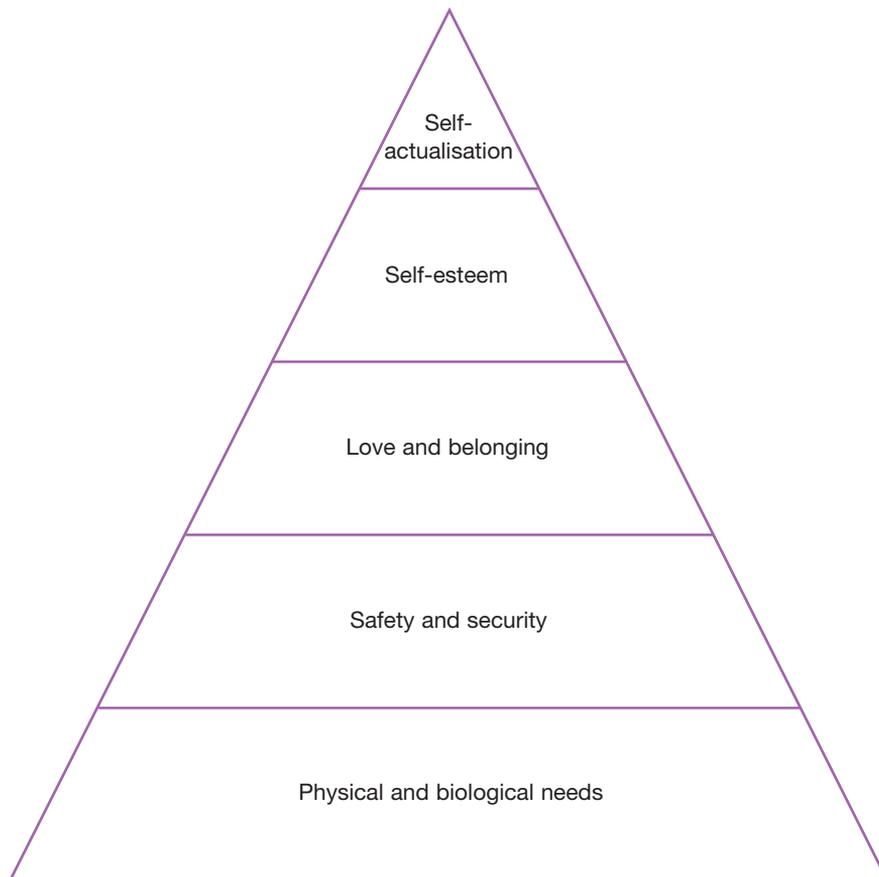
Maslow's hierarchy of needs

Level 2: Ensuring that the person feels safe and secure

If a person is unable to make their needs understood or others are not listening to them, they are likely to feel physically unsafe and emotionally threatened. For example:

> Mr Barnes: 'I don't think I can walk to the ambulance – my feet are very painful.'
> Care worker: 'It's only a short way. You'll be fine.'
> Mr Barnes: 'I really could do with a wheelchair.'
> Care worker: 'Nonsense. You can hold onto my arm if you must.'

Mr Barnes is likely to feel unsafe because he is frightened of falling. His needs have been ignored and his wishes invalidated, which is emotionally damaging.

Level 3: Enabling individuals to comfortably express their emotions and show affection to others

Communication barriers can create a sense of isolation and exclusion. For example, Mr Lewis has recently had a stroke, which has affected his speech. He is embarrassed about this and the fact that he is unable to close his mouth properly. He is reluctant to leave his room and has stopped trying to communicate with the care workers. He pretends to be asleep when his wife visits.

It will be important for care workers to try hard to find an acceptable method for interactive communication with Mr Lewis so that his mental health does not deteriorate.

Level 4: Promoting self-esteem

Positive communication enables people to have their say and feel valued and listened to. Listening skills are very important so that you can respond appropriately when people tell you something that means a lot to them. Listening is a communication skill.

