

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

D1: Analyse how cultural variations can influence communication

Introduction

When communicating with another individual it is likely that multiple actions will be carried out such as the amount of **eye contact** one individual makes with another, **gestures** that can help a person explain something to an individual and **proximity**- how close one individual is to another when conversing, and what is the appropriate distance between two people varying on circumstances i.e. whether they are **strangers, a professional and service user relationship, family or friends**. The level of eye contact, gestures and proximity varies between different cultures because different cultures have different ways of communicating. The carers whom are skilled will use a range of conversational techniques when working with other employees and users of the service, this does not only include being polite to others but also includes being sensitive to variations in culture. A **culture** is the ideas, customs, and social behaviour of a particular people or society. Those who are from different regions in Britain use different expressions and non-verbal signs vary from culture to culture. It is to be taken into context that nobody can learn all possible systems of cultural variation in non-verbal behaviour however it is possible for the carers to learn the cultural variations of the people that you work with. **For example**, in a nursery there may be teachers and students who have different cultures and to avoid conflict or to make the individual feel welcome and respected those who work with them should attempt to learn the non-verbal communication for their culture. The idea of learning their culture can be seen as something which will be difficult to do however the ways in which it can be done are:

- First noticing and remembering what others do (what non-verbal messages they are sending)
- Make a guess as to what message the person is trying to give you
- Check your understanding (your guesses) with the person

The listed points above show the idea of reflective listening and that an individual has to think carefully about a person's response.

It is important that care workers are careful to not assume that statements and signs mean the same in all cultures, cultures and various settings differ meanings for things such as; eye contact, gestures and proximity. It is vital that all care workers understand that even small groups can develop their own system of meanings, this means that care workers have to respect differences, but the client group also has to be aware that it is impossible to learn all the possible meanings of non-verbal communication.

P1: Explain what is meant by communication variation between cultures

Eye contact is the state in which two people are aware of looking directly into one another's eyes. This type of action tends to be used when two or more people are conversing with each other. This act of non-verbal communication helps individuals guess other people's thoughts and feelings, most individuals are aware of this because of certain signs that are shown when making eye contact for example, when peoples pupils increase in size it replicates that they are excited about something or are attracted to someone and if individuals have a fixed stare it could potentially mean that they are angry. **An example** of eye contact being used could be when a doctor is talking to a patient. It is important that some eye contact is included so the doctor can see as to whether the patient

understands the information and is **engaged** in the conversation. Eye contact is essentially a way of showing that an individual has engaged or is engaging.

British culture, especially people who are of white middle class and most of the UK, see it as important to look everybody in the eye when talking to them. **An example** of where this is used in a health and social setting would be, when a primary school teacher is telling off one of their pupils for misbehaving, the technique of eye contact allows the pupil to know that the teacher is being serious and stern, which also implies that they are being told off. However, if a person looks down a lot or constantly looks away when being spoken to it is considered as rude and that a person may be being dishonest or in certain circumstances sad or depressed, whereas in communities that are referred to as **'Black communities'** interpret looking away or looking down when communicating as a sign of respect.

Other cultures such as **China** and **Japan** feel that eye contact is not essential during social interaction, in fact it is often considered as inappropriate in such an **authoritarian** (favouring or enforcing strict obedience to authority at the expense of personal freedom) culture. It is believed that when people of a higher status are conversing with **subordinates**, people who are below them, the subordinates should not make steady eye contact with their **superiors**. **For example**, when a health carer in an elderly residential home goes to give an elderly Chinese person their medication, the Chinese person should not look the carer in the eye because it is considered disrespectful as they are of a higher status than them.

