

# Strengths and weakness for one to one communication essay sample



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I am on placement in an eye hospital and I carried out one to one communication with a patient, it was whitened by my placement supervisor. I used Argyle's communication theory to help me to successfully achieve affective communication. This one to one took place on the 20th of November 2012. In stage one I started deciding that I was going to carry out a one to one with a patient. I decided to talk to them and began to think about what I was going to ask the patient. In the second stage I decided that I was going to use verbal communication and then decided what I was going to ask them. I chose to say 'are you going back to clinic?' Thirdly, I started to send my verbal message across to the patient and ask them 'are you going back to clinic?' Fourthly, this is when the patient had received and heard the message. Stage five was when the patient interprets the question and realises what they had been asked and begins to process an answer. Lastly the patient then showed some reaction, she smiled and nodded and then replied with 'yes'.

I think that this communication was effective because the patient and I were in a private room which was quiet and also there were no interruptions or background noise to disturb us so the environment we were in was appropriate. This was a strength that helped achieve successful one to one communication. However the patient was over sixty five therefore her hearing was not as precise and I had to speak louder than usual so it was possible for her to hear me. This minor hearing impairment could have been a barrier to communication although I overcame this barrier by speaking louder to the elderly lady. My weaknesses that I identified during my one to one are, I was concentrating on taking a scan of the patient's retina, back of

the eye, therefore when it was time for me to ask the question I did forget that I had to ask the patient so it was a little rushed when I did ask.

I can improve this by asking the patient the question before the scan so it is fresh on my mind and the lady does not possibly feel rushed and ambushed into answering the question in a short amount of time and also getting the right timing of when to ask the patient the question, for example when she was comfortable and ready to begin the assessment will improve the way the question would be perceived so again she does not feel rushed into answering my question and saying something incorrect. Another weakness could have been I did not make eye contact with the patient because I was behind a computer screen and a scanning machine (OCT 2000) which blocks my view of the patient. By not making eye contact with the patient and if they could not hear me very well, as the patient was an elderly lady, she might not have known I was talking to her, she could possibly think I was talking to my colleague in the room. To improve my weakness and make sure I am making eye contact with the patient I could have moved round the machine to make sure the patient clearly understood what I was asking and so they feel valued and appreciated.

This would also reassure the patient that I was asking her information and trying to talk to her rather than her assuming I was talking to my colleague as I was not making eye contact. I had to repeat the question twice as the patient could not hear me very well as the machine was blocking my communication, to overcome this barrier I had to physically moving around the machine and clarifying the question to the patient can make them feel valued. Also as the patient as elderly and did not have very strong hearing I

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did not raise my voice very loud as I did not feel comfortable raising my voice to and elderly woman, even though it would have been appropriate as she could not clearly hear what I was saying. To overcome this barrier I could have been more confident on making sure the patient could hear me and rather than guessing I could have asked her if she could hear me or ask if she understood and if she did not understand I could reword the question and make it appropriate for the patient to hear and understand. By overcoming this barrier I would have successfully got the correct information I was looking for rather than assuming the patient said something different.

However some of my strengths where I was not so shy when it came to asking ' are you going back to clinic' because this lady was my first patient and I had to ask questions before hand such as ' can you confirm your date of birth please' and ' what is the first line of your addresses' and this made me feel at ease about asking the patient as I was confident in myself on asking the question verbally. Strength of mine was I knew what I wanted and needed to ask so when the question was asked it was appropriate for what was taking place. By knowing what to ask was strength of mine because I did not say something irrelevant or unprofessional to the patient as I was well prepared on what I wanted to ask. I believe I also had to correct tone and pace when I communicated with the patient as my tone was very calm, relaxed and assertive. This helped the patient feel comfortable and content. Also using positive facial expression for example smiling and nodding when the patient arrives, this helps them feel at ease with the procedure as they might feel uneasy talking to someone they did not know in a private quiet room on their own.

## Group communication

I had a group discussion with two other people. It was about how one of the members of the group could have a one to one with a child of three years old on placement. We used tuckman's theory of group communication. It took place on the 19th of November 2012 at 11: 25. When everyone in my group came together we discussed how one of the group members could have a one to one conversation with a toddler around the age of three. She did not think she could have a successful one to one however the rest of the group disagreed with her. We came to this conclusion because we thought that it was possible to have a one to one because some three year olds may reply with a more detailed description of a picture for example where as other three year olds may reply non-verbally such as pointing to a picture or saying yes, no or even grunting.

At the first stage my group was getting to know each other and coming to a decision on what topic we were going to discuss which was, one of the group members on placement. The second stage was when we all had different opinions about being able to have a one to one with a toddler and we was expressing our opinions such as I thought it was possible to have a one to one, it may not be as successful as talking to an older child but the child would still acknowledge the question asked and show some sort of reaction like smiling, grunting answering yes or no. At the third stage we all listened and valued each other's opinions and points about having a one to one with a toddler. Finally at performing stage we all came to an agreement on how we agree that one of the group members will be able to have a one to one communication with a child at the age of three. I think that the group

communication was successful because each group member positively expressed their opinions and views and everyone valued each other's opinions and easily came to an agreement at the final stage.

I used good eye contact to everyone in the group and we all participated in the discussion. Also strength can be that one member of the group took charge in the group and managed the discussion correctly and positively to make sure everyone participated and added an opinion to the discussion and also make sure nobody was left out and felt upset about being push out of the group. Another strength would be everyone fully listened to each other's points accepted and understood what they was saying, even though they might not agree but accepting that some people's opinions may be different. By having awareness of someone in the group who did not feel as comfortable discussing their opinions it was important to involve them as much as we could to make them feel comfortable into discussing their points with the rest of the group to we all communicated together. The topic of discussion was interesting and relevant to each other's experiences as we all have to go on placement, this meant that our attitudes towards the topic was positive and there was a lot to discuss and talk about.

Having interpersonal skills in the group was strength because each group member was involving one on another and building relationships between each other. This help the group communication as it was easier to discuss and open up about points on the topic with people you feel like you know and feel comfortable around therefore having interpersonal skills was very effective in our group communication. However some weaknesses can be we

was in a classroom full of people discussing in their own groups therefore  
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this means the noise level was a little bit loud so some opinion's and points had to be repeated as I did not hear each one. To overcome this, my group could of gone into a quieter classroom with less or no people in it other than my group, this means some people's opinions or views might have been missed and everyone would of felt at ease with saying their points clearly and calmly if we was in a calmer and quieter environment.

Also having interpersonal skills in the group was a weakness in this case because having someone in the group to take charge can be helpful to some people however to others, this could be to dominating and intimidating for some and prevent them for saying that they really think. To overcome this barrier other members of the group could make sure that each individual had the chance to express their views and opinion's comfortably without feeling threatened or nervous and creating a group discussion.

## Reference

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<http://gdpilounge.blogspot.co.uk/2009/05/strength-and-weakness.html>

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