Level 5: Enabling individuals to share ideas

Effective communication will enable individuals to share ideas and become equal partners in their own care. You can discuss and agree any changes to their care according to preferences and circumstances.

Maslow's framework is useful because it helps us to consider forms of self-expression, such as dance, drama, music, artistic expression and handicrafts as forms of communication.

PIES

The PIES framework is helpful for thinking about the needs of others in a structured way:

- Physical – the need for food, water, warmth and shelter, sex and reproduction.
- Intellectual – the need for babies and children to develop concepts such as language, a sense of 'me', and the idea of colours, sizes, shapes and numbers. In adults, it is intellectual challenge and stimulation from work, activities and competitive games, puzzles and crosswords, reading and artistic interpretation, discussions and involvement in societies, hobby clubs or politics, for example.
- Emotional – the need to belong and to be loved, to be valued and appreciated.
- Social – the need for friendship and companionship with like-minded people.

When working with individual people to establish their needs, you are most likely to be using verbal communication. However, if you were reporting back to your manager or recording your conversations with those using services, you would usually use written forms of communication.

It is important to remember that records are formal documents of the care given to those using services and, as such, they could be used as evidence in situations where there might be a dispute about the care provided to someone. It is very important to write exactly what you have done and what you have observed in case the records need to be used in court. For example, you cannot write, 'Mrs Jones fell out of bed' if you didn't actually see this happen. You could write, 'Mrs Jones had some cuts and bruises, consistent with a fall.' You could also write, 'Mrs Jones told me she had fallen out of bed', but you cannot state it as fact if you did not observe it yourself.

Interpersonal interaction

'Inter' means between, so 'interpersonal' means between people. Interaction is action between people. There are many ways of interacting with others; we do this on a daily basis. The role of communication in building relationships is crucial. Communication is about the way we send and receive messages, so in order for it to be effective, there must be mutual understanding. Interpersonal interaction involves applying the communication cycle in ways that ensure your message has the best chance of being understood. Communication goes both ways. Below is a sample of questions to consider before communicating.

- What do I want to communicate?
- Why do I want to communicate this?
- Who am I communicating with?
- What is the best way to communicate my message?
- How can I get the person's attention?
- Would it be better presented orally or in writing?
- Will I need to use pictures, symbols or translators?

Working within a health or social care setting, you will come across people from all walks of life and you need to be able to adapt your communication so that you can interact with them appropriately. Many of the people you meet will be quite different from you. There are cultural differences in the way we communicate that may or may not include speaking a different language.

Effective interactions involve the whole person, since one of the most important aspects of interactive communication involves body language. It has been suggested that up to 70 per cent of meaning is conveyed through body language, or non-verbal communication, rather than speech. External appearance – our clothes, hairstyle and general appearance – also sends signals that help someone form an opinion about us before we have even spoken. This means that, although what you say is important, it is not as important as how you behave and appear to the other person.

Types of non-verbal communication include the following:

- Facial expression – this tends to indicate a person's emotional state. For example, someone who is sad may be 'down in the mouth' literally; the corners of the mouth will be turned down and they may have a slight frown.
- Tone and pitch of voice – tone, or intonation, refers to the way our voice sounds as the vocal chords vibrate. Pitch refers to how high or low on the register the voice becomes. For example, a loud, fixed tone can indicate anger; a high-pitched, sharp tone may indicate irritation; a faint or quiet tone can indicate shyness. Normal tone is mid-range and even.
- Pace of speech – pace of speech is often used to express emotional reaction; excited, nervous or agitated people speak faster than normal. Fast speech can also indicate anger or that the person is seeking to dominate or impress. Pace of speech is inseparable from tone when interpreting body language and people have their own individual speaking styles. Radio and TV presenters have an ideal pace, tone and pitch for presenting information clearly.
- Eye contact – in normal interaction (in the UK – be aware that there are cultural differences in this area) people will look briefly into the other person's eyes, then look away. When a person does not make eye contact they may be shy, or they may be evasive. A fixed stare or glare is part of an angry expression, whereas looking away may indicate boredom or disinterest in what is being said. Pupils get bigger when people are excited or attracted to someone and narrowing of the eyes, where the lids come together slightly, indicates distrust.
- Posture – this refers to the way we sit, stand and hold ourselves. For example, sitting back in a chair with crossed arms and legs is called a 'closed' posture and indicates that the person does not want to listen or engage in conversation. They are not prepared to hear anything you have to say. Leaning back is a relaxed or bored posture, whereas leaning forward is engaged or intense. Head down indicates shyness.
- Gestures – these are used for emphasis, so someone who is excited and telling a tale may use lots of gestures to enhance the story. Gestures can be important in promoting effective communication. However, be aware that there are many gestures that mean one