In the **United States of America** eye contact is generally considered a good thing however too much of it can lead to miscommunication **for example**, eye contact tends to mean that you are interested in person or that you are interested in what the individual is saying. Like British cultures the United States believe that looking down or away from a person instead of meeting their gaze is a way of showing that they are distracted or uninterested in the person who is talking, it is also thought that when an individual neglects eye contact with a person it can be considered that the individual lacks self-confidence. **For example**, when a student looks away from the teacher when they are being asked a question, it is likely that it will not mean they are uninterested or distracted but it may mean that they lack self-confidence so they do not wish to answer the question.

Those who are from **Middle Eastern countries** have a variety of cultures, meaning that non-verbal communication can differ however their use of eye contact and how they view it is a common trend. Eye Contact in Middle Eastern countries is less common and is considered less appropriate. Strict rules apply to eye contact, **for example** if a woman of a British Culture was to communicate with a man from a Middle Eastern country in his country, the British woman will have to respect the views of the man's culture. Therefore, if the woman is a teacher and the man is a student it is important that the woman does not make too much eye contact with the male because it can be seen as a romantic interest, something which is frowned upon in schools because it is unprofessional. However, if intense eye contact is made within this culture especially between men it can often be seen as a way of showing sincerity. If the eye contact is intense but is also strong eye contact then it can mean 'believe me, I'm telling the truth'. **An example**, of where this may be used in this type of culture, is in the doctor's surgery, a patient may hold eye contact like this with their doctor if they are trying to inform them that they don't do something that affects their health, such as smoking.

There are still some cultures such as many **African and Latin American** ones which remain strong hierarchical societies. Therefore, in multiple circumstances when intense eye contact is used it is seen as potentially aggressive, confrontational and immensely disrespectful. **An example** of where not to use this eye contact in a health and social care setting would be in an elderly care home

because if the patient made too much eye contact with the carer and the carer came from an African or Latin American culture, it could be possible that they are still learning the ways and means of a British culture, it is likely that they will still believe that intense eye contact is aggressive. If the patient is making intense eye-contact with the carer it is likely that the eye-contact will be miscommunicated and potentially seen as aggressive. The aggressiveness of the eye contact could be taken in two different ways, one way would allow the carer to feel hurt and potentially not understand as to why they are being looked at in that way, or another way is that the carer will feel un-respected themselves which may cause them to get frustrated which could potentially lead to the carer getting abusive, verbally or physically, unintentionally.

It is to be remembered that eye-contact is slightly different and fixed in a particular way in different cultures.

D1: Analyse how cultural variation in eye contact can influence communication

Health and social care and early years' settings cater for a lot of people, this includes those who are from different communities and have different cultural backgrounds, this means that when communicating with one another employers, employees, service users, volunteers and other individuals all need to be aware of cultural differences. However, even if individuals are aware of cultural differences it is still likely that some issues in communicating with people from different cultures will occur. When a carer does not attempt to understand the cultural differences it is likely that the individual will feel disrespected if it does not fit in with their culture and it will potentially create a language barrier. A language barrier is a step back in the world of health and social care because it can prevent information being passed and obtained as well as messages that are non-verbal being misinterpreted. **For example**, if an individual from China or Japan goes to a doctor's surgery that has doctors who are of British culture and they feel as if they have made too much eye-contact with those who are above them, they will feel uncomfortable and potentially a lack of confidence. This will create a language barrier because neither the doctor or the individual will understand what is going on due to the lack of communication and the lack of eye contact which the doctor may consider as rude. This experience may also prevent the Japanese/Chinese client from going back due to how uncomfortable they felt, which will later on affect their health because they will not have a professional's opinion. One of the obvious issues that the difference in eye contact when communicating will produce is this idea of misinterpreting information. For example, those who are from 'black communities' see it as a sign of respect when someone looks away and doesn't look them in the eye however those who are of white middle class find it disrespectful, rude and create the idea that the other person is not interested or is distracted. The variations of eye contact can also create the issue of an individual portraying themselves as either intimidating if there is too much eye contact or as someone who is very timid and scared because they lack this non-verbal communication.

