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# COMMUNICATION

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## Active Listening

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To communicate well you need to start with learning to listen.

First, prepare environment:

- Choose quiet area or eliminate distractions.
- Make eye contact, but be aware some cultures such as Asian, African and Latin America cultures view eye contact as signs of disrespect or aggression.
- Use the seven skills of active listening.

### SEVEN SKILLS OF ACTIVE LISTENING

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1. Show interest. Use encouraging sounds and nod your head. Don't appear impatient or hurried.
2. Be other-focused. Ask questions so others will talk about themselves. Focus conversations on the person you are talking to, not on yourself. Other-focused example:  
*Patient: "I have 15 grandchildren. But Tommy lives closest to me."*  
*Staff member: "You have 15 grandchildren?! That's wonderful. Tell me about them."*
3. Reflect. Keep conversations focused on the other person by reflecting back that person's thoughts and questions. Concentrate on their feelings and concerns. A reflect example:  
*Patient: "What should I do about my mother?"*  
*Staff member: "What do you think you should do?"*
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. A clarify example:  
*Patient: "I'm too tired to take a bath today. Leave me alone."*  
*Staff member: "Can you tell me why you are so tired today?"*
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:

1. **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.
2. **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.
3. **Don’t make judgments.** Instead of showing disapproval, ask the patient about his reasons for acting or feeling a certain way. Be open to differences of opinion.
4. **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?”
5. **Don’t give empty assurances.** “Everything’s 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. Be aware of the following nonverbal communications impact on effective communication with your patients.

Expressions and gestures:

- Facial expressions

## Communication

- 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 expression.
  - 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 you 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.

**Do this when 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 the patient's "good" side, where his or her hearing or speech is best. Let him or her 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 his sentences for him — unless you can help by patiently supplying a word or two.
- When you are speaking, use the correct voice volume. You may have to be louder if the person is hard of hearing, but remember that individuals with dementia or people who have had a stroke aren't necessarily hard of hearing. A normal volume 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 a piece of paper. Encourage the patient to use gestures such as head nodding and hand motions.
- When giving directions, state one instruction at a time. Break your directions down into simple steps.

**Do this to communicate 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 feelings back to the angry individual.

## Communication

- 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.

If these tactics don't work, or if you fear harm, leave the scene and notify your supervisor.

## Communicating With Health Care Professionals

A home health 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:

- Vital signs outside of specified ranges
- Changes in alertness
- Changes in appetite
- Change in bowel movement pattern or no bowel movement in two days
- Change in urination including new incontinence or no urine about in eight hours
- Change in ability to perform activities
- Change in ambulation or transfer ability
- Swelling of legs, hands or feet
- Shortness of breath
- Increased pain or new onset pain
- Changes in sleeping patterns
- Falls — with or without injury

Skin changes to report:

- Any change in color of skin including pink, red, brown or black areas
- Any temperature change including coolness or warmth
- New bruises
- Any itching or scratching

## Chapter 6

- New or worsening rashes
- New redness or open areas on skin especially on pressure points:
  - Buttocks or coccyx
  - Hips
  - Heals
  - Ears
  - Elbows
  - Back of skull
  - Shoulders

If the patient has an existing wound, the home health 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

**QUIZ FOR COMMUNICATION WITH PROFESSIONAL STAFF**

Should you communicate the following with professional staff?

- |  |     |    |
|--|-----|----|
| 1. The patient refuses to take a shower and only wants a bed bath.   | Yes | No |
| 2. The patient is now able to walk to the bathroom using the walker.   | Yes | No |
| 3. The patient tells the aide that she fell last night getting up to go to the bathroom but she is fine.     | Yes | No |
| 4. The aide discovers that the patient has not eaten any of the prepared meals from the prior day.           | Yes | No |
| 5. The patient tells the aide that she went to the doctor yesterday and had a clean bill of health           | Yes | No |
| 6. During the bath, the aide notices that the patient's heels have a dark brown spot.                        | Yes | No |
| 7. The patient states that her back has been hurting more than usual and she can't get comfortable at night. | Yes | No |