P1: Explain the role of effective communication and interpersonal interaction in a health and social care context

Introduction

Communication is the way in which an individual receives or exchanges information, a way in which you can communicate is through texting or talking in person. In every care setting **effective communication** is vital, if a set of information is not delivered properly through the correct communication it can be misinterpreted and could result in complications. **An example** of this would be if you were in hospital and the doctors came round to speak to you but informed you in the specialist language that they use otherwise referred to as jargon, you would not understand and it is most likely to make you worry therefore when doctors are explaining something to you they use a form of simpler language. Communication is commonly used to **give information**, to **obtain information** and to **exchange ideas**. All health and social care settings will need to use effective communication in order for their system to work.

The context of communication will vary depending on the circumstance; it could be:

- **One to one**
- **Group: Formal**
- **Group:**
    - **informal**
    - **Between colleagues**
    - **Between practitioners and people who use services**

One to one communication

One to one communication are simple interactions between only two people, it can either be someone you know well or someone who you don't particularly know. If it is someone that you don't particularly know it is important to create a **positive atmosphere** before you deliver information. It is also important that the person who is receiving the information is comfortable and relaxed. One to one interactions usually tend to have 3 steps, first you will have **a greeting** to introduce yourself and make sure that the receiving person is relaxed and happy, next you **exchange the information**, the specific reason as to why you are talking to the person and finally, when it comes to the end of the conversation you will use **the correct use of goodbye** for the circumstance you are in, for example if it is an old friend you may say "see you soon" instead of "goodbye". An example of one to one communication in a health and social care setting would be a nursery teacher contacting you to give you information about the playgroup or information about your child.

Group communication: Formal

Another type of communication is **group communication** however it is spoken in a **formal** manner. It is often that most health and social care settings use a mix of formal and informal language to make the receiving person of the information more comfortable. **Formal communication** is understood by a wide variety of people and also shows respect towards others. This type of communication normally consists of polite language which is either spoken in a calm tone or is spoken quite slow so the person does not feel rushed or panicked. **An example** of where formal communication is used in a health and social care setting would be doctors having a meeting about the line of work they will be carrying out or a meeting about a patient, they won't talk in derogatory terms or use slang words, the doctors will be polite and informative so others understand and feel as comfortable as possible about the situation. It is important that formal communication is carried out in specific

circumstances because if it's not carried out it can be seen as rude or it could have a negative outcome due to not communicating effectively. However, in certain care settings such as a care home for the elderly, if a person uses too much **'formal language'** they can come across as pretentious, therefore care workers usually adjust the way they speak, to a mixture of formal and informal, in order to respect different **'speech communities'** when they communicate.

Group communication: Informal

Informal communication is often used when you know the person well and are comfortable with them, **an example** of when this communication is used is between friends and family. It is often that when talking to friends and family you may use terms that others may not understand or like the use of, for example **'slang'** and **'swearing'**. Another type of informal communication involves local groups from specific places may have their **own way of speaking**, for example people in Northern England might say "Hiya mate, you alright?" and if you are from the same area or understand this group of people, you will appreciate it and see it as a friendly greeting. However, people who aren't from this area or who are not associated with a group of people from that area will use different **informal language**, this can make it harder to understand the informal communication of people whom are from different social groups. **A problem** that can arise if informal communication is used incorrectly or ineffectively would be offending others that don't use that certain type of language, for example in a health and social care setting, if you were working in a school you would not talk to your surrounding friends (colleagues) in 'slang' or 'swearing' due to the setting you are in and the fact that they may not like the idea of 'swearing'.

