

Communication and language needs and preferences



Health carers communicating with patients who are hearing and visually impaired have effective ways of communicating. People who are hearing impaired use sign language to communicate with each other, however carers who don't use sign language, find that using symbols can make a huge difference when communicating. For example using Widget Literacy Symbols and Pictorial Communication System symbols can help a hearing-impaired person make choices and can increase involvement and confidence. A patient who is partly deaf may be able to read and write so it is useful to carry a notepad to communicate with them.

There are two types of Communication passports; they are for people who have communication difficulties. Type 1 communication passport contains information about all aspects of a person's life, this is helpful as it enables the person to make decisions and have their own say. Type 2-communication passport is information on the person's health. This is useful as it keeps an up to date diary on the person's health needs and can be accessed and changed at anytime according to their health status. Types of communication aids are; * charts with pictures, symbols, letters or words* electronic voice output devices* specially adapted computersHearing aids;* worn in the ear or behind the ear* body-worn, with an earphone in the ear* bone conduction, with sound conducted through the skull* CROS and BiCROS hearing aids: a CROS hearing aid picks up sound from the side with no hearing and feeds it to your hearing ear: a BiCROS aid amplifies sound from both sides and feeds it to your hearing earPartial sight – low vision aids;* Closed circuit televisions (CCTVs) work by putting what you want to see underneath a special camera and the page appears enlarged on a TV screen.

Environment When communicating with patients it is important to make sure that the setting is suitable. As a hospital is a busy place and can cause interruptions, which can distract both patient and doctor. Using a room where there will be hardly any noise can help concentration levels and cut out any interruptions. When communicating to a patient about private issues, you can only get a certain amount of privacy using bed screens, but you will still encounter interruptions and noise. When speaking to a patient make sure there are no physical barriers, for example a desk between you and the patient.

A desk can stop the patient being more open, can make them feel less comfortable as they see the desk as being a barrier between you and them. Placing the chairs at a right angle beside each other is the appropriate seating arrangement as there are no physical barriers between you and the patient, it will also make the patient feel more comfortable which will make for easy communication. Another important aspect in the environment setting is lighting. Lighting may not seem important, however if the lighting in a room is either too bright or too dark it can lower concentration levels as the light could distract the patient which could cause the patient to not comprehend important information or not give the doctor vital information about their background.

Behaviour Assertiveness is being able to stand up for ones rights and not violate the human rights of others. Being assertive is to one's benefit most of the time but it does not mean that you will always gets what you want. The result of being assertive is that you feel good about yourself and other people know how to deal with you. An example of this in a health care <https://assignbuster.com/communication-and-language-needs-and-preferences/>

setting is; a nurse who has been asked a favour by another colleague but cannot at that moment in time but offers to do as soon as their free.

Aggression can be divided in two parts;* Direct Aggression* Indirect

AgressionPeople who show aggression use this approach to make them feel better by forcing their views across on other people hurting their self thoughts and making them resent you.

Direct aggression is forceful behavior with intent to dominate another person or person's. When a person shows aggressive behaviour in a work force this can reduce the communication between colleagues as they feel intimidated towards them. People who show indirect aggression are unable to confront others with their anger, they opt for sulking, no eye contact and showing resentment through facial expression and general demeanour.

Submissiveness is the feeling that others' needs are far greater than your own, this is so not to create trouble between colleagues and patients. An example of this is a nurse who will keep adding jobs on top of the ones they already have, which could lead to a burnout and stress.

BarriersCommunicating about sensitive, difficult and complex issues can be a hard thing for a nurses and doctors to do.

Barriers for carers to over come are; the fear of upsetting the patient, fear of being blamed for the news, anxiety about how they will deal with the patients reactions, discomfort at being around those distressed by the news, worry over the questions they may be asked and lack of training in this area.

Everyday in health and social care there are personality clashes between patients and carers. Patients who are, happy, angry or shy may misinterpret communication from others. For example when communicating with an
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angry person it's common to find that they will not agree with what you're saying and when communicating with a happy person you will find that they agree with everything you say. Health and social carers have a habit of stereotyping certain types of people, the most common stereotype is that of old people. A stereotyped view of an old person is; they are forgetful, can't do things for themselves, they're lonely, always ill, bad tempered, out of touch with modern life, can't think straight and that they are awkward.

However this is just a stereotype, health carers need to remember that not all old people are like this. Carers may make assumptions based on stereotyped thinking, for example a carer might say 'I'll just go in and wash and dress this one - I won't ask her what she would like me to do because she's old and old people don't remember - so it does not matter what I do'. - Stereotyped thinking like this may cause us to discriminate against people. The disabilities, impairments and illnesses that some patients and clients experience can make communication more difficult unless care workers find ways of adapting to them.

For example, people who have difficulty with the spoken or non-verbal aspects of communication, depending on their particular impairment. People who have learning disabilities may struggle to understand the content of communications that include complex, difficult language and words or ideas that they are not familiar with. Care workers should always try to emphasise with the person whom they are aiming to communicate with. They should try and work out how to get their message across to the person in the most effective way.

As a multiethnic society, the UK has many citizens whose first language is not English and who may find English difficult to understand. Many people from the UK also find the complicated medical words on hospital signs and the jargon of health care workers hard to understand. In all these circumstances language can be an obstacle to effective communication between care workers and their patients and clients. In a multiethnic society like the UK there are a lot of cultural differences between different groups in the population.

These differences can affect the way people communicate and interact, which can sometimes cause communication problems, for example, the amount of eye-contact, the physical closeness or proximity and the amount of touching that people do when they communicate varies accordingly, to culture. It is important to be aware of this when working with people in care settings in order to make sure communication with them is effective. Time is always against care givers, this is a barrier as communicating with a patient in a short period of time can seem to the patient that the carer is not interested and wants to get out as quickly as possible. In sensitive issues, it is important for nurses and doctors to make time for patients as these issues may take a long time and it is vital no information was missed and all was understood. All health carers should take the time to explore the values and beliefs of their patients as this will help over come communication barriers erected by differences in education attainment, cultural beliefs, socio-economic status, religion, gender and age.