

Barriers to communication within a health and social care environment



This essay looks at barriers that effect communication within health and social care settings. Communication is perhaps the most important part of care and support relationships. For example, without good communication between the doctor and patient, physio and client, social worker and service user, nursery nurse and child and their parents many misunderstandings can take place and care provided by these professionals is not as good. It is important that these professionals learn communication skills to make sure that they are providing the best care and support possible. Therefore, they need to be aware of the different things that can affect communication.

These things are known as barriers.

In this essay I will explain the barriers that can affect the communication between the doctor and patient, physio and client, social worker and service user, youth worker and teenager, care worker and resident and nursery nurse and the children and their parents. First, there is a theory of a communication cycle where communication messages between people are understood. The communication cycle consists of: * Ideas occurring* Message coded* Message sent* Message received* Message decoded* Message understood it is important that health and social care workers are aware of this cycle so that they understand the message that is being sent. These messages also do not have to be spoken messages, and people code and send messages using body language. A child for example, may not be able to send messages to the nursery nurse of what they want by speaking to them, but the nursery nurse by observing the communication cycle will be more likely to know what they want. The child may tug their trousers and pull them towards the toilet and by observing everything the nursery nurse

will then understand that the message that the child is sending is that they need the toilet.

If the message is not received, decoded and understood by the worker then this will mean that the care and support that they are giving is not as good. For example, if the nursery nurse misunderstands the message and takes the child who is tugging her trousers to play with toys, then the child who is sending the message that they need the toilet will be in quite some distress. I will now explain other factors that affect communication and how they can be a barrier to communication. The main factors that affect communication are sensory deprivation, jargon, slang, dialect, use of acronyms, cultural differences, emotional factors, disability, health issues, environmental factors, interpretation of message, humour, aggression, location and time. Sensory Deprivation These barriers refer to the senses of sight, speech and hearing. A person may have poor eyesight or may even be blind, or they may be hard of hearing or totally deaf, or they may have difficulty talking for example a speech impediment like a stutter.

All of these cause a barrier. A doctor may prescribe medicine and the person with poor eyesight may take the wrong dose because they cannot see the instructions. They also will not be able to see the doctor's facial expressions and any type of communication would have to be thought about by the doctor so that the patient would understand the message that he or she is sending. The doctor would need to describe things in a lot more detail and maybe ask the patient more questions to make sure that they totally understood everything. Jargon and Use of acronyms Acronyms are similar to

jargon. They involve a shortened version of a phrase by using usually the first letter of each word in a phrase.

For example, most people who go to hospital will ring up a taxi and say that they want to go to A and E. This is short for accident and emergency. Whilst most people know this, a health and social care worker who is always using acronyms should never presume that the client knows what these mean as this can cause confusion and affect communication. So the physio who is working with a person may inform them that they will need to see an OT and leave the person confused to who they are going to see. The physio should explain that OT stands for occupational therapist and also explain the job that this person does. Another example, would be a social worker talking to parents about LSCBS and not explain that these are Local Safeguarding Children's Boards and what they do.

Jargon is technical language that only people who are familiar with the particular subject of conversation will understand. Health and social care involves a lot of jargon. The social worker, for example, may inform the service user that they are entitled to have the services of an advocate and the person may not know what this word means. They may go on to say that it is all part of letting the person be autonomous.

A service user may not understand any of this and rather than be a good thing that they are trying to make the person as independent as possible these words may cause the person distress. They may be afraid to ask what the social worker means for looking as if they are daft. The social worker may finish the conversation saying that the service user will no longer be

able to use the day centre because there is a cap on costs, and again the person may be totally unaware of what this means. There are many examples of jargon in health and social care these are a few examples, quality of life, person-centred care, power of attorney, respite care, stakeholders. Because health and social care workers are using these technical terms on a daily basis they may forget that the patient or client will not understand what they mean and therefore it is important that they always think about what they are saying and ask the person if they understand what they have told them. Slang is a type of language consisting of words and phrases that are regarded as very informal, are more common in speech than writing, and are typically restricted to a particular context or group of people.