thing in one culture but something entirely different – and sometimes offensive – in another!

- Muscle tone – clenched muscles are a sign of tension, stiff facial muscles make it difficult to smile and clenched fists is a sign of anger.

These aspects of our behaviour send messages to the other person and let them know our true feelings. Adults can be very good at trying to hide their feelings but body language often gives them away by revealing their true feelings – most of us can recognise a fake smile, for example. People vary in their ability to 'read' body language and some people are more sensitive to it than others. It is a really useful skill to practise as a care worker.

There are also other factors involved in communication, as outlined below.

Touch

Many people who use health and social care services are in crisis in their lives, usually because of factors outside their control. They are most likely to be feeling vulnerable and emotional and appropriate touch, such as holding a hand or patting an arm, can be reassuring. However, it is important to recognise that there are cultural differences in whether touch is seen as acceptable. For example, because touch can also express sexual interest or power relations (e.g. someone grabbing your arm and pulling you against your will), touch is seen as inappropriate between unrelated men and women in some cultures.

Proximity

This is how close you get to someone physically when you are communicating. Each of us has a 'personal space' – an invisible zone around us that we do not like to share. If someone encroaches into this space, we feel uncomfortable. Again, the size of this 'proximity zone' varies from person to person and culture to culture; in some cultures people in conversation may stand close. In other cultures, people prefer a greater distance between them and another person. As a general rule, the closer the relationship, the closer we allow people to be – physically and emotionally. Similarly, the more crowded the environment, the more people are able to deal with a smaller proximity zone. For example, people using the London Underground are forced to share their personal space with strangers; consequently, they adopt a number of strategies to enable them to cope. For instance, they rarely speak to each other or acknowledge other people. Many passengers will be reading or listening to music – in effect, pretending they are alone!

Listening

Since communication is a two-way process, it is essential that you are able to receive the message, and in order to do this effectively and obtain the maximum information from the person you are speaking to, you must be able to listen fully to them. It has been said that, since we only have one mouth but two ears, we should listen twice as much as we speak! Listening properly (active listening) means letting the other person know we are fully attending to what they are saying by regularly checking our understanding. When someone speaks, we create a mental picture of what they are telling us, which we need to think about and check out. We can do this by re-phrasing what has been said to us in the form of a question. For example, 'So you are often on your own for several days at a time?'.

Asking questions

There are a number of reasons you might want to ask questions; you may need to find out practical information, or you may want to find out about a person's lifestyle, family and friends. You may want to know and understand how they are feeling in order to help meet their needs.

There are several ways of asking questions depending on the purpose. For example, open questions such as 'How do you feel about the food here?' encourage the person to think about the food and form an opinion. On the other hand, if you ask 'Do you like the food?', the person can just say yes or no, without giving you any information about their likes, dislikes or preferences. This is called a closed question. Another questioning technique is called 'funnelling', which involves asking general open questions, then narrower questions, then closed questions. Doctors often use funnelling when diagnosing an illness to establish which part of the body is the cause of the problem. Probes and prompts are also used to tease

out more information; probes are short questions following on from the previous answer, when that answer hasn't been sufficiently satisfactory. For example, 'Can you tell me more?'. Prompts are used to encourage a fuller answer. For example, 'Would you go there again?'. Questions can be very useful in keeping a conversation going.

