

Factors that may
influence
communication and
interpersonal
interactions



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In this assignment I am going to be explaining the factors that may influence communication and interpersonal in health and social care environments and also I am going to be explaining the strategies used in health and social care environments to overcome barriers to effective communication and interpersonal interactions. I will be including sensory deprivation, foreign language, jargon, slang, dialect, acronyms, cultural differences, distress, emotional difficulties, health issues and environmental problems, misinterpretation of message, aggression, assertion and how they can be overcome. In order to communicate individuals have to go through a process with another person. This process is called the communication cycle because the process goes round in a circle. This circle includes six main processes.

The idea occurs so the individual thinks of something they want to communicate. Communication always has a purpose. It might be to pass on information on or an idea, or to persuade someone to do something or to entertain or inspire. Message gets coded this is where the individual thinks about how they are going to say what they are thinking and decide in what form the communication will be, for example, spoken word or sign language. They put it in to this form in their head. The message gets sent which is where individuals send the message, for example speak or sign what they want to communicate. The message was received where the other person senses that they have sent a message by, for example hearing their words or seeing their signs. The message gets decoded this is where the other person has to interpret what they have communicated. The message gets understood which is where the other person has concentrated and there are no barriers to communication, the other person understands their ideas.

They show this by giving feedback for example sending a message back.

These stages of the communication cycle are shown as a list of bullet points rather than numbered because this process is repeated backwards and forwards as long as the conversation goes on. The sender of the message becomes the receiver of a message sent back, the receiver becomes the sender and so on. Each person continues the conversation because they have to check that they have understood what the other person meant.

They do this by listening to what the person says and asking questions about it or putting it in their own words and repeating them back, so reflecting what has been said. A conversation can also be called an interaction. The person who has the first idea may not make the meaning clear and might assume that the other person is ready and willing to listen to them when they are not. They might also assume that the other person is unfamiliar with or might have started half way through a story assuming that they already knew the beginning.

This can lead to the other person making assumptions as to what they meant, jumping to conclusions and so leading them to talk at cross purposes. Some things stop communication being as effective as it could be. People who work in health and social care environment need to understand the barriers so they can overcome them. It is very important to be able to communicate effectively in a health or social care setting. A service user will not be able to take part in a discussion about their care or planning their future if they do not understand what is being said.

Equally, the person providing the service can't help if they can't find a way to understand what the service user is trying to ask for. There are many different that affect communication. These include; Sensory deprivation is when someone can't receive or pass on information because they have a impairment to one or more of their senses; most common is a visual or hearing impairment. Foreign language is when someone speaks a different language or uses sign language, they may not be able to make any sense of information they are being given by someone trying to help them if that person does not speak their language.

Jargon is when a service provider uses technical language the service user may not understand. For example, the doctor may say that a patient needs bloods and an MRI scan. That can sound very frightening to someone who has been rushed in to hospital. It is better if the doctor explains that they need to take some blood to do some simple tests and then explains what a MRI scan is. Understanding the facts can make something seem less scary. Slang is when a service user uses language that not everyone uses, such as saying they have a problem with their waterworks.

This can mean their plumbing system but also means a problem going to the toilet. Sometimes it may be appropriate to use slang with their friends but in normal working with colleagues or service users they should avoid using any language that can be misunderstood or misinterpreted or that might cause offence. Dialect is when people use different words for everyday objects or feelings depending on the area of a country they come from. In some areas of England people say " Innit" instead of " Isn't it" or " summit" instead of " something".

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It may cause confusion if someone says “ave got a pain in my head” instead of, “ I’ve got a headache”. Acronyms are when words are shorted to initials. There are lots of acronyms in health and social care and they can very confusing. Sometimes people don’t realise that not everyone know what they mean and mistakes can be made or people can just feel left out if these terns are not familiar to them. A health care professional might say “ he has those tablets TDS” which means three times a day. Or someone may say “ you need to go to the CAB” which means Citizen’s Advance Bureau. This also relates to jargon.