Group communication: Between colleagues

Communication **between colleagues** often consists of **verbal interactions** along with others for example emails and letters. It is important that when talking to other colleagues that you are **polite and respectful**. If colleagues do not show respect to one another they may fail to show respect to the users of the service. When colleagues are greeted verbal interaction is normally used this means that they are asked if they are well and have a **'warm up group talk'** in order to show that they respect and value one another. When interacting with colleagues it is important that you demonstrate good listening skills and that you can remember details from the conversations you have withheld with them. Colleagues also have to develop trust in each other in order to show the respect you have for the confidentiality of the conversation. Employee's may also have **social expectations** about the correct way to communicate thoughts and feelings in their work setting, these social expectations differ from the way you would communicate thoughts and feelings with your friends and family. Even though communication between colleagues **will often be informal**, it is vital that care workers used skilled communication in order to gain trust and respect. **An example** of communication between colleagues in a health and social care setting would be when a nurse is talking to a doctor, in order for the nurse to gain respect and to be able to achieve a conversation without feeling uncomfortable and delivering information, she would need to be polite and not use any derogatory terms such as 'swearing' and should not talk to the doctor as if he were her friend or a family member.

Group communication: Between practitioners and people who use services

Practitioners tend to communicate with their colleagues in their own **specialised language** community. A **language community** is a social community of people that has its own special ways of using language in order to communicate between group members. However due to the practitioners talking in this specific **jargon** they are aware that the language they use needs to be translated into

an everyday language so they can communicate with those who use the service and people from other professions. It is important for the practitioners to change the type of language used to make sure that once they have explained it to a service user it is not misunderstood and taken in a way which can cause distress or complications, in order to avoid this the professional health and social care staff need to check their understanding of issues with the people who are communicating with them. Not only do health and social care professionals have to communicate with people who use their services but also with colleagues who work for different organisations so it is important not to assume that people from other agencies will understand what you are talking about when specialist terms are used. **A common example** of communication between a practitioner and someone who uses the service would be a teacher and a pupil, if you explain something to a pupil in terms that you would use to explain to another teacher (jargon) it is highly unlikely that the pupil will understand what you are talking about because you are probably using acronyms or certain words which the pupil hasn't been introduced to, therefore the practitioner needs to adapt their language into terms which the service user would understand. It is also important for jargon to be changed to more simplistic language when communicating with users of the service because not only do users who speak the language find it hard to understand but also those who speak a different **first language** will find it a lot harder and may need a translator or an even simpler form of the language. **Another example** of when professionals will need to adapt their language would be if they are trying to explain something to someone with **disabilities**, they will not be able to use all the direct terms of the disabilities without making sure the client understands what they are talking about. What the language is adapted to also change depending on the **age range** of the client you are talking to, for example in a nursery you would use more formal term when explaining the problem with the parents and potentially more ambiguous words than you would when talking to the child about the problem that has occurred.

There are many different **methods of communication** that are usually split into 4, for example;

- **Oral Communication**
- **Written Communication**
- **Computerised Communication**
- **Special Methods**

<u>Oral Communication</u>

Oral communication otherwise known as **oral interaction,** it is the process of expressing information or ideas by word of mouth. To be able to do this it requires the development of skills and **social co-ordination**, this means;

- Showing an interest
- Being interesting
- Having the ability to start conversations and end them

An example of communicating orally in a health and social care setting would be to **obtain information** for example when you want to register at the dentist you have to give over your details verbally to the receptionist for example, name, address and contact number and if you are a young child then your guardian/ carer's name would have to be stated to ensure they are accurate. Another purpose of oral communication would be to **give information**, an example of this would be between a teacher and a pupil's parent to inform them of their children's progress in school and where they can improve. Another purpose of oral communication is to **exchange ideas** for example in a care home the clients could talk about their past and present experiences to one of the care

workers and based on their experiences, an idea could be made and if the client agrees potentially something could change within the service to benefit the clients. It is important to give information as well as obtaining it because the content (what you are talking about) must be accurate, if the context given is incorrect, the person who requires the information will be misinformed, this could then later lead to serious consequences. Communicating orally requires you to make a connection with the other person, a good way of allowing this to happen is by putting the person receiving information/ giving information at ease by showing an interest in them, doing this is especially important if somebody is from a different culture because it shows that we **value diversity**. It is also important to be open about what we want to achieve as well as encouraging the other person/ persons to talk about what they wish to achieve when giving and obtaining information and exchanging ideas.