Silence

Silence also has a role in communication. It can indicate empathy and concern for another's feelings, especially when accompanied by touch. Silence can also be used to encourage people to talk as it can make them want to fill in conversational gaps to stop feeling embarrassed. However, this is not a good tactic as it can appear as if you weren't listening or interested, or it can seem manipulative and controlling. Silence is best used sympathetically.

Activity 4   P5

Working in pairs, hold a conversation on an agreed topic, e.g. hobbies. Decide who is to ask the questions first and hold a one-to-one conversation for five minutes. Practise using body language and all the skills and techniques discussed so far (body language, active listening, questions, probes and prompts). Either video the conversation and review it together, making a note of how you have used the different techniques, or have an observer note these down. When you have finished, you may swap over and change roles.

Communication and language needs and preferences

Much work in health and social care can be described as 'emotional work'. This is because people using health and social care services are often in crisis, sick and therefore emotionally vulnerable. Because of this, you need to establish

a trusting relationship in order to help them, so it is important not to judge or make assumptions about the people you are dealing with. Using the communication skills discussed earlier, you will be able to show warmth, sincerity and understanding towards people, creating a supportive environment, which will enable them to express their needs. In getting to know people, you need to understand how age, gender, disability, social class, ethnic origins and religion influence a person's life. You may find that this challenges your own beliefs, values and assumptions and you will need time to reflect on and absorb what this means for you. You may find that you need to seek out information to help you respect other cultures. Any possible misunderstandings are more easily resolved when respect is demonstrated.

Eminent theoretical physicist Professor Stephen Hawking, who has motor neurone disease (see the case study below), said, 'One's voice is very important. If you have a slurred voice, people are likely to treat you as mentally deficient.'

It is increasingly common to meet individuals in care settings who are unable to communicate effectively, so it is vital that we recognise this and assist them appropriately. Individuals may have specific communication needs. For example, they may:

- speak a language other than English as their first language, or may not speak English at all
- be suffering from a condition that affects their speech, e.g. stroke, motor neurone disease, cancer of the throat, cerebral palsy
- have cognitive difficulties that make it difficult for them to understand or respond to you, e.g. post-traumatic brain disorder (following head injury), severe learning difficulties, autistic spectrum disorders
- have sensory difficulties, such as deafness or blindness.

Case Study

Stephen Hawking, born in 1942, is now a famous scientist who was diagnosed with motor neurone disease at the age of 21. Limited mobility in all his limbs means that he is confined to a wheelchair, but although his voice was affected and he uses a voice synthesiser to communicate, he still writes books and scientific papers and delivers lectures at universities.

Visit his website – www.hawking.org.uk – and find out how he used to communicate before he used the synthesiser. Follow the disability link.

2 Understand factors that influence communication and interpersonal interaction in health and social care environments

Theories of communication

Communication studies is a large area of study, which overlaps with other disciplines, such as social psychology, media studies and sociology. Theories such as Argyle's stages of communication theory and Tuckman's theory of group formation are useful as a framework through which to better understand how communication works. However, there are other theories that are particularly relevant to health and social care because they attempt to explain some aspects of behaviour, and communication behaviour in particular, and are useful when aiming to put across health messages.

Cognitive dissonance theory (first developed by Leon Festinger, 1951)

'Cognitive' is concerned with intellectual and thinking behaviour and 'dissonance' refers to conflict or discord. This theory is concerned with communication's social influence and is adapted from social psychology. It suggests that cognitive dissonance occurs where there is a contradiction or conflict in a person's beliefs. This makes people uncomfortable and they strive to reconcile these conflicting ideas.

For example, you may believe that the death penalty is wrong, but you also believe that individuals who commit acts of terror that cause many people to die should receive severe punishment that does not cost society financially. In this situation, you may believe that, logically, they should receive a death sentence, even though you think it is morally wrong. Similarly, you may believe in a woman's right to choose whether or not to have a baby, but feel strongly that abortion violates the right to life of the unborn child.