In all health and social and early years' settings when issues are concerned there is always an attempt to minimise and avoid issues. When communicating through eye contact there are several ways in which you can avoid the issues that are mentioned in the above paragraph. Communication is not only non-verbal so if an individual has a problem communicating with someone one to one due to the way they come across through their eye contact there is always the opportunity to converse through written or computerised communication. **For example**, when a nursery teacher of American culture is communicating with a child's parents of a Middle Eastern culture and they find it hard to because of their interpretation of the eye contact, it will be easier for information to be given through written communication, such as a letter, because there should be little misinterpretation and there will not be this interpretation that the parent is uninterested or that

they are sincere towards the situation. When a carer works in a setting where they know who is going to be there, what culture they are from and their ethnicity, examples of these settings are nurseries and care homes, potentially hospitals, then a way in which an individual can minimise the issues they have when communicating through eye contact by researching their culture and find out how you should use this type of communication when interacting with them. Once carers have found out about clients cultures the polite thing to do would be to adapt to the way in which they communicate through eye contact, so it prevents miscommunication, makes them feel welcome and makes them feel respected. However, if carers are in a setting where they don't have information which informs them of an individual's background it is important to attempt to understand how to communicate with those from other cultures. A way in which carers could do this is by mimicking their actions, for example if someone is uncomfortable making a lot of eye contact, it is important for the carer to understand that and reflect that action as soon as they have interpreted it. This allows the individual to feel more comfortable, respected, potentially happier in their environment and more likely to come back to the care service.

P1: Explain what is meant by 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 and primary schools tend to have staff that use a lot of hand gestures to explain ideas to their service users, this is a way for the clients to understand what is happening a lot easier, especially when explaining to a client who isn't from the same country, however this comes with problems because not all gestures mean the same in every culture. **An example**, of where gestures are used in a health and social care setting would be in a school, when a teacher attempts to emphasise a key point, a lot of clapping or fist to hand contact will be used so the students understand how key the point is. Even though the interpretation of gestures varies in different cultures there are some which are common across all countries, examples of these are:

- Waving- to say hello or goodbye
- Moving of the head- Yes or No (Shaking or nodding)
- Smiling- which represents kindness or amusement



Individuals who are within a **British or American culture** will curve their index finger under their thumb as a way of saying "okay" however those who are from **Brazil, Germany or Russia** find the use of this particular sign offensive because it is used to depict a private bodily orifice. Therefore, **an example** of where this type of communication should not be used within a health and social care setting would be in a Dentist, because if a dentist of a British culture used that sign to an individual from Russia it would be seen as inappropriate and not something that a care worker should be depicting. Those who are from **Asian cultures** such as Japan and China interpret this sign as money so when it is used in a **care facility** such as a school instead of a teacher of British culture intending to say that their child is doing "okay"/well it will be interpreted as their child needs money potentially for a better education. This use of the sign "okay" can be seen as bribery if the client is aware that the school don't charge money for a child to attend school and can make the individuals feel distressed and uncomfortable about the way they are being treated.

D1: Analyse how cultural variations in gestures can influence communication



Those who are of an **American culture** believe that the gesture of your middle finger and index finger stuck up in a v shape with the palm facing inwards is a way of saying “victory” or if the palm is facing outwards it is a way of saying “peace”, this sign was made popular by Winston Churchill during World War 2. However, when this gesture is used with the palm facing inwards towards someone of a British culture, South African culture or an Australian culture it is essentially saying “up yours”. **An example**, of where this would not be used would be in a hospital, if the doctor is of American culture and uses this sign as a way to show victory because a patient, of British culture, has just defeated their illness it would not be appropriate because the patient may think that the doctor is being rude towards them and that the doctor has no interest in helping the patient improve their health or get better if they are not aware that they have conquered their illness. This has a significant impact upon communication and may impact the future health of the patient.