Written Communication

Written communication is the most common form of communication in business', the rules for govern writing are different to the ones that follow spoken language. The accuracy of the written word is vital in all health and social care and early years' settings. If the keeping of formal records is inaccurate, the user of the service may obtain incorrect information that could lead to serious complications or they could be given incorrect treatment, if this action takes places the service could later face implications such as a complaint or being taken to court. **Inaccurate written records** may result in:

- **Inappropriate actions**
- **Failure to act**
- **Complaints and litigation**

When communicating through **written information** it needs to be:

- **Clear**
- **Accurate**
- **Legible**

Health and social care settings use written communication to record personal history for example, a doctor's surgery may use a written record which will ask for your; name, address, emergency contact, dietary needs etc. Written communication allows you to **obtain information, give information** and **exchange ideas.** All early years' settings and health and social care settings are able to keep in contact with parents of children and other professionals by **communicating in writing**. Multiple care settings use a **communication policy** which implies that all written communication has to be shown to the manager before it is passed on to parents, other professionals or friends of the service/ organisation, it also implies that all copies of written communication should be kept in case they are needed for future references. All health and social care settings and early years' settings use a **wide diversity of forms of written communication**, for example they may use; **letters (to inform you of appointments at the hospital, doctors ,dentist), personal history (service users' details about past experiences for those who work in care homes or hospitals), newsletters (giving information about events at playgroups, nurseries or schools), noticeboards (can give reminders/information about group meetings), monitoring medical records (temperature, pulse etc. within a hospital), care plans (plan of the care a service user is to receive in a care home or hospital) and accident slips (to inform of minor injuries to children particularly in nurseries or primary schools)**. All forms of written communication have their own characteristics however the element which relates all forms together is the need for accuracy. Misunderstandings are likely to

occur when the person reading the information cannot understand the points being made clearly, this means that the writer needs to establish the purpose of writing, for example:

- **Who will be reading the written form?**
- **What points are to be made?**
- **What does the writer hope to achieve?**

The skilful activity of **expressing oneself clearly and effectively** in writing is something that all people who work in early years' and health and social care settings need to grasp.

Computerised Communication

Computer-meditated communication (CMC) is any communication that occurs through the use of two or more electronic devices. A way in which you can communicate through computers is by email which has proved to be a significant form of communication, they can be either formal or informal depending on their purpose or the circumstance the email is being used in. Emails come with both disadvantages and advantages, an advantage would be that they can be produced and sent quickly as well as being received quickly where as if a letter was sent you would be waiting 3 or 4 days at least for a reply. However, a disadvantage is that emails can be lost or you could be faced with the problem of the receiver of the email not understanding what the writer is trying to achieve or what information the writer is trying to give, this could lead to misinterpretations of the email and potentially lead to later consequences. It is important in all settings especially health and social care and early years' settings that care is taken to ensure that confidentiality is maintained, to make sure this happens **'secure systems'** are required before personal information is exchanged. The internet is also being used to obtain information. Communicating electronically is now a well-established in everyday life, for example in both health and social care settings and early years' settings computers can be used for networking between different organisations. **An example** of this could be when a school teacher has to pass on information about a child's behaviour to a counsellor the child is seeing. **Another example** would be a GP sending information to the nearest doctors/ surgeons at a hospital if a patient immediately has to be rushed into hospital. In every setting when information is being obtained or passed via computers, an act called the **Data Protection Act** must be followed. This Act:

- Creates new obligations for those keeping personal information
- Allows individuals who use the service to have a copy of the information that is kept about them, this is known as your **'right of access'**
- Ensures that any inaccurate information that is maintained about the service user should be either corrected or deleted
- Allows the client who is using the service to have the right to complain to the Data Protection Commissioner if they think that those who are keeping the data are not abiding to the laws of the Act
- Allows individuals to claim compensation through mishandling of information through themselves
- Allows an individual who uses the services to find out from either a person or organisation whether information is being kept about them. If information is being kept, they are to be told the type of information being kept and the purposes for which it is kept

Those who keep personal information must give the service users access to their personal information and allow them to correct or delete any inaccurate information. **Settings must:**

- Obtain personal information in a fair manner as well as openly towards the person whom the information is about
- Use it only in ways compatible with the purpose for which it was originally given
- Secure it against unauthorised access i.e. use passwords and secure it against loss
- Ensure that the information is accurate and kept up to date

There are things that **a setting must not** do:

- A setting must not give information to anyone other than the person who the information is about
- A setting must not keep information for longer than necessary. The information should be deleted when it is eventually used for the purpose it was given.

