

The communication in a diverse world



The first session was about the introduction of the Communication in a Diverse World. Communication can be described as the process of sending, receiving and sharing information between two people. (Booth et al. 1999, Egan 2002,). Both authors acknowledged that effective communication is as crucial as the element of nursing. The effective communication is very powerful in the healthcare setting and it plays huge role (Dickson 1999, Nichols 1993). Faulkner also highlights that ' to be able to communicate effectively with others is at the heart of all patient care' In today's session shown me the difference between good and bad communication as we were asked to discuss in a small groups about our own experience of good and bad communication. In our group we all agreed example of good communication is being able to look trustworthy, sincerity, open and honest so the service users will able to build trust to the service providers. (Sellman 2006, 2007). argues that in order for patients to develop the therapeutic relationship and maintains their trust the first contact with the nurses is vital. For instance, warm welcoming, being friendly and polite greetings will be the best start process to build trust.

Furthermore we watched the DVD and it shown example of bad communication and how it can be so devastating and affect the patients negatively if they don't get the enough information about their illness and treatment. The Nurses and Midwifery Council (2008) recommend is very essential that the nurses are able to give patients, information, advice and a guideline about what is going on. Furthermore if patients are given enough information it will empower them as it reduces their concerns about the illness.

We also discussed in small groups the definition of stereotype, prejudice discrimination and how they are connection between these words. Moreover in the group discussion we discussed how can easy lead to other, for instance, is very easy to certain group to be stereotype which can results poor care to their patients which leads be prejudice and then into discrimination. Therefore The Equality Act (2010) is law to protect people and is against the law to discriminate. [http://www. homeoffice. gov. uk/publications/equalities/equality-act-publications/equality-act-guidance/individual-rights1? view=](http://www.homeoffice.gov.uk/publications/equalities/equality-act-publications/equality-act-guidance/individual-rights1?view=) Binary access date on 5/2/13

I found watching the DVD beneficial as well touching. I felt that my self-awareness and communication skills already improved. It clearly highlights what patients really feel and want from the nurses. For example I have learnt that effective communication skills such as active listening, the right facial expressions and explaining what is going on will make massive differences to the patients as it creates a trust relationship between nurses and the patients. Similarly I am now aware how the way I communicate with patients and treating every patient as individual is equal important without being judgmental.

Log Two

Today's aims was to outline and explore essential human attributes required for working in partnership with individuals with the following learning outcomes define key terms including: kindness, sensitivity, compassion. As group we discussed the definition of kindness, sensitively and compassion. This session has increased my knowledge of how an essential the three

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components are in the healthcare setting. I discovered that these components can be presented and defined in many different ways and I put below lists of different example of compassion definition. From my point of view compassion is treating people with passion, selflessly, sympathy and being understandable and supportive in the time of needs. Dictionary definition: compassion is a strong feeling of sympathy and sadness for the suffering or bad luck of others and a wish to help them.

Buddhist: The desire to act upon the suffering of others: an ethical behaviour involving patience and generosity with action. Nursing Theory: Nursing theorists suggest that what distinguishes compassion from related qualities such as sympathy, empathy and kindness and caring is the intention to act upon the suffering.

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Some argue that compassion is describes as harmony as it can unites as people during the period of suffering, difficulty and distress, unfortunately it cannot take away suffering but it prevents those who are suffering to feel lonely and uncared for. In nurse practice (Jormsri et al., 2005, pp. 583-590) suggests that it is very important to show the patients their suffering is recognised so in this case compassion is considered to be acknowledgement of suffering. Some argues that if compassion is part of acknowledgement of suffering shouldn't be in place in the care practice and the recently (2001) the Norwegian Council of Nurses added compassion in their code of ethics.

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At the end of the session, I learnt that how important compassion to the patients. For example I had some illness problem early this year. During my treatment I feel the doctors and the nurses were very compassionate toward me. I felt well looked after and showed sympathy as they always ask me questions and made involved my care plan and we were making discussion together. The doctors gave me a range of options and explain clearly the risks each of one of them involves. I felt so cared for, acceptance and confidence towards them. It was remarkable experience.

Log three

Today's session explains the importance of respecting diversity, individual choice and preferences. Respect is treating everyone as individual and in nursing practice is vital to treat people as unique as each patient has different needs. Lavender (2010) describes the showing respect is the key fundamental in the nurse practice and in order to do that, the nurses should introduce themselves to the patients in a good matter and at the same time asking the patients what they like to be address as. Similarly. (Lago, 2006 as quoted in Lavender, 2010) states the nurses should also able to explain clearly all aspect their patient care and ensure they understand, asking permission or consent is also vital as well as respecting their patients' privacy, confidentially and dignity. Moreover being respectful toward clients also require from the nurses to promote choice and accepting the cultural difference.

From my view respect is to value the difference whether is to do gender, faith, race and so on. In group we discussed and agreed to be respectful is

important that nurses should have some awareness about culture difference, especially in non-verbal communication which includes eye contact as eye contact is cultural sensitive. We also agreed giving people a time and asking questions are more likely to reduce assumption.

I now recognized the importance of being non judgemental and accepting people for who they are and seeking permission and gaining consent is crucial before commencing any treatment of care (Nursing and Midwifery Code, 2008). Gave me clear knowledge to respect and support the service users right to decline care without being judgemental and respect their choice at all times was extremely vital in the nursing practice.