Cognitive dissonance also occurs when your experience does not match the research findings or respected sources. For example, if several members of your family have lived into their eighties and died of natural causes, despite being smokers, you may not believe that smoking causes cancer, even though research proves that it does.

People may respond to cognitive dissonance by justifying their views – for example, by stating that terrorism is an exceptional crime and therefore the death penalty should apply, but only to terrorists. People suffering from cognitive dissonance will avoid facing up to information that challenges their conflicting views. If a person is suffering cognitive dissonance, it will be much harder to persuade them to act, for example, to give up smoking (as in the example above). This has implications for health promotion programmes.

Conversational studies (Grice, 1968; Taylor and Cameron, 1987)

This theory is concerned with what happens during conversational speech. It suggests that meaning within conversation is created between speakers and hearers through dialogue and negotiation. In other words, it is the interaction between people that generates shared meaning. Grice proposed that conversations are organised around a number of unspoken rules. For example:

● Make your contribution as informative as required to meet the purpose of the conversation.

- Do not give more information than necessary.
- Do not say what you don't believe to be true.
- Don't state things as true when you have no evidence.
- Be relevant.
- Be clear, not obscure.
- Do not be ambiguous (vague).
- Be brief.
- Be orderly.

These points are important to bear in mind when interacting with people in health and social care, since you are likely to have more knowledge of the situation or their condition than them and it is important that meanings are clearly understood and agreed.

Fear appeals (Witte, 1992)

These are persuasive messages communicated to individuals in order to encourage them to change their behaviour by frightening them over the consequences of not complying with a particular message. Health promotion adverts sometimes use this model of communication. For example, drink-driving adverts and adverts showing the consequences of drunken behaviour or drugs.

Activation theory (Lewis Donohew, Phillip Palmgreen and J. Duncan, 1980)

This theory explains how people seek out messages that meet their need for intellectual stimulation and entertainment as well as information. Any health messages must appeal to both the intellect and the emotions, being sufficiently interesting to hold people's attention long enough to get the message across.

Health belief model (G.H. Hochbaum, 1958)

This is used in discussions with individuals when trying to influence behaviour change. Essentially, people will evaluate the perceived benefits of changing their behaviour against the perceived cost or effort of changing and the barriers in the way of change.

When interacting with people for the purposes of discussing health, you need to be aware of the issues that might affect your interaction. Theories are helpful in making you aware of some of the ways in which individuals are likely to receive information, accept it or reject it. Other factors that can affect your interaction and whether your message gets across can be found in the external environment.

Environment

The environment refers to the external surroundings in which communication and interaction take place, and it is central to the effectiveness of communication. If you want to tell someone something important, you will probably consider when and where you will have the conversation. It is unlikely that you will use a mobile phone as you walk round the supermarket to tell someone your important news. Similarly, if you have ever tried to hold a conversation on a mobile phone in the street or other public place, you will know that it can often be too noisy to make yourself understood.

In hospitals and other health or care settings, consultations with the doctor usually take place in a private room so that there are no distractions, such as phones ringing or people walking in and out.

If you are someone with a hearing difficulty, who relies on lip-reading and body language to communicate, the room needs to be well lit and the person with whom you are interacting needs to be facing you so that lip-reading can take place.

Barriers

Other barriers to interactive communication can occur when the information you need to pass on is difficult or sensitive and you are aware that it may not be received well. In such cases, you need to think about how to apply communication theories and ensure that you approach the discussion in a planned way, using all your communication and listening skills to create empathy and demonstrate your understanding.

Emotional states, such as anxiety or depression, affect people's ability to hear the message and understand it. In addition, people may make assumptions or judgements about you, affecting their perception. It is important that you are able to develop a sympathetic attitude and confidence in your communication skills. This will need practise.

3 Understand ways to overcome barriers in a health and social care environment

There are a number of ways that an organisation can help to promote effective communication and overcome barriers.

Communication and interpersonal interaction

Because people using health and social care services are often in a stressful situation, they sometimes do not behave as they would normally. Also, if people are feeling ill or unwell, they may be unable to interact effectively because they cannot think about anything except how poorly they feel. In these situations, it is up to the practitioner to make sure that effective communication takes place.