Special Methods

Individuals who face **disabilities or learning difficulties** use special methods in order for them to be able to communicate with others. All health and social care and early years' settings need to be prepared for those who have special needs. These special needs could include:

- Deafness or difficulty in hearing
- Blindness or poor eye-sight
- Language difficulty e.g. not speaking English or English not being your first language

British Sign Language (BSL) is used by a large number of people in the UK, it is though that nearly 70,000 people use sign language in the UK. British sign language is an organisation that was recognised by the government in March 2003. It is important to use sign language in all health and social and early years' settings however the settings which involve children find it easier to use it due to how fascinating they find the special method, due to this it is proven that children learn sign language easier. Sign language tends to be used by those who have a **hearing impairment (deafness or a difficulty in hearing)**. **An example** of the use of sign language in one of these settings would be in a primary school, if a child has a hearing impairment the teacher may use sign language so it is easier for the child to understand and allows him/her to have the same understanding as the surrounding children just with a little more help. The use of sign language has developed over hundreds of years and allows people who experience difficulties to interact with others.

Makaton is another special method which helps those communicate with a **hearing impairment or learning difficulties**. Makaton is a programme which uses signs and symbols to help people communicate with one another. The programme is designed to support spoken language therefore the signs and symbols are used with speech, in spoken word order. Makaton is used by people of all ages and allows these people to communicate straight away with the use of the signs and symbols. When using Makaton people may use one of the three methods; **signs, symbols or speech**, or they may use all three methods to interact with others. An established set of hand movements are used with Makaton to convey meaning. Even though Makaton can be used at all ages it is usually taught to children as soon as it is realised that they need this method of communication. **An example** of where Makaton can be used in an early years' setting would be in a doctor's surgery, the Makaton will help the client explain to the GP the problems they are facing and the GP's can also use this method to communicate back with the client so they are aware of what is wrong with them and what they can do to help fix their problem.

Braille is also a special method which helps people communicate, this method is used for those who have **limited vision** or are **blind.** Braille is a form of **written language**, in which characters are

represented by **patterns of raised dots**, which are felt with the fingertips of the visually impaired. Braille was first introduced in 1829 by a blind man called Richard Braille. This special method provides those who are blind and those who have poor vision with a chance to read and write independently due to the format being based on 'touch'. If there are correct software's installed on computers in health and social care and early years' settings, then everything from the computer that the client needs can have printed in Braille. **An example** of where Braille may be used is in residential care homes for the elderly, the care home may have letters and leaflets which pass on information to the clients about the care home or the changes within the care home, some clients will need Braille because of their poor vision, the Braille will allow them to be able to read what the leaflets and letters are telling them so they are aware of the environment surrounding them. Another example would be that it allows all clients who are in hospital or who go to school to read books and magazines in their spare time for education and to satisfy their intellectual needs or just for fun.

All health and social care and early years' services are likely to have clients who do not speak a specific language i.e. English as their **first language** or as a **preferred language**, to help benefit the client's ways of communicating it is likely that there will be an **interpreter**. Interpreters used to be members of the client's family who could speak the language better than the client however this faced the problem that the interpreter will know information that the client may not want them to know, for example the client may be a mother and the interpreter may be her daughter, the interpreter may find out that her mum has a severe illness and the mum may not want the daughter to figure that out. **To help prevent this**, interpreters are employed who normally tend to not know the client of the service and speaks their first language so they can help understand what is wrong with them without too much information or implicating information being revealed about them. Another form of interpretation, if the client does not understand what is going on, would be leaflets in multiple languages, hopefully one that is their first language, so it is easier to understand and can inform them of surrounding services which can help them with their problem. **An example** would be a client in a UK dentist who does not speak English as their first language and who does not understand anything that the dentist has said to them, however there should be **leaflets in multiple languages** which can explain the problem this client may have with their teeth, or the dentist should be aware of the language barrier and have a paid interpreter come in and help explain what the practitioner is saying.

