

How the communication needs of a patients service



**ASSIGN
BUSTER**

Each individual has their own individual needs; in health and social care settings, service providers are there to assist and help meet the patient's communication needs whether it is verbal or non verbal communication. " Health and social care users, and indeed those who work in health and social care services, may have physical, sensory or psychological problems that affect their ability to communicate effectively.

It is important for the care workers to be alert to the possibility that service users or colleagues may have such a difficulty or impairment" (Health and social care by Mark Walsh, peter Scourfield, Josephine de Souza, Paul Stevens and Gareth Price. [2000] Page 86). There are various different ways of how a service user's communication needs can be assisted, here are some service providers who specifically assist individual communication needs: An advocate is someone who speaks for someone else, this could for someone with a serious learning disability or illness; advocates should be independent of the core staff team.

Advocates help individuals by interpreting their needs, however this may not always be possible due to feeling, wants and needs being misunderstood by the advocate and therefore information may be passed on incorrectly. "

Advocacy services and opportunities are increasingly regarded as basic facilities that should be offered to all users of care services, but partially to those groups which have historically been less able to express their needs, views and wishes" (Health and social care by Mark Walsh, peter Scourfield, Josephine de Souza, Paul Stevens and Gareth Price.

An example of an advocate could be a lawyer who is advocating on behalf of a patient, arguing for a specific treatment. Advocates can communicate verbally e. g. talking or non-verbally e. g. letters and emails. Lawyers use both of these methods on a regular basis. Interpreters communicate meanings from one language to another. This includes interpreting between spoken and signed languages e. g. English to British sign language (BSL). Interpreters can be professional's who are employed by social services or health authorities; however they can also be friends or family members who are sufficiently able with both languages.

An example of interpreting could be a deaf patient who uses the subtitles when watching television. Translators change recorded material from one language to another; this can be problematic for literal translations. Translators often help individuals who are not bilingual. An example of this could be a polish patient who has recently moved to Britain and needs hospital treatment yet doesn't understand the treatment in English so will have an interpreter to explain the process in polish. Although translators can communicate non-verbally too, they often communicate verbally via spoken language as the conversation is usually live and rapid.

Signers use sign language to communicate with people, they usually communicate from changing verbal communication to sign language. " People with hearing impairments or who have dual hearing and sight impairments, sometimes speak and listen to others through the use of specialist non-verbal forms of communication"(Health and social care by Mark Walsh, peter Scourfield, Josephine de Souza, Paul Stevens and Gareth

Price. [2000] Page 92.) However, if others do not understand those non verbal forms of communication then a signer should be present.

An example of an interpreter is a mother understanding her deaf daughter in BSL (British sign language) and then interpreting it verbally to other family members. Counsellors use both advanced communication skills alongside knowledge of psychological theory to help people. They may specialise in some areas such as grief, self harm, drug dependency or alcoholism. An example of a counsellor helping a patient could be an Oncology counsellor; they provide help, care and support to patients with cancer and their families.

‘ Carl Rogers (1961) development a person-centred approach to counselling and psychotherapy in which he identified the three conditions of genuineness, empathy and unconditional positive regard as fundamental to effective communication in therapeutic situations... Health and social care workers who bring genuineness to their interactions avoid being authoritarian, defensive or professionally detached. ’ (Health and social care by Mark Walsh, peter Scourfield, Josephine de Souza, Paul Stevens and Gareth Price. [2000] Page 83.).

Counsellors communicate both verbally and non-verbally depending on the patients individual communication needs e. g. When a counsellor is with a patient they will study the patient’s body language, hand signals etc. Speech therapists provide assessment and therapy for people with speech and language problems. Some therapists may work with people of all ages with physical or learning difficulties. They may also work with people with

neurological problems; this is most likely going to be communicated by using speech (verbal), drawing and computers (non-verbal) etc.