Effective communication depends on good, trusting relationships developing. This means always making sure you find out what the person needs and putting their interests first. You can do this by adopting a sympathetic approach, ensuring that the person feels comfortable and that you are practising active listening, making sure the time and place are right for the conversation to take place and using appropriate body language. You need to focus on building the person's confidence in you, so be clear about confidentiality and explain the limits of this to the person. For example, if someone confides in you that they are not taking their medication because it makes them feel strange, you have to try and tell them that you cannot keep secrets.

Objects of reference

Sometimes it is necessary to encourage people to talk about themselves. Many people who need to be away from home for some time will like to have with them 'objects of reference'. These are objects that are special to the person in some way; they have meaning and significance. To the individual, they are 'treasures'. Examples of objects of reference are:

- photos of special occasions, e.g. wedding photographs

- photos of children and family
- baby's first tooth/shoe/lock of hair
- ornaments bought to commemorate something or gifts from a special person
- a handkerchief.

Objects of reference help to remind the person of who they are, of their life story, and this helps them maintain their individuality. They also help the person to feel secure by reinforcing their sense of self, which is especially important when in a strange and unfamiliar place with people you don't know.

Assertiveness skills

Fear and aggression are two basic emotions that are linked. When people are frightened, they sometimes become aggressive as a defence mechanism to diffuse their fear. The opposite of aggression is submission and some people will be submissive because they are frightened. As a health or social care practitioner, you need to be able to recognise and deal with these situations. To do this, you need to practise being assertive. Being assertive means being able to control your emotions so that you can think more clearly and use negotiation and problem-solving skills. Being assertive is not the same as being bossy or aggressive; it is about trying to reach a win–win solution in which no one feels put down. Assertiveness skills also help you deal with situations in which others are being aggressive with you, over-riding your rights and making unreasonable demands on you. Assertive behaviour requires you to:

- be calm and use open body language; breathing deeply steadies nerves and calms the emotions
- try to understand the situation in a practical, factual way and consider other people's perceptions
- keep your tone of voice level, even and calm; repeat your position as often as necessary in the same tone of voice until your message has been heard and acknowledged
- use the right words and verbal behaviour to diffuse the situation, acknowledging the other person's point of view, while not necessarily agreeing with it.

The difference between aggressive behaviour, assertive behaviour and submissive behaviour is summarised in Table 1.2.

Table 1.2 Aggressive, assertive and submissive behaviour

Aggressive	Assertive	Submissive
Main feature is anger: ● Making demands ● Not listening to others – talking over them ● Insulting people and putting them down ● Wanting own way ● Shouting or talking loudly. Body language: ● Fixed eye contact – glaring ● Clenched fists, maybe shaken as a gesture ● Waving hands or folding arms ● Angry, frowning expression.	Main feature is to stay in control of emotions: ● Negotiation ● Trying to solve problems ● Acknowledging other's feelings ● Listening ● Showing respect for others ● Keeping calm and speaking clearly. Body language: ● Variable eye contact ● Relaxed facial muscles ● Keeping hands and arms still at the sides ● Upright posture, shoulders back.	Main feature is feeling fear: ● Agreeing with others against one's will ● Not putting one's views across ● Speaking quietly or not at all ● Looking down and not making eye contact ● Frightened expression. Body language: ● Tense muscles ● Not engaging with anyone ● Clasping or wringing hands ● Slumped posture ● Tense, frightened expression.