The use of **thumbs-up**, is a gesture which is used commonly all around the world however all for different reasons. The thumbs up in British Cultures is a way of saying a job well done however if a thumbs-up is used in Middle Eastern cultures, Australia and Greece a thumbs-up is considered as a highly offensive thumbs-down, it is essentially another way to say the words “up yours”. As well as words the use of a thumbs-up can also be used to interpret numbers, **for example** in countries such as Germany and Hungary this gesture is used to represent the number 1 and in Japan it is used to represent the number 5. Therefore, if in a care setting such as a primary school it is important that teachers are aware of the hand gestures they are doing when explaining to children, especially if there is someone from either Japan, Germany or Hungary because the message can be misinterpreted which can cause them to get something wrong and potentially affect their education.



In near enough all cultures pointing with the **index finger**, especially if it is directed at a person, is considered as rude, it is seen as impolite in **Asian cultures, Latin America and British cultures**. In **African countries** the use of an index finger is only for pointing at objects not people. It is suggested that in all cultures when wanting to beckon someone instead of pointing at them use an open hand face down with all fingers together. **An example**, of where not to use the pointing gesture in a health and social care service would be in a Doctors surgery, for example with any culture if a doctor was to point at a client the client would feel uncomfortable, annoyed and feel as if they are not being treated well, potentially being treated as if they were a dog. Therefore, it is always important that when a doctor wishes to speak to a client they either address them by calling their name or using the above example of pointing at someone with an open hand and fingers together.

Facial expressions are also a major part of gestures. Facial expressions are a gesture executed with the facial muscles. An individual’s 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, it will be more likely for them to withhold a slight frown or pursed lips. Whereas if an individual was happy they would have wide eyes when they make eye contact with another person. It is important in all health and social care settings and early years’ 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 a nursery, 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. It is also important for carers to be aware of the cultural differences in facial expression because not all facial expressions mean the same across the world. For example, facial expressions may vary for those who wear Burqa's because it covers the majority of their face, therefore you will have to understand what they are trying to communicate through eye contact.

Due to the amount of people that health and social care and early years' services provide for they need to be aware of cultural differences of gestures and the impact on communication that gestures may have when communicating with those from different backgrounds. Key ways to avoid these communication issues would be to be aware of the method of communication that they are using **for example**, when using gestures individuals need to be self-aware of what they are doing so it does not result in offending anyone or effecting them so they won't come back to the service which will impact their health or educational needs. Another way to avoid offending an individual or scare them from coming back to the service is to, if you know before what type of culture an individual is from then you can research their culture and if not then mimic the gestures that the individual does by interpreting them and then doing them.

P1: Use examples of how different cultures have different proximity and refer them to British culture

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 talking 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 individuals have their own personal space, if people are not allowed to have their own personal space it can be considered aggressive. It is important that those who work in Health and social care and early years' settings understand that there are different proximity zones.

Public distance zone is the furthest distance you can be from someone when communicating with people, if an individual is of a further distance than necessary it may be perceived that you are a nervous individual, don't like to be around people or that you are being rude. The public distance zone is larger than 3.6 meters. **An example**, of where this would be used in a health and social care setting would be in a school, when teachers have staff meetings it is likely that all teachers will be around a conference desk and the individual who is delivering the speech will be standing up, possibly presenting a power point, the individual standing up will be standing at 3.6 metres (about 12 feet) because it is a more comfortable way to address a big group and is an easier way of addressing a big group. This is because it comes across as considering the whole group as one individual with a great amount of space, therefore the information that is to be delivered is delivered a lot more efficiently. As well as this zone being a great way to communicate to others it is also a way in which you can observe other people without actually interacting with them, for example this type of observation may be used in a nursery when senior staff are watching over other staff doing practical work and ensuring that they are fully trained for the job they are in.

