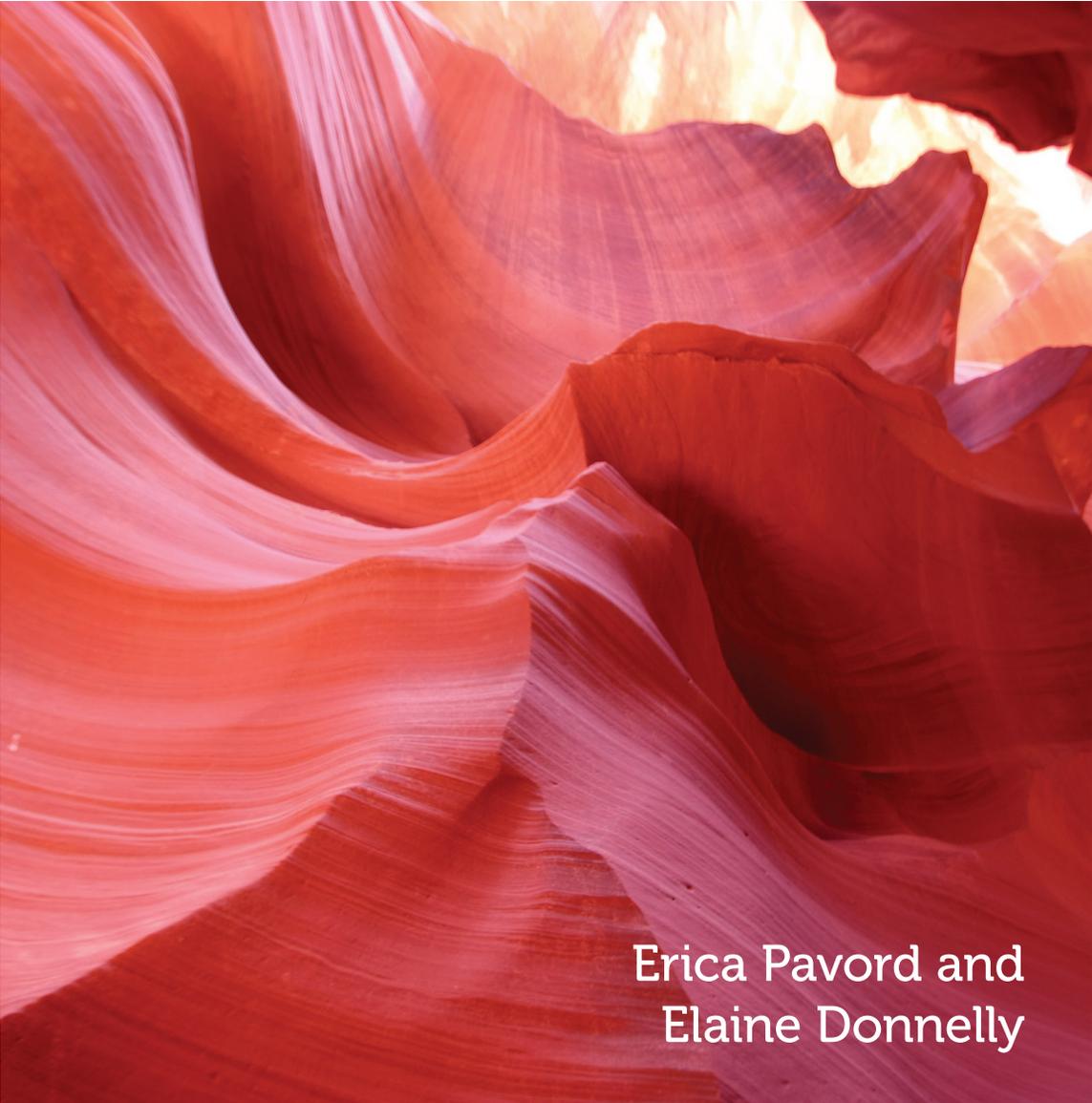


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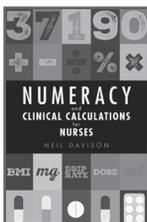


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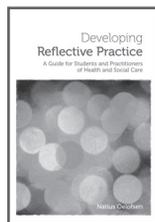
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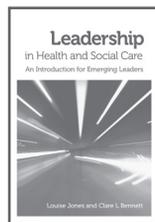
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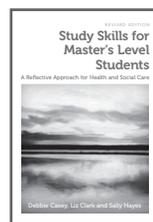
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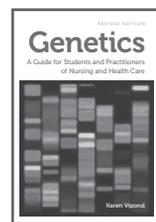
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INTRODUCTION

HELLO AND WELCOME TO THE SECOND EDITION OF THIS BOOK

This is the second edition of this book and it has been revised and updated since the first edition was published in 2008. Two chapters have been replaced by new ones, one has changed significantly and the other chapters have been edited to accommodate the changes. We hope that you continue to find it a useful companion to your studies.