Types of Interpersonal Interaction

There are two different types of interpersonal interaction**; speech or language** and **Non-verbal**. When communicating in any interaction, to make it effective using interpersonal skills, you should be aware of the types that are listed boldly above.

Speech:

People who are of different localities, ethnic groups, professions and work cultures have **their own words, phrases and speech patterns**, because of the different backgrounds and the different uses of language it is easy for clients to get confused, feel misunderstood or even feel mistreated with the way they are being spoken to because they are simply not used to it. Practitioners tend to use **jargon**, words that are used by a particular profession or group that are hard for others to understand. **An example** of jargon being used in a care setting would be in a hospital, a doctor could be explaining to a patient the problems they have with a part of their body, for example their knee cap and the client may not understand that due to the doctor using technical terms such as Patella instead of the simpler word 'knee cap' which we use every day. It is also important in all care

settings to understand that those who are from different geographical areas will use different words and pronounce words differently, this is often referred to as using a different dialect. **Dialect** is known as, words and their pronunciation which is specific to a geographical community, for example people who live in the North West of England will use a different dialect to Londoners. **An example** of different dialect being used in health and social care and early years' settings are in schools, sometimes when there are new people to a school it is possible that they are from a different geographical area and this may mean that they **pronounce words differently**, for example the **pronunciation of bath,** if other pupils and teachers are not aware of the different pronunciations it is more than likely that the new pupils will be teased which is unfair and can make them feel uncomfortable to prevent this teachers in schools should teach pupils that those who come from different surroundings and environments are likely to speak differently. People, especially youths are more likely to use **slang**, informal words and phrases that are not usually found in standard dictionaries but which are used within specific social groups and communities. **Examples of slang** are 'bare', 'kushty', 'allow it' and 'ennit', these words tend to be exchanged between close friends and in communities that are not considered posh. In health and social care settings, it is highly unlikely that slang will be exchanged between any of the professionals however settings which have adolescents as their clients i.e. secondary schools may have the exchanges of slang but only between friendship groups.

The second type of interpersonal interaction in the speech and language section is **first language**. First language that a person learns to speak is often the language that they will think in. working with clients who do not have the same first language as the practitioner can be difficult, as mental translation between languages may be required. **For example**, if there is a problem with a child in a nursery and their parents do not speak English well or don't understand it at all it is difficult to deliver the information about the problem with the child, to help overcome this, it is more than likely that within the nursery a **translator** will be needed so they can help the parents understand what the problem is and allow the nursery teachers and the child's parents come to an agreement on how to fix the problem.

The other type of interpersonal interaction is **Non-Verbal**; the impersonal skills this interaction involves are:

- Posture
- The way you move
- Facing other people
- Gestures
- Facial expression
- Touch
- Silence
- Tone of voice
- Proximity
- Reflective listening

As soon as you meet someone it is likely that you can guess how they are feeling, guessing how somebody feels is usually done by studying their non-verbal communication. Non- verbal means no words, so this means that this type of communication refers to the way that a person sends a message without words. These messages are sent through a number of things, ranging from the person's posture to their body gestures they do throughout a conversation.

Posture:

Posture is **a particular position of the body**; the way a person sits or stands when communicating with someone sends a particular message. For example, when a person leans back and crosses their arms it can show that they are not interested and are bored however when a person leans forward it can show interest or intense involvement. Posture in a health and social environment is crucial, **for example** when a doctor is informing a patient of a condition they have it is very unprofessional for them to sit back with their arms crossed because they are delivering information, it would be more professional for a doctor to sit up straight and lean slightly forward to show intense involvement so the client is aware that the doctor is there to help and that the doctor has a professional manner of delivering information.