An example when a speech therapist is involved is a patient who has had a stroke and lost their full speech ability. The speech therapist will work carefully with the patient to build their speech back up and to get them speaking as much like before as possible. Speech therapists communicate verbally to help their patient's speech to improve. Mentors are highly experienced in a specific field to provide guidance and support to their patients. Individuals are often referred to mentors to improve their skills and qualities.

Mentors are able to communicate verbally and non-verbally to assist their service users e. g. whilst speaking to them, they often study the service users body language and facial expressions to see what areas they are having difficulty in. An example of when a mentor is present is if a student is having difficulty with a certain subject then the mentor will assist them to understand things better in that subject. Befrienders create a supportive relationship with others, they work as the patients ' friend'. They do not require any specific knowledge or qualifications.

Befriending offers supportive, reliable relationships through volunteer befrienders to people who would otherwise be socially isolated. Individuals with learning disabilities are sometimes socially excluded and vulnerable; Very few have jobs, live in their own homes or have real choice over who cares for them. Many have few friends outside their families and those paid to care for them. Some Befrienders are able to communicate both verbally

and non-verbal, most communicate verbally and using simple non-verbal communication to assist their service users e.g. body signals, hand signals, facial expressions and in some cases, Makaton if used is the befriender is trained in this area.

Psychologists work with individuals with emotional and physiological problems, anything to do with the mind; these people are usually referred to psychologists after being diagnosed with a long term problem. They then try to come up with an explanation as to why people act as they do, to do so they research to test their ideas about people's actions; They may get data from lab tests, interviews, and surveys.

Psychologists in health and social care settings provide mental health care in hospitals, clinics, schools, or private settings. Psychologists usually specialize in certain topics; some help people with mental problems whereas others help people deal with divorce and death of a family member or friend.

Psychologists work with people of all ages, but some work mainly with old people or young people, they help their service users deal with problems of everyday living this could be done in schools to help students with behaviour problems and others help solve problems in places where people work.

Explain the specific communication need patient/service user may have that require support, including the use of technology. Different patients/service users have different communication needs and preferences that may require support, and often the use of technology. Some specific communication needs that these patients may have is; that they have a preferred language, require the use of signs and symbols, pictures and writing and objects of

reference, however some needs cannot be met simply with the help of other people and in some cases, communication passports and human and technological aids are required.

In some cases, communication needs of patients/service users can be met or made less disabling through the use of both alternative communication strategies and technological equipment. Some of that technological equipment is more common than others e. g. most are probably familiar with hearing aids, text messaging on mobile phones, videophones and in some cases, an electronic communicator is required; these are often used by individuals with speech and hearing impairments. " People who are unable to communicate in conventional ways sometimes use alternative language systems to send and receive messages.

For example, people with visual impairments often used their sense of touch to read documents written in Braille or Moon letters" (Health and social care by Mark Walsh, peter Scourfield, Josephine de Souza, Paul Stevens and Gareth Price. [2000] Page 92.). Many individuals in health and social care settings have different preferred languages, as stated above, this is often non verbal. Some of these forms of languages and communication are Makaton, signing, Braille and of course their first language too. Braille is most known as a technique for enabling blind and visually-impaired people to read and write.

Each Braille character or " cell" is made up of 6 dot positions, arranged in a rectangle comprising 2 columns of 3 dots each. A dot may be raised at any of the 6 positions, or any combination. Counting the spaces, in which no dots

are raised, there are 64 such combinations. The positions are numbered 1 through 3 from top to bottom on the left and 4 through 6 from top to bottom on the right. " Braille uses a series of indentations made by special pointed stylus on one side of paper. The combinations of indentations represent letters than be touch read by people who understand the Braille system.

Moon letters are raised shapes based on the standard alphabet. They are written on special paper, using a frame and ballpoint pen. " (Health and social care by Mark Walsh, peter Scourfield, Josephine de Souza, Paul Stevens and Gareth Price. [2000] Page 93.) Although most know Braille as a way of the visually impaired communicating, Braille and Moon letters are often used with those with any types of speech, hearing and complex physical disabilities as well as individuals who require effective communication assistance.