A cultural difference is when the same thing means different things in two cultures, communication can be difficult. For example, it is seen as polite and respectful to make eye contact when speaking to someone in Western culture but on other cultures, for example in East Asia, it can be seen as rude and defiant. Distress is when someone is distressed, they might find it hard to communicate, and they may not listen properly and so misinterpret or not understand what is being said. They might also be tearful or have difficulty speaking. Emotional difficulties which every individual has at some point.

They might have split up with their boyfriend/girlfriend or had an argument with another individual or they may have had some bad news about themselves or another person. The effect can be to not hear or understand what people are saying to them which can lead to misunderstanding them. Health issues are when individuals are feeling ill, they may not be able to communicate as effectively as when they are feeling well. This can affect their colleagues and service users. Similarly people who are being cared for

in hospital because of an illness may not be able to communicate in their normal way.

Some long term illnesses such as Parkinson's disease or Multiple Sclerosis also affect an individual's ability to communicate and they need to be aware of this if they are working with these people. Environmental problems are when communication is affected by the environment that people find themselves in. For example, someone who does not see very well will struggle to read written information in a dimly lit room. A person who is in a wheelchair may find it impossible to communicate with the receptionist at the dentist's if the desk is too high and above the wheelchair user's head.

Misinterpretation of message is when someone reads a person's body language wrongly. For example, someone with their arms folded and tapping their feet might be impatiently waiting for someone else who is late but they might look at them and assume they are cross with them. This can put them off asking for help. Two of the barriers to communication is aggression and assertion. Aggression is a behaviour that is unpleasant, frightening or intimidating. It takes a variety of forms and can be physical, mental or verbal. It can cause physical pain or emotional harm to those it is directed at.

It is caused by a range of factors, such as substance misuse, mental health, a personality problem, fear or an attempt to dominate someone else. People who are aggressive towards other people are often bullies. Aggression is a form of communication in that it communicates a person's state of mind, such as annoyance. It is also a barrier to communication. Aggression is often emotion that is out of control and it can be destructive. When someone

shouts at someone else, the other person can be afraid and will either shout back or shut the aggressive person out.

If someone working in a health or social care setting is annoyed, frustrated or irritated the person they are providing a service for may feel dominated, threatened and unable to respond. This will lead to a poorer service being offered due to the breakdown in effective communication. Assertion is the skill of being calm and firm but not aggressive in the way individuals communicate with others. It helps them to communicate the needs, feelings and thoughts in a clear confident way while taking in to account the feelings of others and respecting their right to an opinion as well.

To be assertive an individual needs to plan what they are going to say. Be polite, state the nature of the problem, how it affects them, how they feel about it and what they want to happen. Make it clear that they see the other person's point of view and be prepared to compromise if it leads to what they want. Controlling their emotions, such as anger or tearfulness and be calm and authoritative in their interactions with others. They need to be clear and prepared to defend their position and be able to say no.

This won't cause offence if it is said firmly and calmly. They need to use questions such as " how can we solve this problem? and the " broken record" technique where they just keep repeating their statement softly, calmly and persistently. At the same time they have to use body language that shows they are relaxed, for example make firm, decent eye contact with relaxed facial features and use open hand gestures. When individual use their verbal skills effectively, they can help overcome barriers that might be preventing

effective communication. Some of the skills they need when communicating verbally, and assertively when need be are listening, summarising, closed questions, clarifying, paraphrasing and open questions.

They are useful tools in the checking understanding part of the communication cycle. -Paraphrasing means repeating back something a person has just said in a different way to make sure they have understood the message. For example, someone says, “ I have been ill since Sunday” and they respond by saying “ You have been unwell for 4 days now then”. - Closed questions are questions that can be answered with either a single word or short phrase, for example, “ Do you like sprouts? ” could be answered, “ No” or, “ No, I can’t stand them”. Closed questions give facts, are easy and quick to answer and keep control of the conversation.

They are useful as an opening question such as, “ are you feeling better”, for testing understanding, such as “ so you want to go on the pill? ” and for bringing a conversation to an end, such as “ so that’s your final decision? ” - Open questions are questions that give a longer answer, for example, “ why don’t you like sprouts? ” might be answered by, “ I haven’t liked the taste or smell of them since i was made to eat them all the time as a child” Open a questions hand control of the conversation to the person they are speaking to.