Aids to communication

There is a whole range of communication aids and initiatives designed to facilitate communication with people who have difficulties. These are briefly summarised below:

● Interpreters are employed as required to translate for people who don't speak English. It is important to have an independent interpreter, rather than a family member, to maintain professional distance and minimise any embarrassment for the individual. It also prevents any possible mis-interpretation or interference from family members (e.g. they may not wish to upset their relative and so don't pass bad news on fully). Advocates are trained to speak on behalf of the individual. However, advocates must be confident that they know what the person actually wants and needs, rather than guessing or assuming.
● Sign language – this is where signs, facial expressions and gestures are used to convey meaning visually instead of orally (e.g. British Sign Language, finger spelling).
● Pictures and symbols of common or everyday objects and situations allow people with compromised speech to point at what they need, e.g. flash cards, Makaton.
● Braille is an alphabet made up of a system of raised dots, which can be 'read' with the fingers. Your telephone keypad and TV remote will have a raised dot on the central button for visually impaired and blind people.
● Communication passports are person-centred documents for those who cannot easily speak for themselves. Sally Millar invented them in 1991 as a communication support aid. They are a way of recording important information about a person, such as the most effective way to communicate with them, their personal history, likes and dislikes, sense of humour, etc. Communication passports can be made in different formats, such as booklets, wall charts, laminated sheets, packs of cards and place mats. They can include photos and pictures.
● Technology can be used to assist people with communication difficulties. For example, a voice synthesizer (Voice Output Communication Aid – VOCA); personal digital assistant (PDA); computers activated by a range of different means, e.g. touch,

Key term

Makaton – a system of symbols and pictures that works like a language to help people make themselves understood.

puff, movement, tongue; software that allows speech. Hearing aids, text phones, loop systems (see www.deaftech.force9.co.uk for more information) and minicom are all technological aids for people with hearing problems. For example, minicom records the conversation, which can then be read and printed out. It looks a little like a fax machine.

Activity 5   P1   P2   P3   M1

Consider the case studies below. Referring to the theories of communication, explain what factors may be affecting communication, what you need to be able to do and what action you would need to take in order to communicate effectively in each situation.

Why is it important to communicate effectively and what are the consequences of not doing so? You need to think about your role, the skills you will need, why they are important and what aids you might use to overcome the barriers to communication.

Case Study 1

You are caring for Mr Johnson, who is 78 years old and is recovering from a stroke. His speech is slurred and difficult to understand. This is making him frustrated, anxious and occasionally short-tempered.

Case Study 2

In the GP surgery, Mrs Iqbal has brought her son for his immunisations but is unsure about the programme on offer. She speaks very little English as it is her second language.

Case Study 3

In a school placement, you are helping the class teacher support Molly, who has a hearing impairment and has had a cochlear implant. She has some hearing but not a full range of sounds.

Case Study 4

You are a social care support worker attending a weekly multi-disciplinary meeting to discuss the care plans for three patients being discharged from hospital. You will be responsible for one of the patients and will have to report back to your supervisor. Describe how the group will work together and how you will present your report.

4 Be able to communicate and interact effectively in a health and social care environment

In order to become a good communicator, you need to practise. Everyone communicates, but the particular skills needed for effective communication in health and social care settings are either not used on a daily basis or not used at all. You need to become a conscious communicator before you are able to use these skills automatically and in the right context. Take every opportunity to practise and you will soon be proficient!
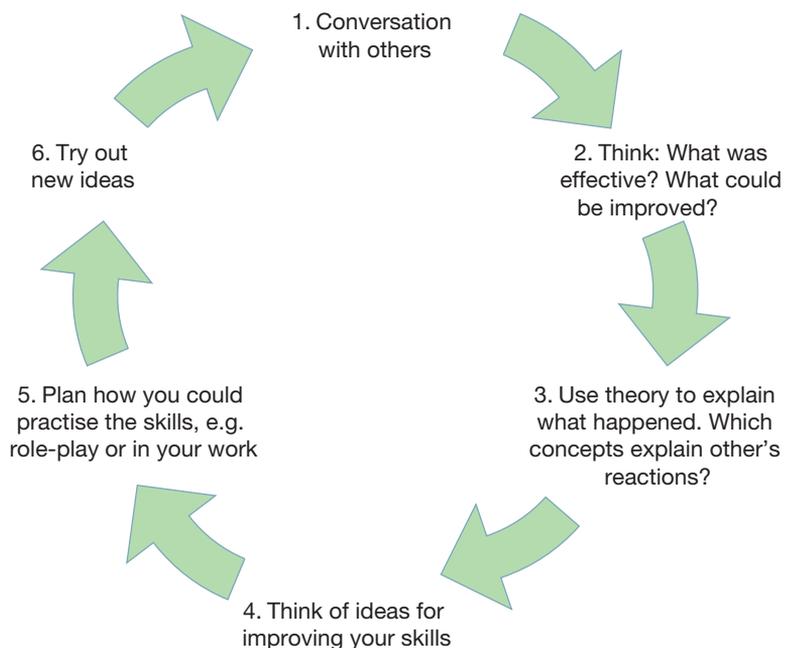
Evaluation

