

Reflective journal on communication



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Communication is a two way process which acts as a channel to connect people and impart of opinions, thoughts, ideas, information or messages from one party to another party. It also plays a role in exchanging information whereby the receiver decodes the message and encodes the sender a feedback. This is the formal way to explain communication. Means of communication as different ways but we can define four ways of communication; forms, medium, the media and other kinds (Judith Dywer 2013). Communication provides make friends and connects people to each other. People make communication in order to make things happen in our lives and it is something that humans do every day. An effective leader, manager, legal practitioner, medical professional, social worker, accountant, human resource manager or person working in any other occupation is able to communicate and work with others in a purposeful, supportive and flexible manner (Judith Dywer 2013). By having effective communication will help to achieves the intended outcome. As well as achieving the intended outcome, competent communicators also make connections and build ongoing relationships with others, whereas ineffective communicators raise barriers. Communication competence reflects our ability to interact and influence others in a variety of context. The ability to communicate also reflected in the quality and range or their communication skills (Judith Dywer 2013).

In the year of 2010 after my O-Level examination, I was asked to help and join a charity group by one of my friends who work as a Gerontological nursing for one month in the old folks. Under her guidance, I act as her assistance. The majority patients are elderly adults. By doing this it required

the knowledge about complex factors that affect the health of older adults as older adults are more likely than younger adults to have one or more chronic health conditions. With this, it is essential for me to develop a good relationship with them. Older people as individuals who have a wide range of health care needs, as I try a few comments to promote rapport: “Are you from this area?”. Rapport talk usually is used to establish relationships and connections with others quickly. With established patients, friendly questions about their families or activities can relieve stress. In order to build an interaction, I must show up, sincerity, empathy and trustworthiness.

Dilenschneider (1996) describes empathy as the foundation for the quality of a relationship. In satisfying relationship both parties have empathy for the other's point of view and are willing to provide sufficient and appropriate feedback to create mutual understanding. Implementation of interpersonal skills in communication could stimulate the effective communication and promote good relationships. Interpersonal skills are defined by the ability that acquired by an individual to interact effectively with other people (Johnson 2008). As mentioned above, communication is the exchange (encode-decode) of opinions, information, thoughts and ideas through verbal and non-verbal, and both of them present simultaneously (Chitty and Black 2007, p. 218). For information, verbal communication consists of all speeches whereas non-verbal communication consists of postures, gestures, tone, level of volume and facial expressions. It reminds me of one patient whom I call her as Mrs. Z, not an actual name (Appendix I) to keep the secrecy of patient's data (Nursing & Midwifery Council 2004).

I was arranged to mental health care ward. Generally, there were two separated wards which were male and female ward. There is a small canteen which was shared by both male and female ward in the area of ward. The wards were locked up so there is only one main entrance. In addition, the female patients were encouraged to walk out from their ward and join with the male patients at the small canteen during their mealtime. During the lunch time, I noticed one old lady was still resting on her bed. She was Mrs Z, 76 years old been diagnosed a schizophrenia. Her muscle could not be controlled voluntarily; it also called as tremor which caused by the insufficiency of the substance. She was unable to move or walk herself and need to be helped if she wanted to move around. So I took the Mrs. Z's to have her lunch and fed her on the bed. Due to her condition, this old lady loses the ability to feed on her own. Therefore, I need to check on her diet and serve her the meal and fed her meal until she is finished.

Before I started to feed her, I presented myself and move toward Mrs. Z. I tried to develop a nice interrelationship with her so she would not feel weird as I was not part of her family members or relatives. My first approached was to ask whether she would like to take her lunch or not. She was having soft diet like low in residue, easily to be digested as she was having difficulty in swallowing. If she wants to take her meal then I will ask for her permission to feed her. At first, she stared at me and looked like confuse. In this condition, I presented up my emphatic listening and I tried to put myself in her situation and what if I was having a hearing problem. Emphatic listening is defined by willingness to figure out the other person not just form an opinion on the person's fact (Wold 2004, p73). Then, I touched her shoulder,