Here is an image of the Braille alphabet; http://www.dblnj.org/images/braille_chart2.gif- image above. Makaton is generally used by three groups of people, they are; children and adults with a range of communication needs, interactors of all kinds and educational and service providers. Makaton language is a unique language programme which is mostly used as either a systematic multi-modal approach for the teaching of communication, language and literacy skills or as a source of highly functional vocabulary for both the person with communication needs and the person with whom they are communicating with.

' Children and adults with a broad range of communication needs often associated with learning difficulties, from those at a very early stage of

<https://assignbuster.com/how-the-communication-needs-of-a-patientsservice/>

communication awareness and development to others more able. This includes children and adults with communication needs arising from severe physical disability, autistic spectrum disorders and specific language disabilities. ” (http://www.makaton.org/about/ss_who.htm) [23/09/2009]. The language concepts of Makaton are presented in two vocabularies, core vocabulary and resource vocabulary.

The core vocabulary is the basic concepts essential to everyday life and resource vocabulary is a much larger, open ended and topic-based vocabulary covering broader life experiences. The majority of the population own or know someone who owns a mobile phone; ‘texting’ is very popular with mobile phones. Text messaging on mobiles often allows communication to take place and makes it more effective as individuals who are deaf can still use a mobile phone without making voice calls. People in all settings, not just health and social care often text each other just to make arrangements and to stay in contact.

Some people often feel more comfortable with sending messages rather than face-to-face or on a voice call so communication is more effective as more messages are passed. A Hearing aid is a piece of hearing aid technology that improves what the service user can hear; particularly with the use of digital rather than analogue sound processing which enables the sound to be adjusted more accurately to suit both the listener’s individual requirements and the circumstances in which they are listening e. g on the phone, in a busy street, etc. Some digital aids adjust automatically to different conditions.

Hearing Aids make communication for the deaf and those with hearing complications much more able as it allows them to communicate and understand messages verbally not just in sign language, texts and pictures etc. Computers assist service users that may require specific communication technology; they make communication more effective in all areas. There are portable computer (laptops) or normal ones, both of which anybody can use. Children, adults, and people with all disabilities can use computers and various software is available to download on them.

‘ Computers, specialist adaptations and software can play a vital role in creating chances for disabled people. Information Technology opens up opportunities through communication, access to services, education and employment. ’ (<http://www.aidis.org/aidis/opportunit1.php>) [2006] If the computer has internet connection, then that is an advantage as any individual, disabled or not are able to communicate with one another using applications such as emailing, messenger, MSN and websites such as Facebook and MySpace etc.

These messages can not only be sent around the country, but people from anywhere in the world can communicate with someone at the other side of the world. Individuals with Autism, Learning Disabilities and difficulties or low literacy can benefit highly from computers, using symbols and pictures to communicate. Isolated disabled service users and people with mobility difficulties can also benefit from the use of computers and the internet to stay in contact with friends, find support and play a more active role in society.

A speech synthesizer is a computerized device that accepts input, interprets data, and produces audible language; it is also capable of translating any text, predefined input, or controlled non-verbal body movement into audible speech. Such inputs may include text from a computer document, coordinated action such as keystrokes on a computer keyboard, and sometimes the use of a joystick, or basic functions such as eye, head, or foot movement. Service users that may require the aid of a speech synthesizer are those with motor neuron disease (MND) as they often lose their ability to speak due to weakened vocal cords.

MND is a classification for disorders that cause muscle weakness and wasting. In patients with cerebral palsy, the area of the brain controlling vocal muscles is often damaged resulting in speech loss. A speech synthesizer can also provide an electronic way of verbal communication for individuals who are unable to speak or have visual impairments. As spoken language is the most common way of communicating in most societies, it is often essential for people who are unable to speak on their own to capture that ability.