The way you move:

A person's body movement also communicates a message. For example, if you slouch it provides the client with the idea that the practitioner is tired and bored, where as if they stand up straight it gives the client the idea that they are refreshed, happy and prepared for the day ahead. The way a person walks, moves their head and sits also determines their emotions. If school teachers were to sit down and cross their legs whilst slouching it would resemble the idea that they are tired, bored and cannot be bothered to be there and work, this reflects a bad example towards the children who will begin to think that it's beneficial to slack off work and are allowed to relax in lessons.

Gestures:

A gesture is a movement of a part of the body, especially a hand or the head to express an idea or meaning. Some gestures within the UK carry a common meaning in most communities. Residential care homes that home elderly people tend to have carers that use a lot of hand gestures to explain ideas to the elderly such as they need to be cleaned or their bed needs cleaning because it is a quicker way for them to process information and they are able to understand it a lot easier.

Facial expressions:

A persons face often informs us as to how they are feeling, for example if they are sad they are not likely to be withholding a smile or have 'bright eyes', it will be more likely for a sad person to have a slight frown or pursed lips. Whereas if a person was happy they would have a big grin and have wide eyes when they make eye contact with another person. It is important in all social care settings to notice how a person's facial expression changes because it can tell the practitioner as to whether they are in pain or upset and if it is something they need to look into. For example, in care homes, if a child's face suddenly goes from being wide eyed and alert to them having pursed lips and slight tension on their faces, it is the practitioners job to look into the scenario of the child and to make sure that they are not of any harm to themselves or to others and just to make sure that they are coping well in the setting they are based.

Touch:

Touch is also a way of communicating without words because when a person touches someone else it can send the message of care, love and affection, however who the person is and the setting they are in will help others to understand what that specific person's touch may mean. Touch can also be misinterpreted, for example, in an elderly care home a carer could touch hands with an elderly person in an attempt to comfort them because they are disorientated however they may think that the carer isn't trying to help but is trying to dominate them. To prevent this idea from being portrayed it is better to ask the person if they would like to be comforted by being touched.

Silence:

Silence is the complete absence of sound. How silence makes others feel depends on the situation, sometimes silence is needed to consolidate knowledge, sometimes silence makes people feel awkward and embarrassed. It is important that everybody knows silence doesn't always stop the conversation and can sometimes mean "let me think". An example of silence being used in a health and social care setting would be in a hospital, if a patient is being told they have cancer, the doctor places silence in specific parts of the conversation to show the client that they understand and it also allows the client to obtain and consolidate the information they are being told. The silence also allows the client to think of any questions they have about what they are being told so they can then ask the doctor straight away.

Tone of Voice:

The tone of a person's voice is important when speaking to other people, when a person talks quickly in a fixed tone it is potential that others will perceive that as the person being angry, but if a person's voice is calm and slow it perceives the idea that they are friendly. For example, when a student is being told off by a teacher the teacher will use a stern voice to show that they are not joking and that it is a serious matter, whereas when a teacher is trying to comfort a pupil they will use a soft tone of voice so it shows that they are there to listen and are caring.

Proximity:

Proximity is the nearness in space, time or a relationship. The space between people can show how friendly or 'intimate' a conversation is. In Britain and other cultures there are expected 'norms' as to how close a person should be when they are talking to somebody. For example, if a person is stalking to a stranger it is suggested that they stand at arm's length apart so it is a comfortable amount of space between the two. If the person is conversing with someone they are friends with or are related with then it is likely that the area between them will be more enclosed. In all health and social care settings it is important that all clients are allowed their own personal space, if carers do not allow clients to have their own personal space it can be considered aggressive. It is also important that the practitioners who work with children understand the requirements of space due to how society can perceive people who work with children when they come to close to them, to ensure this does not happen a code of conduct is placed that all employees have to sign.

Reflective listening:

Reflective listening is a communication strategy which involves two key steps: seeking to understand a speaker's idea, then offering the idea back to the speaker to confirm the idea has been understood correctly. An example where reflective listening is used in a health and social care setting would be in a school, a teacher will set a task and then will ask the students what they have to do and will check on them throughout the process of the activity to ensure they understand that they are doing what they are supposed to do.