continued saying and increase my sound a bit as I was concerned if she had a hearing impairment. At the same moment, I did some of the body gesturers which could be understood an action of eating. I paused a while and repeated my movements but this time I was using simple and straightforward words to her. She looked at me again and nodded with her head. Happily, the body language did aid in to improve my conversation with her. Nonverbal communication is more powerful than verbal communication in conveying emotions, attitudes and reaction. Movement of arms, hands, feet and head are closely oriented with the spoken words. They convey messages about emotions, feelings and attitudes (Judith Dywer 2013). With my understanding, I think I need to speak louder as she could hear it clearly and try to know more terms in her language so that she could figure it out and understand of my actions towards her. I assumed that the language barriers will discontinuities our verbal communication. Communication barrier happens when there are individuals come from a dissimilar social background and use their own slang or words in the conversations, as results in a misinterpretation of the message (Judith Dywer 2013). But, somehow, there is also the noise coming from the canteen that distorts the intended message. Noise is an interruption to the message or communication flow that can lead to misunderstanding. Noise is not a good environment for communication. This indicates that the bad quality of the external environment and as well as the geographical distance can limit or inhibit effective communication (Judith Dywer 2013). Fortunately, those body gesturers could get her to understand that I was going to feed for her lunch. During the feeding time, I keep up with the eye contact in order to make her to feel better and less nervous. With keeping up my eye contact with her

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would show my willingness and interest to assist her in feeding. A capacity to ignore distraction and understanding the impact of moving into the personal space of others which said that the supportive of eye contact of the speaker without intimidating would express a sense of attention in the person to the other person that involves in that communication. (Judith Dywer 2013). In the time being, I tried my best to interact in the ways that she felt comfortable with. As a result, she gave a good support and take pleasure in the meal until finished. I feel that, I had made the right choice to go along with and give a hand Mrs. Z in feeding.

One of the elements results in the lack communication is task-centred communication, but based on opinion, I think that task centred communication and patient centred communication and are involved in the relationship of communication (McCabe 2004, p. 44). In my view, I show my empathy to Mrs Z as she was a patient who unable to feed herself. In addition, it was part of my duty to feed her and to ensure the patient get their best care in the ward. During the feeding, my non-verbal communication skill was able to be improved in my conversation with her. The non-verbal communication plays a role since she was suffering a hearing impairment and unable to interact in the first language properly. Non-verbal communication is essential especially communicating with the elderly people who having a hearing problem (Caris-Verhallen et al 1999, p. 809). In order to improve the quality of interaction with people who having hearing impairment, there were some effective methods to deal with it. For instance, gaining the person's attention before speaking, making yourself visible to prevent them being frightened and trying to apply some sensitive touch

(Hollman et al 2005, p31). To me, this is a very good and valuable experience because I can learn to develop my non-verbal communication. Due to the language barrier I used most of the body gesturers in my conversation with Mrs. Z. I tried to speak in her dialect as she was only able to speak very limited in the first language. Besides that, one specific type of non-verbal communication which was gesturers, designed to express thoughts and ideas and it was useful for people who unable to use much words (Wold 2004, p. 76). Thus, I used my facial expressions to advise her so she could finish the meal. Mrs Z was unwilling to take the meal after few scopes, but I just smiled and told her that it was good for her health if she finished her meal. Though I was unable to explain clearly the nutrition diet to her, I use my facial expression to encourage her to finish the meal which was prepared according to her condition and need. As according to Wold (2004, p. 76), the most expressive is the facial expressions which are always unlimited to particular cultural and age barriers.

The communication between Mrs Z and I was the interpersonal communication. The interpersonal communication was interaction which involved of two parties (Funnell et al 2005, p. 438). During carrying out my duty, I realized that my nonverbal communication did improve and help me a lot especially when provide the caring to Mrs. Z. However, I found out the language barrier was one of the issues occurs within the communication even though she was able to get few simple phrases and words when I was doing some inquiry from her. Since the patient was not speaking in the official language, I tried to speak in her dialect. Thus, I still had the ability to handle the communication in our conversation but it was very challenging to

create the effective verbal communication with the patient. Applying the nonverbal and the verbal communication simultaneously did encourage her to perform better. It was quite tough but at least this could make me understand what she tried to express. From the situation we can see that, when I was asking her questions there was a response from Mrs. Z. A communication occurs as long as an individual was responding to a message received and assigning meaning to it (Funnel et al 2005, p. 438). She nodded her head to show that she agreed with me. One of the components of the communication process was the channel which act as a mechanism during the message is sending out (Delaune and Ladner 2002, p. 191). Mrs. Z also used her body gesturers and eye behaviour as a feedback to me that she was able to understand it. Thus I could conclude that the form of communication that I used were visual and auditory. A feedback means that the sender is receiving the information after the receiver is reacting to the message (Delaune and Ladner 2002, p. 191). While, according to Chitty and Black (2007, p. 218), feedback is a response to a message. From my stand, I play a role as a sender to convey messages and Mrs Z, as the receiver who agreed to take meal and allow me to feed. Therefore, I could identity that the communication between Mrs Z and I was entangled of five elements of communication process (Delaune and Ladner, 2002, p. 191).