They ask the person to think and reflect, give opinions and feelings. They are useful as a follow up to a closed question, to find out more, to help someone realise or face their problems and to show concern about them. -Clarification means to make something clear and understandable. Summarising means to

sum up what has been said in a short, clear way. Communication difficulties can isolate a person, making them feel cut off, so it is particularly important in health or social care environment to overcome these difficulties.

Barriers to communication can be minimised in the ways discussed below. Adapting the environment can be done in a number of ways, such as improving lighting for those with sight impairments and reducing background noise for those with hearing impairments. Lifts can be installed with a voice giving information such as when the doors are opening and closing and which floor the lift is on for those who can't see. Ramps can be added, reception desks lowered and signs put lower down on walls, so that people with physical disabilities can access the people and information needed.

Service providers need to understand language needs and preferences of the people they are supporting. They may have to re-word messages so that they are in short, clear sentences, and avoid slang, jargon and dialect as much as possible. They explain details to people who can't see and encourage them to touch things such as their face. They don't shout at those who can't hear very well, but use normal, clear speech and make sure their face is visible. They employ a communicator or interpreter for spoken or signed language and show pictures or write messages, depending on what is best for the service user.

Most leaflets produced by public bodies such as the health service are now written in a variety of languages so that people who do not speak English can still access the information. If there is a member of staff who speaks the preferred language of a service user they will help translate. However, it is

always important to ask a service user what their preferred language is for written and verbal communication. It is also important to pick the right time to communicate important information to a service user.

If, for example, a doctor has just told a patient that they have a life threatening illness the patient needs time to take the information in. If the doctor tells them all about the treatment straight away the chances are that the patient will not really hear much of what is said because they are in shock. It may be better to make another appointment for when the patient has processed the information and is receptive to hearing additional information. There are many electronic devices that help overcome barriers to communication including, mobile phones, telephone amplifiers and a hearing loop.

Mobile phones are generally affordable and available to the population as large, making them more accessible than computers and far more cost effective. They have many uses in health and social care. For example, they enable emergency response teams to coordinate their efforts, allow a surgical team to contact someone awaiting an organ transplant, gather and send information. They are especially important in health and social care in developing countries, where people may live several days walk from the nearest doctor.

Telephone amplifiers are devices that amplify or make louder the ring tone of a phone so that people who are hard of hearing and maybe use a hearing aid can hear the phone more clearly. They also amplify the volume of the person speaking on the other end by up to 100%. Other devices on

telephones include flashing lights so someone who is hard of hearing can see that the phone is ringing. Hearing loop is systems which help deaf people who use a hearing aid or loop listener hear sounds more clearly because it reduces or cuts out background noise. At home, for example, an individual can use a loop to hear sound from their television.

They can also set up a loop with a microphone to help them hear conversations in noisy places. In the theatre, a loop can help individuals hear the show more clearly. A hearing impaired student can wear a loop and the teacher a microphone to help the student hear what the teacher says.

Sometimes it is not possible to overcome a barrier to communication so an alternative form of communication must be found. Sign language is a language which instead of using sounds uses vital signs. These are made up of the shapes, positions and movement of the hands, arms or body and facial expressions to express a speaker's thoughts.

Sign language is commonly used in communities which include the friends and families of deaf people as well as people who are deaf or hard or hearing themselves. People with normal hearing subconsciously use information from the lips and face to help understand what is being said. Many people misunderstand deafness, thinking that if someone can't hear very well they are being rude or stupid, and this can leave a deaf person feeling very isolated, excluded from everyday activities and conversations, frustrated and lacking in confidence.

Lip reading is a technique of interpreting the movements of a person's lips, face and tongue, along with information provided by any remaining hearing.

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It is used by someone who is deaf or hard of hearing. It is therefore important that they look directly at someone who is lip reading and stand in a well lit area, when speaking. Human aids are people who communicate with each other, for example interpreters which are people who communicate a conversation, whether it be spoken or signed, to someone in a different language they will understand.

This is not easy because they not only have to interpret the words or signs but also have to find a way of expressing the meaning of the words clearly. Translators which are people who change recorded information, such as the written word, in to another language. Again they have to convey the meaning as well as the word and signers which are people who can communicate using a sign language. Listening to people involves more than just hearing what they say. To listen well individuals need to be able to hear the words being spoken, thinking about what they mean, then thinking what to say back to the person.