Social distance zone is a space between 1.5 – 3 metres (5-10 feet). The social distance zone is also known as a neutral zone because it is the most comfortable zone to start a conversation in with people who do not know each other well. This is the distance that an individual will keep from strangers but those who they may have interaction with, **for example**, in a health and social care setting this kind of distance will be used when applying for a service such as the dentist, if you apply inside of the dentist then there will be a barrier, such as a desk in front of the receptionist, which will create the distance of 1.5 metres or more. However, if it is a scenario where both the client and practitioner are sat down the proximity between them will be a lot smaller, this is because there is usually an object in between them. **For example**, this scenario will occur in a school when parents' evenings are held, this barrier will help the parent feel more relaxed when discussing details about their child with a teacher.

Personal distance zone is a space that ranges from 60cm to 1.5metres, otherwise known as 2-5 feet, this is a space that tends to be reserved for only those who you know and trust i.e. your friends and family. Therefore, this distant zone would be seen as **inappropriate in any care setting** unless you were a surgeon and where operating on an individual or if you were a carer who helps clean vulnerable individuals such as the elderly. There personal distance zone is relaxed and an easy place for individuals to talk, shake hands, make gestures as well as making facial expressions. There may also be something which is referred to as a division in this zone because it depends on an individual's preferences and how much they appreciate and give affection, this refers to the idea of the more you like someone, the closer you'll get. This idea of a personal distant zone also allows individuals to lean in closer which will show a sense of interest, affection and rapport, when an individual gets closer to someone on an acceptable level It shows that they like that person. The problem that is mainly caused by this zone is 'invading of personal space' because some are not aware of others likes and needs of space.

Intimate distance zone involves direct contact up to 60cm apart which is approximately 2 feet, this is the space that is reserved for those who are loved and trusted most, for example partners or siblings. The distance of half a foot is referred to as a 'private bubble' a space in which most like to keep to themselves so that they feel as if they can breathe and think freely. However, when someone invades that space the body and mind of an individual will automatically react, for example if it is someone who we are comfortable with our body will be relaxed and we are likely to enjoy the intimacy however if it is someone's presence who is unwelcome we try to avoid and 'push off' the person to remain in our comfort zone. It is important that intimate distant zones do not take place in care settings especially those which fund for children because it is inappropriate and can be perceived as more than what it actually is.

Intimate crowd are known as crowds that all individuals do not feel comfortable in this is because in crowd's strangers automatically enter a person's intimate zone, this person has no choice about the stranger entering this zone but neither does the stranger. Therefore, to make individuals feel as comfortable as they possibly can in crowded spaces such as lifts our brain avoids treating them as individuals through an act called dehumanization, this means that if we don't think of them as humans we will feel more secure within ourselves and to do this we avoid making contact with the individuals by:

- Avoiding eye contact – i.e. staring at the wall, floor or ceiling
- Hold a facial expression which is read as blank
- Make as minimal movements as possible to avoid touching others.

However, the odd individual may feel adventurous and may wish to make eye contact with another individual in the lift or even smile at them however they may find it really awkward due to the reaction they could receive. It has been known that when an individual attempt to make this act the reaction they get off others are either pure ignorance or this look that states “why are you staring at me?”, in very few occasions the adventurous person may receive a smile.

Hall notes that different culture types maintain different standards of personal space, the types of personal space vary and are noted above. The Francavilla Model of Cultural types, also known as the Lewis Model, lists the difference in personal interactive qualities which indicate three poles:

- 1) **Linear Active cultures:** these include countries such as Germany, Norway, USA, UK. The Linear active cultures are characterised as cool and decisive, therefore when these countries are using proxemics, they tend to stay in the first two zones, public distance zone and social distance zone. **An example**, of where the public distant zone may be used in a health and social care setting would be when students attend a university lecture, the lecturer will be at the front, a required distance away from all individuals so they can see the students as a whole instead of separate and can feel more comfortable when they are talking than if they were sat in the crowd right next to the students. **An example**, of where social distant zones may be used in a health and social care setting would be in a drug dispensary inside of a doctors because it is communication between two people who are being separated by an object such as a desk in between them.
- 2) **Reactive cultures:** these include countries such as Vietnam, China and Japan. The reactive cultures are characterised as accommodating and just recently as confrontational, therefore when these countries are using proxemics, they tend to stay in the first three zones, public distance zone, social distance zone and potentially personal distant zones. Those who are from Vietnam may find that to welcome tourists into their country they need to great them and be friendly, maybe by offering a handshake therefore they would be entering the personal zone, however if this tourist was of British culture they may feel uncomfortable because they only tend to do gestures such as shaking hands with those who are friends. **An example**, of where personal distant zones may be used in a health and social care setting would be when a nursery welcomes new children to their service, their parents may be greeted with a handshake and debriefed about what their children will experience at the nursery to make sure that they feel comfortable with their child attending that nursery and allows them the chance to feel welcome within this service.
- 3) **Multi-Active cultures:** these include countries such as Brazil, Mexico and Italy. The multi-active cultures are characterised as warm and impulsive, therefore when these countries are using proxemics, they will use all zones however some more than others such as the personal distance zone and sometimes the intimate distance zone. **For example**, those who are from Italy tend to great people with a kiss on either side of the cheek where as those from a British culture, if they had to greet someone, they would shake hands. Those who are from Brazil are very touchy feely, so when greeting visitors, they will hug them and kiss them, something of which invades some peoples personal space, allowing them to not feel comfortable. **An example**, of where the intimate zone may be used in a health and social care setting with those who are from either Brazil, Italy or Mexico, may be in a hospital when a doctor is consoling a patient because they have just been told they have a terminal disease, this is aimed to help them feel comfortable and more at ease and hopefully allow the individual to take in the information they have been told. However, in other countries such as China and Japan this action is seen as inappropriate and wouldn't be a comfortable place for them to be in, it also wouldn't bide well with this idea of people of higher status

Exemplar work – D1

having contact with those who are below them. A more appropriate way of consoling someone in a British culture would be to use pauses in between talking to ensure they are taking in the information and understand.

D1: Analyse how cultural variations in proximity can influence communication

Cultural variation in proximity can impact the amount of communication made. When an individual is being dealt with and the practitioner gets too close to them it is likely that they will begin to feel uncomfortable, the practitioner can also feel the same when a client gets too close to them. **For example**, if an individual from a British culture attended a school in a country of Brazil and they hurt themselves it is likely that the teacher will console them by hugging them until help comes, even though the Brazilian will feel comfortable with this distance between the two it is likely that the individual will feel uncomfortable and would much more prefer a distance such as personal distance zone between them. The amount of distance can create miscommunication, for example when a person gets too close it can create this idea that they want intimacy whereas it can actually be that they just like being close to people to feel safe. The idea of being too close to an individual isn't well accepted in all health and social care settings because it can represent this idea that it is unprofessional and something which society can frown upon. If incorrect use of proxemics is directed towards individuals based on their cultural variation it may mean that they will not want to return to the service. **For example**, in an elderly care home, if the carer is Chinese and the patient is British they may feel slightly disregarded because the carer isn't as close as they wish them to be, therefore it would result in the patient having a bad experience and if they get let out may result in them not wishing to return.

As cultural variation in proximity can create issues in communication, all health and social care and early years' workers need to work in a way in which they can attempt to avoid the complications. Carers can avoid these complications by:

- If they work in a setting, such as a care home, where they know about the cultures of who they are dealing with, they can research more about their culture so they will not offend them and can allow them to feel more comfortable and more at home.
- Due to doing research it would be the appropriate thing for the carer to attempt to adapt to the culture
- When being put into a situation with individuals from different cultures you get a sense as to how much space they wish to be in by their actions, once you develop this sense the kind gesture would be to mimic their spacing so they feel at ease and know that you are attempting to make an effort.