She needed quite sometimes to familiarise the changes in her day-to-day activities living where I was trying to facilitate her in feeding. In order to develop more skills in my communication, I was trying to involve my emotion and thoughts during the feeding. Eventually, the communication was successfully conducted as she delights in finishing the meal. So it is

fundamental to develop rapport with her to inspire her capability to speak up verbally and non-verbal. Furthermore, this ability could help her to communicate successfully with other staffs. Next, people will pay more attention to her because of her oldness or her incapacity to understand the information given about her medication. Communications shows what the patients think and feel. By the way to communicate with adult, it is significant to assess her usual communication language and her ability to work together in the other languages (Hyland and Donaldson 1989). As I tried to use some of the words in her dialect, I basically try to encourage the patient to communicate verbally and non-verbal so that it could be understood. In my view, no matter it was task centred communication or patient-centred communication or both together mentioned by McCabe (2004) actually does involve in the communication with the patients. Therefore, it was not a difficulty to dispute which type of communication contains in my conversation with my patient. After examined the condition, skills and techniques for effective communication with the patient that I had learnt likes the ways of approaching to the patient, asking questions, being an active listening, showing my empathy and comforting or handling the patient emotions (Walsh, 2005, p. 34).

Effective communication is vital in my duty as I want to know what they need the most during warded under my supervision. Based on my experience, I always learnt that the communication was the ultimate part to create a good relationship. With this, it express that a communication is the key basis of relationship (Wood 2006, p. 13). Thus, a good communication must be existed to get to know the patient's individual health condition (Walsh, 2005,

p. 30). Active listening is emphatic listening without two ways emotional involvement to the verbal and nonverbal component of a message. Distinction was existed between the presence of barrier communication when it get along with the patients (Judith Dywer 2013). As this is why active listening is a very important part as in active listening means listening without making judgement and just listening to the patients ' complaints which give me chances to put myself in someone's shoes (Arnold 2007, p. 201). On the other side, it also crucial to dodge away with the barriers existed in the communication with the patients. When I was talking to the patients about their health condition or asking them if any assistance was needed in their daily activities, I still could sense the existence of the barriers of language. At the same time, I would also keep reminding myself of trying to avoid the barriers in my communication with people by using the open-ended questions but not to non-verbal cues, disrupting, judging and criticising (Funnell et al, 2005, p. 453). By doing stereotyping or guesses about the patients' views and first impression of patients and lack of consciousness of communication skills are the leading barriers to communications (Walsh 2005, p. 31). I must not judge the patients like don't judge a book by its cover. In conversely, I have to make patients feel comfortable like a normal individual. An individual should be considerate to respect their fundamental values, culture, beliefs and individual ways of communication (Heath, 2000, p. 27). So, I should be able to know on how to create interrelationship with the patients. The seven components which are becoming visible, anticipating needs, being reliable, listening, staying in control, being self-disclosure, caring and respecting for each patient as an individual, being humour when appropriate, educating the patient,

distributing the patient some control, and using gestures to show some supports (Crellin 1998, p. 49). These ways could provide some useful guidelines to me in order to enhance my communication skills with the patients. In addition, adding on my action plan list is essential as to identify the disabilities that the patients having such as hearing disability, mental disability and visual impairment. So, I could well-prepared my communication method effectively once I was able to identify the disability of patient. The particular skills and considerations should be acquired and required when communicating with people who suffered from sight impairment, hearing impairment and mentality problem (Heath 2000, p28). Furthermore, if the person could not understand, try not to repeat but to speak a little slowly and recast or put another way when interacting with the hearing difficulties people (Nazarko 2004, p. 9). For information, in commonly, hearing impairment occurs among adults due to ageing process (Schofield, 2002, p. 21). As for me, I would like start a communication with a good rapport in order to find out the factors that affect the patients' ability to interact well and try to avoid barriers in order to create a more effective communication in future.

As a conclusion, communication is an important part of our everyday life. The suitable use of every part of the types of communication will leads to effective communication. Effective communication also helps to encourage a decent working relationship between you and your staff, which can sequentially improve morale and efficiency (Queensland Government 2015). As to be a people, who are successful in their profession are not only proficient in their functional and technical areas of expertise. They are also

communication oriented with the ability to demonstrate professionalism, empathy, awareness and concern for others. They use good listening skills and understand their own concerns and needs. These people are open, approachable and supportive of others (Judith Dwyer 2013).

Reference List

1. Judith Dwyer 2013, Communication for business and the professions: strategies and skills (fifth edition), published by PEARSON.
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