

In-Home Aides Partners in Quality Care

- October 2017 -

Communication-more than just words

The Merriam- Webster dictionary defines communication as a verbal or written message and a process by which information is exchanged between individuals through a common system of *symbols, signs, or behavior*.

Basic principles of communication include verbal and non-verbal communication. We are communicating, even when we are not using words, with our body language.

Verbal communication is speaking. In speaking, the *tone* of your voice and your *expression* can affect the meaning of the message. Nonverbal communication is the exchange of information without words such as facial expressions, gestures, posture and body language.

Nonverbal communication and body language is important in the communication process. Paralinguistic signals are sounds but now words, such as a sigh. Body language supports or contradicts our words. Cultural variations exist in body language and in the meaning. Kisses, tears, dances, emblems, silence, open displays of emotion and thousands of other symbols can and often do have different meanings in various cultures.

Sometimes with verbal and non-verbal communication, the words and actions may not match; someone may say everything is fine but *crying* at the same time. Two different messages are being sent. You will have to find out which one is correct. Some clients may use assistive devices for communication.

Objectives:

- * Define communication and ways we communicate
- * Describe skills for effective communication
- * The In-Home Aide's role in working with clients with communication challenges



Communication with hearing-impaired clients:

If you are working with a hearing impaired client, the client's record should show what methods team members use to communicate successfully. Some clients may wear hearing aids. Discuss with your supervisor if you notice any changes in your client's ability to communicate and follow the plan of care for your client. Suggestions for communicating with someone hearing impaired are:

- Reduce background noise of household appliances
- Be sure your face is clearly visible; this will help if someone needs to read your lips
- Lower the tone of your voice
- Do not exaggerate your speech by mouthing the words
- Introduce the topic and use a *visual aid* if possible
- Use short, simple sentences- rephrase the sentence if it is not understood
- Pause before changing the topic
- Keep a pad and pencil ready so the person can communicate in writing, if possible
- Try to speak to the side of the client where better hearing occurs, if known
- Be patient, show by your body language that you are supportive

The terms *assistive device* or *assistive technology* can refer to any device that helps a person with hearing loss or a voice, speech, or language disorder to communicate. These terms often refer to devices that help a person to hear and understand what is being said more clearly or to express thoughts more easily. Notify your supervisor for any training you need to help your client with using assistive devices.

Key concepts in communication:

- Good listening is essential to clear, effective communication.
- When people listen with their full attention, they remember and understand more of what is being communicated.
- Being listened to attentively feels caring and helpful to a speaker. Not being listened to, or being listened to in an inattentive manner, feels hurtful and unhelpful.
- Since people often respond to body language rather than to words, it is necessary to become aware of your own body language and learn to use this type of communication more effectively.

We are always communicating! Good communication is essential in the day-to-day interaction between the home care aide and the patient. Be sure to discuss any language barriers, such as your client speaking a different language than you with your supervisor, language interpretation services may be needed. Also consider any cultural differences in communication .

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Communication – Nurse Aide’s Role:

- Develop skills that will enhance successful verbal communication
- Show interest
- Hear what is being said (practice active listening)
- *Avoid interrupting*
- *Ask questions for clarification*
- Learn patience and allow expression of feelings
- Eliminate environmental distractions
- Understand that silence is an effective communication tool

Some causes of communication difficulties:

- Stroke affecting speech
- Illness or surgery
- Developmental disability

Mechanics of speech:

In order for a person to be able to verbally communicate effectively, they need the right muscles to work –

- Respiratory muscles – are used for exhaling
- The Muscles of the larynx – are used to produce sound
- The Muscles in the pharynx, mouth and nose – form the tone of the sound

Many factors can impact these muscles working correctly. A few of these factors are: Laryngitis, Tumors, Nodules on vocal cords, Ulcers, Vocal cord paralysis, COPD, Surgery, Screaming, Substance abuse, Normal aging and some Hysterical conditions

- Some clients have Motor Speech Disorders - this means that mechanically, the client is unable to produce speech. Unless other conditions exist, the client is able to understand written and spoken language and is able to read language
- Some clients have language disorders: this can be caused by damage to the part of the brain responsible for language comprehension – these disorders may affect a patient’s writing and reading abilities and expression

With the development of digital and wireless technologies, more and more devices are becoming available to help people with hearing, voice, speech, and language disorders communicate more meaningfully and participate more fully in their daily lives.

- Augmentative and alternative communication (AAC) devices help people with communication disorders to express themselves. These devices can range from a simple picture board to a computer program that synthesizes speech from text.
- Alerting devices connect to a doorbell, telephone, or alarm that emits a loud sound or blinking light to let someone with hearing loss know that an event is taking place.

Some clients may have cognitive-communication disorders

They may have intact language but have *difficulty with expression and reception of emotions (they can’t recognize humor – they don’t follow the rules of conversation and may be impulsive)*.