If a youth worker was working with young people they may get used to talking in slang and use the phrases that the group of young people use. However, not everybody will know what these words mean and if the youth worker tries to use this informal language in other parts of their job it could lead to difficulties in communication. It would also maybe not appropriate and may even cause offense. So a youth worker who is talking to the parents of one of the teenagers who attends the youth club may get a funny look if they start saying to the parents 'that's sick man'. The parents may even think that they are not suitable to be working with their children and therefore any health and social care worker needs to be aware of what is slang, when to use it and when not to use it.

Dialect in the dictionary is described as a variety of a language that is a characteristic of a particular group of the language's speakers. Dialects can <https://assignbuster.com/barriers-to-communication-within-a-health-and-social-care-environment/>

be very strong. In the United Kingdom there are many areas that have very strong dialects. The other night on the TV there was a programme about Scottish teenagers and the programme used subtitles so that people knew what was being said because their Glasgow accent was that strong.

Other strong accents include Scouse, Brummie, Irish and Geordie. It is important that a health and social care worker who has a strong dialect speaks slower and pronounces all of their words correctly or many misunderstandings can occur. Cultural differences, Interpretation of message and Humour In Britain there are many different cultures and not understanding a person's culture could cause communication difficulties and be a barrier to communication. For example, a woman patient may avoid eye contact with the male doctor because in her culture it is rude to look at a man.

Health and social care workers need to be aware that all of their clients will come from different cultures and will use different ways to communicate. Also, they should make themselves familiar with the customs of other cultures so that they do not cause any offence to the client or patient. For example, some people will be offended if you touch them whilst other cultures will be happy with a touch of support for example where the nurse holds the frightened patient's hand. For some people this communication message of support could be misunderstood. Humour is also something that can cause problems.

Certain people may be offended by certain types of humour and the health and social care professional needs to make sure that they understand the

client's sense of humour before they start to build up a relationship by telling jokes. Emotional factors, Disability, Health issues and Aggression When people are going through a lot of upsetting and stressful events this can greatly affect the way that they communicate with people. A doctor telling a person that they have a terminal illness may not get any more of the message across because the person goes into a state of emotional stress and cannot listen to anything else. It is important that all health and social care workers are aware of the emotional state of the people who they are working with.

People who are disabled may not be able to communicate well. It could be simply that they are in too much pain to be able to take part in a conversation. The nurse needs to be aware of this and professionals may get their message across better on a day when the service user is not as in much pain. There may be other health issues which can affect communication. For example, people with autistic spectrum disorders may find it hard to understand messages. One form of autism is Asperger's Syndrome where the people have a tendency to take things literally.

So a school teacher who tells the child to 'pull their socks up' may think that the child is being cheeky when they actually then start to pull up their socks. Health and social care workers should always be on the lookout for clues that indicate that a person has a communication disability and they should adjust the way they talk and communicate so that the person understands what they are saying better. Environmental factors, Location and Time There are many environmental factors which affect communication and act as a barrier to communication. Typical examples include noise, heat and light.
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For example, in a care home the TV may be noisy, the room may be too hot or cold and the light may be too bright or dim. If the room is too noisy then the person will not be able to hear what the care worker is saying and if it is too hot or cold then it may not be a nice place to have a meeting with a client. If the room is too dim then the resident of the care home may not be able to see what the care workers expressions are and if it is too light then it can also cause problems. For example, if a care worker was talking to the resident in a room where sun was shining in the eyes of the resident then this would be an uncomfortable interaction.

However, such barriers can be easily managed and the TV could be turned down, the heating could be adjusted and the curtain could be pulled across to stop the sun shining in the residents eyes. In this essay I have shown that there are many types of barriers to communication and that barriers occur in all types of health and social care settings and contexts.