Analyse how communication in health and social care settings assists patients/service users and other key people. Communication in health and social care settings assists patients/service users. With the different types of communication there are advantages and disadvantages along with weaknesses and strengths. Verbal communication has many advantages as most people can communicate in some way verbally. Verbal communication allows people to understand others' needs and emotional feelings, for example talking, laughing, crying, pitch and shouting.

<https://assignbuster.com/how-the-communication-needs-of-a-patientsservice/>

' Languages are made up of a vocabulary of words and sets of conventions, or grammar, which define the acceptable ways of putting the words together. Speaking, or talking, is the most socially accepted and expected form of everyday verbal communication" (Health and social care by Mark Walsh, peter Scourfield, Josephine de Souza, Paul Stevens and Gareth Price. [2000] Page 72.). A strength in verbal communication is that from a baby, individuals do not need to learn it specifically and can understand basic sentences and words and ' pick them up' and adapt to them without being taught it in a lesson type settings.

A disadvantage in verbal communication is that individuals with learning, hearing and speech difficulties cannot always take advantage of the full ability to speak and listen to others. A weakness is that because we live in a very diverse community, it means that there are people from different cultures speaking with different languages and accents, sometimes causing conflict and confusion if they do not understand others correctly. Along with verbal communication, there are pros and cons to non-verbal communication too.

An advantage of non verbal communication is that individuals that have speech, hearing and learning difficulties as well as disabilities can also communicate via sign language, Braille, Makaton, body signals, body language, hand gestures and facial expressions etc. A strength to non-verbal communication is that conversations can be discreet, short and brief in specific settings, it also helps communicate with those you couldn't usually communicate with verbally and with individuals who have different language and cultures preferences.

<https://assignbuster.com/how-the-communication-needs-of-a-patientsservice/>

A disadvantage of non-verbal communication is that individuals may feel less able than others if they can not retaliate to a question verbally. Also, non verbal communication can often be misunderstood with body language and body signals so messages are then misinterpreted. " The non-verbal aspects of people's communication often convey a stronger message about whether one person likes or dislikes another than what they say. A person may not have to actually tell you that he or she dislikes you.

This message can be sent to you using body language, behaviour or appearance. " (Health and social care by Mark Walsh, peter Scourfield, Josephine de Souza, Paul Stevens and Gareth Price. [2000] Page 74.). A weakness of non-verbal communication is that it is often needed to be specifically taught to individuals for example; sign language, Braille and Makaton but for those with learning difficulties this can often be very difficult and not everybody uses it so it cannot be used everywhere.

Communication isn't always as simple as verbal and non-verbal communication and often the use of technology is sometimes required. An advantage of using technology is that those who couldn't usually communicate verbally are then able to do so by using equipment such as a speech/voice synthesizer. Also hearing aids allow individuals with hearing impairments to hear at a higher and better level. A strength is that technology is rapidly changing and improving all the time, therefore new and improved devices become available to the targeted people.

A disadvantage to technology in health and social care settings is that it can often be expensive to fund for new equipments (such as computers and

mobile phones for texting) and of course the devices may not work immediately and can be difficult to use for those with learning difficulties for example, autism. A weakness to technology is that the devices can break down at any time and they will need to be carefully looked after so that they can be used a lot.

An example here could be that hearing aids need batteries and regular checks to ensure they are working. Computers could also break and the internet could be down at any time. By using a range of communication methods, service providers are promoting the patients' rights by allowing them to speak in the language and accents they prefer. With the 'right to speak out' regulation, by using the communication method that suits them, this regulation is obeyed as they can speak out to make their own choices etc.

Empowerment is also promoted because if the patients feel they can communicate in the way they prefer then they will feel in control of the care they are receiving and they have the choice to talk to the service providers however they feel is best, regardless of whether that is verbally, non-verbally or with the aid of technology. Switching communication from verbal to non-verbal is a way of maintaining patient confidentiality, for example; they will not speak out loud the name of a patient as that is breaching the 'right to privacy'.