Causes can be: Right hemispheric dysfunction in the brain or traumatic brain injury or *dementia* or some combination of the above.

In order to communicate effectively:

- Reduce background noise that may distract the client
- Start the conversation with casual topics or familiar subjects
- Keep things simple
- Allow time for the client to communicate
- Explain what you are going to do
- Distract or redirect the client if needed

Remember these communication disorders are challenging.

- Always treat the client with respect
- Give the client a chance to reminisce
- Give the client choices e.g. “Would you like to have your bath first?”

Reach out to your supervisor for help and for additional training needed to care for your client as needed.

If your client has difficulty communicating verbally, you may observe nonverbal communication (behavior, body language, expression) that the client may be using to express their emotions and needs. As you spend time with the client, you can write down what you observe with the client’s behavior, what is happening and what you think it means. Such as when Ms. Smith does _____ (fill in behavior), I think it means _____ (fill in what you think it means), this may help other caregivers in understanding the client’s use of non-verbal communication and emotions to express what they need and what certain behaviors may mean. This could help other team members caring for the client. Discuss your observations with your supervisor and follow the plan of care.

Tips for communicating with visually impaired clients:

- Provide adequate light
- Check glasses, if worn, to be sure they are clean, are in good repair, and fit properly
- Reduce glare from exposed light bulbs or waxed floors
- Provide aids to communication, such as magnifying glasses
- Stand directly in front of the client when communicating; side vision may be poor
- Say the person’s name before you start the conversation, speak in a normal tone of voice

Effective Communication Is Critical In Home Care for Many Reasons:

- ❖ Effective communication skills are needed in order for you to talk to your supervisor and communicate any needed changes in your schedule due to scheduling issues that may come up such as sickness, appointments, car trouble, or other issues.
- ❖ You also need to be able to communicate to your supervisor when you feel like you need more training and education on a task you are asked to perform for a client, or if you are having problems effectively communicating with your clients who have communication difficulties.
- ❖ You also need to have effective communication with your clients regarding how they like certain tasks done or how they are feeling or if their condition changes.
- ❖ Good listening is essential to clear, effective communication. Everyone has the capacity to listen effectively and can improve through practice.

Skills that can be developed for effective communication:

Active Listening- This is when you listen to someone without interrupting them, asking questions to make sure you understand what they are saying, repeating back to the person what you thought you heard them say and what you think they mean, having eye contact (also consider cultural differences in which direct eye contact may not be desired) and paying attention without distractions.

Self-Management -This is when you “pull back” on emotional reactions you may have when something someone says bothers you. Self-management is when you try to stick to the facts of the conversation and not on your emotions. Self-management also means you focus on the conversation and you do not let your mind wander on other thoughts when someone is talking to you.

Self-Awareness- Realizing that we all have different personalities which can affect how we deal with others and how they deal with us is part of self-awareness. For example, if you are a “big-picture” personality type you are the opposite of a “detail” personality type. A big picture oriented personality may become bored with nitty-gritty details such as with the “detail” required in the aide service notes that have to be completed to document client care. Becoming self-aware of the need to “stretch” your personality to do your job correctly, such as with documentation on a service note, is part of self-awareness.

How To Avoid Distractions With Listening:

- ❖ Take a deep breath
- ❖ Make a conscious effort to listen
- ❖ Repeat in your mind what you are hearing
- ❖ Maintain eye contact (unless culturally inappropriate for your client).



Tips for Practicing These Skills:

Try to listen to someone for five minutes without interrupting them, be sure to use your listening skills such as not being distracted, asking questions and asking the person to **repeat anything unclear** to make sure you have a clear understanding of what the other person is saying. You can practice this with someone at home, someone you work with, etc. and ask for their feedback on how you listened and, **did this person feel heard and understood!**

Henry David Thoreau

The greatest compliment that was ever paid me was when one asked me what I thought, and attended to my answer.

Communication scenario-what the client said:	In-Home Aide reaction to the client <i>without</i> effective communication skills:	In-Home Aide reaction to the client <i>with</i> effective communication skills:
“I am tired of everybody telling me what to do.”	“I am just trying to do my job and follow the plan of care.”	<p>Active Listening: “So you feel like everybody is trying to tell you what to do? Tell me more about what you mean?”</p> <p>Self-Management: I am going to take a deep breath before I react. I am going to remain curious about what might be going on for this client (such as feeling sad/angry at the loss of independence) rather than taking this personally.</p> <p>Self-Awareness: I know that I am more of an introverted type personality rather than an extroverted type personality and I like to think about things alone, but in this case, it sounds like I need to open up and listen to what this client has to say and stay open to asking questions and allow this client to ventilate their feelings. In doing so, I may learn more about this client and about giving this client as many choices as I can when providing care, such as what order that the care is given in (i.e. shave before bath, food preferences, etc.).</p>