Individuals can also show that they are listening and what they think about what is being said by their body language, facial expressions and eye contact. By yawning or looking at their notes when someone is talking they give the impression of being bored by what is being said. By shaking their head and frowning they are showing that they disagree with, or disapprove of what they are saying. The process of active listening involves allowing the person talking time to explain and not interrupting, giving encouragement by smiling, nodding and making encouraging remarks such as “ that’s interesting” and, “ Really? , asking questions for clarification, such as “ can you explain that again please? ”, showing empathy by making comments

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such as, “ that must be making life really hard for you”, looking interested by maintaining eye contact and not looking at their watch, not being distracted by anything else, such as an interruption on their mobile-switch it off or say that they will call them back later, summarising to check they have understood the other person. They can do this by saying “ s what you mean is..? ”.

Individuals adjust how they speak depending on who they are with and who is listening to them. Things that are said with a group of friends or at a family gathering might not be understood by others because they use different types of language in different situations. People even unconsciously change their use of dialect depending on who they are speaking to. A person’s accent or dialect may become more pronounced when they are speaking to someone from their family or from the area they grew up in.

If individuals talk to someone in a loud voice with a fixed tone the person they are speaking to will think they are angry with them. On the other hand, if an individual speaks calmly and quietly with a varying tone the other person will think they are being friendly and kind. So it is important to remember that it is not just what an individual says but also the way in which they say it that matters. If an individual speaks really quickly and excitedly, the person listening to them will not be able to hear everything they say.

If they keep hesitating or saying “ um” or “ er” it makes it harder for people to concentrate on what they are saying. If they speak at a steady pace, however, they will be able to deliver their message more clearly and the other person will be able to hear every word they say. The space around a

person is called their personal space. In a formal situation, such as a doctor talking to a patient, the doctor does not sit close enough to the patient to invade their personal space. In an informal situation, people who are friends or intimate with each other will often sit closer to each other.

People usually sit or stand so they are eye-to-eye if they are in a formal or aggressive situation. Sitting at an angle to each other creates a more relaxed, friendly and less formal feeling. Effective communication, including active listening, can be hard work. People who work in health or social care environments tend to enjoy learning about other people and their lives. Things can go wrong however if the context is wrong for example, the surroundings are unsuitable due to lack of privacy, the service provider and service user are mismatched.

Sometimes communication is broke down because of factors such as age, education level, gender and ethnic backgrounds, a person withholds information because they fear being judged, for example if they have taken illegal drugs, a person fears that that confidentiality will be broken, even though this should never happen. If health and social care workers do not develop good communication skills, the effectiveness of their work will be reduced and things can go wrong.

This will not help service users to feel good about themselves and can lead to worse consequences. Health and social care workers need to be able to communicate well with the written word. This could be writing something themselves, such as a letter to refer a service user to a different service, a record of a person's condition and treatment or entitlement to a benefit, or a

prescription. This means they need to be able to use different ways of presenting information, such as letters, memos, emails, reports or forms.

They need to make their meaning absolutely clear and structure the information well and in appropriate manner so that mistakes don't happen. It is also necessary to use grammar, spelling and punctuation correctly and writing should also be legible so that the person the information is intended for can actually read it. It is also important that the language used is appropriate. Individuals probably use text language everyday on their mobile but they know not to use it when writing an essay or report.

If they were emailing, or writing a letter to, their brother they might start it with the words " hi bro", but to someone to apply for a job they would start with either " dear Sir/Madam" or " Dear Mr/Mrs" care professionals should also not use lots of technical words, acronyms or jargon if they are writing to someone who will not understand it. They should read information provided by other care workers thoroughly. They need to be able to identify the main points and be able to find other information from a wide variety of sources. They also need ICT skills to update records and to access information.

In this assignment I have explained the factors that may influence communication and interpersonal in health and social care environments and also I have explained the strategies used in health and social care environments to overcome barriers to effective communication and interpersonal interactions. I have included sensory deprivation, foreign language, jargon, slang, dialect, acronyms, cultural differences, distress, emotional difficulties, health issues and environmental problems,

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