

ESSENTIAL IN SERVICES FOR HOME HEALTH AIDES/CNAs

COMMUNICATION

All of us are communicating all the time. As you read these words, you are receiving a message. Our voice, facial expressions, posture and hand motions, even the way you are dressed communicates something, and can tell if you are bored or interested. You communicate through words, but also by your dress and the way you do your job.

We communicate with our patients in all these ways too, and we should be alert to what they are telling us through the various ways they try to communicate with us. For communication to occur, someone must send a message and someone must receive it. If a message is not received and understood, then we are not communicating. To be a good communicator, we must learn how to find out if our messages are received. We must learn how to ask questions and listen to feedback from our patients.

Many things can hinder good communication. Eyesight and hearing problems, illness, stress medications, emotions, fatigue, confusion, language or cultural differences, and even personality differences are some of the things that might affect how well a message is given and received. Learning how to communicate effectively can go a long way toward helping our patients feel happy and secure.

Active Listening

To communicate well you need to start with learning to listen

First, prepare the environment:

- Choose quiet area or eliminate distractions
- Make eye contact, but be aware that some cultures view eye contact as signs of disrespect or aggression
- Use the seven skills of active listening
 1. Show interest Use encouraging sounds and nod your head. Don't appear impatient or hurried
 2. Be other-focused. Ask questions so other will talk about themselves. Focus conversations on the person you are talking to, not on yourself
 3. Reflect. Keep conversations focused on the other person by reflecting back that person's thoughts and questions. Concentrate on their feelings and concerns.
 4. Be quiet. Sometimes people need some silence to gather their thoughts.
 5. Clarify. Find out exactly what someone means when he or she says something. You can learn valuable information this way. Clarify anything that raises a question in your mind.
 6. Ask open questions. Ask questions that require more than just a "yes" or "no" answer. You get more information that way. For example, rather than "Are you okay today?" ask "How are you feeling today?"

7. Repeat. To be sure you understand something, repeat what you hear in your own words and then ask if you repeated it correctly.

Effective Talking

To get your message across, practice the following speaking skills:

- Speak clearly and distinctly
- Use simple words and sentences
- Give all the information the person needs, such as who you are and what you are going to do
- Use descriptive gestures to reinforce your words
- Use humor when appropriate
- Use expressions, gestures and body language that reinforce your message

Five “Don’ts” of Communication

To be an effective communicator, eliminate the following habits:

- Don’t offer your opinions. Help your patients make their own decisions; don’t tell them what you think they should or shouldn’t do
- Don’t become defensive. When a patient criticizes you or someone else, reflect his concern back to him so you can learn more about the problem
- Don’t make judgements. Instead of showing disapproval, ask the patient about his reasons for acting or feeling a certain way. Be open to differences of opinion.
- Don’t ask “Why” Why questions make people feel defensive. Word questions in a nonthreatening way, such as asking calmly, “What happened?” or “Can you tell me about it?”
- Don’t give empty assurances. “Everything is going to be fine” isn’t necessarily true. Focus on helping the patient talk about his or her concerns

Nonverbal Communication

Communicating with words is not the only way we communicate. Our nonverbal communication also affects communication. Beware of the following nonverbal communications that impact of effective communication with your patients:

- Facial expressions
 - Smiling vs frowning
 - Eye rolling vs eye contact
- Head movements
 - Nodding yes or no
- Posture
 - Slouching vs sitting upright and leaning towards person
 - Arms crossed or arms open

- Body contact
 - Shaking hands
 - Holding hands
 - Invading personal space
- Appearance
 - Type of clothing
 - Grooming and cleanliness

Ways to Improve Nonverbal Communication

- Respect personal space and sit at an appropriate distance
- Touch only when appropriate
- Maintain eye contact (if culturally appropriate)
- Be aware of your facial expressions
 - Keep neutral facial expressions
 - Smile only if appropriate
 - Widened eyes and raised eyebrows portray fear or shock
 - Eyes squeezed together, with eyebrows lowered portrays anger
 - Eyebrows pulled together and nose wrinkled portrays disgust
 - Eyes half open and avoiding eye contact portrays boredom or disinterest
- Be aware of your posture and body movements
 - Do not cross arms in front of your body, portrays defensiveness
 - Do not tap fingers or foot, portrays impatience
 - Covering mouth portrays that you are hiding emotions

Barriers to Effective Communication

Sometimes patients have trouble speaking, hearing or understanding or sometimes they get angry or emotional, making it difficult to communicate.

Tips for communicating with patients who are speaking or hearing impaired:

- Turn off or remove distractions such as a television or radio. You might have to close the door to the room if there is noise in the hallway
- Stay on patients "good side", where his or her hearing or speech is best. Let them see your mouth as you speak
- Allow plenty of time for the person to respond to something you say
- Don't rush the person or finish the sentence for them- unless you can help by patiently supplying a word or two
- When speaking use the correct voice volume. You may have to be louder if the person is hard of hearing. Remember that individuals with dementia or have had a stroke aren't necessarily hard of hearing and a normal voice works best in these situations.
- Use short, simple words and phrases

- Ask “yes” or “no” questions to make it easier for the patient to answer
- When the person has difficulty finding the right words, ask him to point to words or pictures on a board or piece of paper
- When giving directions, state one instruction at a time. Break your directions down into simple steps

Tips for communicating with patients who are angry:

- Keep your mood, facial expression, body language and voice calm, quiet and relaxed
- Don’t argue; this will only increase the individual’s anger and cause the incident to get worse
- Maintain eye contact even if someone is angry
- Avoid touching an angry person
- Keep a clear exit for yourself, being sure that the angry person doesn’t block your way to the doorway
- Use the skill of reflection. Reflecting is the process of paraphrasing and restating both the feelings and words of the speaker
- Reflect feeling back to the angry individual
- Don’t pass judgment on someone’s words or behavior. Stay open-minded and listen actively to hear the underlying feelings and concerns
- After you have listened to the reasons for the person’s anger, help him or her solve the problem or handle the situation

Communicating with Health Care Professionals

An aide needs to communicate information to other health care professionals related to changes in the patient condition or other concerns.

General changes to report include:

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| • Vital signs outside of specified ranges | • Change in ambulation or transfer ability |
| • Changes in alertness | • Swelling of legs, hands or feet |
| • Changes in appetite | • Shortness of breath |
| • Change in bowel movement pattern | • Increased pain or new onset pain |
| • Change in urination | • Changes in sleeping patterns |
| • Change in ability to perform activities | • Falls- with or without injury |

Skin changes to report:

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| • Any change in color of skin | • New or worsening rashes |
| • Any temperature change | • New redness or open area on skin, especially pressure points |
| • New bruised | |
| • Any itching or scratching | |

If the patient has an existing wound, the aide should not remove dressing unless nursing staff has instructed the aide on the dressing care and it is included on the aide care plan.

Observe the covered wound area and alert nursing if:

Dressing has fallen off

- Increase drainage that has seeped through the dressing
- Redness or warmth surrounding dressing
- Swelling around dressing
- Patient complaining of increase pain at wound site
- Emitting a foul odor