I understood the key nature of respecting everyone's difference as we live in multicultural society and even though we might have the same background we will still have some physically or mentally different. Lavender (2010) claims that being respectful involves being assertive which means having acknowledgement of the others needs and being able to have a clear and direct communication of the individual needs. I have to follow this golden advice during my placement and respect patients by asking questions, seeking permission/consent and using all the important elements discussed above.

I believe if everyone is treating as individual as well as respecting their difference. There will be less conflict and We all enjoy peacefully the equal right we all have and be able to gain equal treatment and opportunity that everyone of us deserve.

Log four.

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I believe being able to communicate well is the key element in everything and today's learning outcomes was to define the key skills of communication, verbal communication consists the use of language throughout speaking. The language chosen is vital in verbal communication as language can be formal and informal. Nurse should have some awareness about the language barrier because the use of professional language such as jargon might affect the understanding of the clients and also the cultural difference. (Holland and Hogg 2001 cited by Lavender 2010) suggests that nurses whose English is their first language might assume patients who from ethnic groups as rude and ungrateful by not simply using the British English and to prevent to language barrier in the nursing practice the recognition of cultural difference, the need of understanding, respect and sensitivity is significant part of communication.

In our group discussion we came up the key skills to communicate well is to talk clearly and slowly, not to use jargon or slang language, be aware of the barrier such language and cultural difference and being congruence. I believe being congruence is the key skills in communication especially in the nursing practice because being congruence gives you as the ability to communicate both verbal and non-verbal communication. This will be help to convey the clients' beliefs of the nurses being genuine in the way they approach their patients. (Arnold and underman Boggs 1999 quoted by lavender 2010) stated being congruence involves nurses to be clear about their own feelings, thoughts and beliefs without forgetting their personal limitation, professional image and self-skills.

However (Thurgood 2004) argue that is very difficult for nurses to be genuine due to the reality of the busy clinical setting as they always feel they don't have opportunity, time and energy to relate to Rogerian Principles. (Nelson Jones 2005) also acknowledges that the reason that nurses might not be genuine is not having enough experience and under confidence and this might lead that nurses be to not congruence especially when the clients start to question the authority, knowledge and previous experience of the professional care. He suggests that in this case honest response as well as acknowledges an area of inexperience is vital.

I understood the importance of being congruence and how vital as role of student nurse as we are not experienced as well as our registered nurses. I didn't know much about congruence and how is the most important skill in the nursing practice and I found out being genuine is both beneficial both, as nurse they don't know something and honest about it there is nothing wrong with it and it will be safe for the patients as well as they might get the wrong information. I am now fully aware using the right approach and when I need to be genuine as well as knowing my professional boundary and personal limitation.

Log five

My chosen learning outcomes for today is the recognition when communications have been effective. We always listen to obtain information, to learn something and listen carefully when we want to understand something important. Moreover active listening is the most fundamental component of communication skills and a lot of people believe because they

are good at speaking and they will be good listener. Stickley and Freshwater (2006) states there is not guarantee that during conversation doesn't mean there is good listening involves. Active listening includes the following lists of using silence, asking questions, clarifying, restating and paraphrasing and Reflecting feelings.

My knowledge of active listening increases as I read more in depth the meaning of the of using silent is part of active listening skills as it offers opportunely the patients to think. Arnold and Underman Boggs (1999) suggests silent allows the nurses to think how to response what they heard and ensure how they response is appropriate and helpful. Silent also take place in many reasons for example silent might occur as something emotional has touched the clients and accepting the patients' silent and waiting without disturbing or breaking the mood of the clients can demonstrate as empathic understanding and respecting of the clients' feelings.

I also discovered Reflecting feelings is part of the paraphrasing, nevertheless it more focus the feelings and expression of the clients more than what the clients say or their use of words. Nelson- jones (2005) describes the skills of reflection as ' empathizing with client's flow of emotion and communicating this back' I also found out asking questions is part of the active listening especially asking questions open questions which always require more than yes and no and this enable nurses to find out more about the patients' feeling and thoughts.

In class we did exercise in pairs and the main of the discussion was to recognise the effective of active listening. I have told to talk about any topics and I have chosen to talking about my plan about the becoming weekend and as soon as I started my partner was not paying any attention, she was kept looking away and didn't show any attention so I decided to stop talking as I felt ignored and thought what is the point of talking nobody was even listening what I was saying. This exercise was my biggest recognition of effective communication. I become aware the important of listening others when are talking and giving a little of time to pay attention can make huge difference to speakers feel value.

Log six

Day six was to aims was to identify what communication skills that I have established and to shows an understanding of the qualities of compassion, kindness and sensitivity. Trying to assess myself as a communicator has been beneficial challenging and as well as interesting. Looking back on the past I have tried to identify some weaknesses I have and to gain knowledge base of others and to try and build on my strengths. Learning and reading the different type of communication skills has been a real eye opener for me. According to some experts, they claims that communication is the collection of using different method such as Words are 7% effective, tone of voice is 38% effective, non-verbal clues are 55% effective, available on <http://www.itstime.com/aug97.htm> access date 6/2/13 access date the 6/2/14 at 18: 13

During our group discussion I was able to identify that the weakness and the strength of communication skills and how I can improve my weakness which was not talking a lot. Thora Kron the writer of Communication in Nursing highlights one of the biggest weakness in the hospital is the lack of communication skills. As group we also discussed to maintain awareness of paralanguage and non-verbal communication from the first point of contact as well as being aware of what said and how is said.