In order to know if your communication has been effective, you will need to think about how to evaluate it. Of course, you can always check with the other person whether they feel that the communication was satisfactory. However, while feedback is important, you also need to carry out your own review and evaluation to see if you met your objectives and the purpose for the communication was achieved in the best way possible.

This is called 'reflective learning', which involves using theory and experimenting. See the diagram below.

Once you have completed the cycle, you can start again. It might be useful to keep a notebook of what you have done.

1. Conversation with others
2. Think: What was effective? What could be improved?
3. Use theory to explain what happened. Which concepts explain other's reactions?
4. Think of ideas for improving your skills
5. Plan how you could practise the skills, e.g. role-play or in your work
6. Try out new ideas

Activity 6

P4   M2   M3   D1   D2

In pairs, decide what skill you want to practise, e.g. active listening or assertiveness, and develop a list of criteria against which you can measure yourself, e.g. body language. Role-play a situation that you have agreed with your partner. Video or tape-record your role-play conversation and interaction. Get someone else – another colleague or your tutor – to evaluate you against your criteria. Discuss how this felt and ask them what went well and what you need to practise.

You could use the following criteria:
- Very effective and appropriate use of skill
- Some appropriate use of skill
- Ineffective use of skill
- Inappropriate behaviour
- Area not relevant or applicable
- Generally ineffective or inappropriate use of skill.

Summary

In this unit, you will have had the opportunity to start developing advanced skills in communication and interaction, which you can use in your everyday life as well as in preparation for work in the health or social care sector.

You will understand the difficulties some people have in communicating because of their condition or illness, or because they are unhappy. You will be able to think about this and consider the range of communication support aids you can use to communicate, interact and develop relationships with a range of different people.

You will have gained some insight into the theoretical approaches to communication and learnt about human interaction. You will be able to spend many happy hours 'people watching' to try and work out how they feel and what they are saying unconsciously through their body language

Assessment and grading criteria

In order to pass this unit, the evidence that the learner presents for assessment needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria for a pass grade describe the level of achievement required to pass this unit.

To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P1 explain the role of effective communication and interpersonal interaction in a health and social care context	**M1** assess the role of effective communication and interpersonal interaction in health and social care with reference to theories of communication	**D1** evaluate strategies used in health and social care environments to overcome barriers to effective communication and interpersonal interactions
P2 discuss theories of communication		
P3 explain factors that may influence communication and interpersonal interactions in health and social care environments	**M2** review strategies used in health and social care environments to overcome barriers to effective communication and interpersonal interactions	

To achieve a pass grade the evidence must show that the learner is able to:	To achieve a merit grade the evidence must show that, in addition to the pass criteria, the learner is able to:	To achieve a distinction grade the evidence must show that, in addition to the pass and merit criteria, the learner is able to:
P4 explain strategies used in health and social care environments to overcome barriers to effective communication and interpersonal interactions		
P5 participate in a one-to-one interaction in a health and social care context	**M3** assess their communication and interpersonal skills in relation to each interaction.	**D2** evaluate factors that influenced the effectiveness of each interaction.
P6 participate in a group interaction in a health and social care context.		

Resources

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Weblinks

www.scie.org.uk:
Social Care Institute for Excellence
www.mindtools.com:
Mind Tools

Search for videos on effective communication skills on the following websites:
www.youtube.com:
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