The book itself does not profess to be the definitive text – it is far too small to be that – but what it does do is present and explore some of the key issues and theories that surround effective communication. It explores what happens when communication goes wrong and outlines some possible solutions that you can put in place to limit the consequences of poor communication and to develop more successful communication systems. Good communication is the key to effective care and we hope that you enjoy developing and practising the skills presented here.

We envisaged that our readers would all be students new to the areas of study that surround health and social care and that they would be involved in working across a broad range of health and social care facilities and with a broad mix of people. The authors, who have an interest in the teaching of communication and interpersonal skills, have developed an introductory text that explores communication as a ‘skilled behaviour’ for students working with people and is based on real teaching and learning activities that have been tried and tested in the classroom.

WHO IS THIS BOOK FOR?

This book is primarily written to support students undertaking study in any field of health and social care. You may be studying single modules aimed at developing your communication and interpersonal skills or you may be studying a full course for health and social care practitioners such as a Degree course in Nursing and Midwifery, a Foundation Degree in Health and Social Care, a course in Social Work, a course designed for practitioners working in the Hospital and Emergency Care Services,

and so on. Regardless of which programme of study you are undertaking, this book is written to provide you with a valuable introduction to the fascinating field of Interpersonal and Communication Skills and it will help you to meet the learning outcomes of your course.

WHAT DOES THE BOOK COVER?

Like many books in any subject it begins by offering definitions, and then explores the meaning of what it is to be a skilled communicator. We explore simple everyday issues such as courtesy and protocols and what can happen when we forget to apply these in practice. It will introduce you to two theories of communication and give you examples of how the theories relate to practice.

Chapter 1 provides an overview of what is to come. Like most academic texts the book begins with an examination of definitions and then introduces you to some of the incredibly complex phenomena that surround communication and interpersonal skills.

Chapter 2 deals with intrapersonal communication and self-awareness; in order for us to understand how to communicate more effectively with others, we need to know ourselves and know why we might respond in different ways to different people. This chapter will encourage you to reflect on who you are, what values and beliefs you have and how these might impact on your communication with others. You will be encouraged to become reflective practitioners, having the ability to reflect on your practice in order to improve your interpersonal skills.

Chapter 3 takes you on to focus on some of the key issues involved in communication with others. It focuses on interpersonal communication. It looks at the kind of communication that happens both verbally and non-verbally and it explores how different environments can communicate to the people in them and how environments can impact on the way that practitioners and service users communicate. The chapter then discusses the issues relating to intercultural communication and how age, gender, ethnicity and religion affect how we interact with others.

Chapter 4 focuses on a psychological perspective of intrapersonal communication and interpersonal skills. It introduces the work of Eric Berne and uses Transactional Analysis as a working theory to help you understand your own intrapersonal communication processes and the communications that you have with others.

Chapter 5 introduces the skills needed to ensure that we are listening in an active and empathic way to the people that we are caring for. Effective communication is largely dependent on our ability to really listen to people and show them that they have

been heard and understood. It will describe the Rogerian, person-centred qualities of empathy, acceptance and genuineness and show how to use active listening skills to communicate these qualities to those in our care.

Chapter 6 encourages you to think about how we communicate with our colleagues and other professionals and touches on the other modes of communication that you will have to use like record-keeping, email, text, mobile phone and social media.

Chapter 7 gives you a detailed case study which will help you to reflect on the experience of care. It shows the problems involved with dealing with difficult people and gives useful advice on how to manage these situations.

STUDYING WITH THIS BOOK

The writing team recognises that personal review, self-awareness and reflection can act as a powerful tool in the process of learning and you will be encouraged to reflect on a series of situations and then project the principles learned through these reflections onto your own working experience.

You will then be invited to explore different aspects of interpersonal communication and think about how you can develop your interpersonal skills to ensure that you are working ethically and communicating effectively. Where possible we have provided details of relevant online resources, taking care to include those aspects that relate to the nature of the work that you do and recommending only *bona fide* websites for downloads.

As you read through each chapter you will be invited to supplement your reading with a variety of activities. There are a number of different types of activity in this book.

READING ACTIVITIES



Reading activities may involve you looking for and accessing a specific document or text relevant to your place of work or subject area of study. If the reading activity requires you to access detail from the internet we will provide an online web address. We may also encourage you to follow links provided via that address but, again, this is subject to your area of interest. We recognise that some of your supplementary study will be very specific to the area in which you work and the nature of the people you will be working with. To meet your needs we have, where possible, provided alternative online web addresses for you to select from. Sometimes these web addresses change but it is usually possible to find a document by putting its title into a search engine.

REFLECTIONS



Reflecting on what you already know or have had experience of can be a powerful tool in helping you identify what you did and why you did something in a given situation. Reflection on your actions and reflection during your actions can help you to integrate new learning and enable you to become more effective in what you do. Reflective activities may also involve you being asked to imagine something relevant to the topic and to work your way through the same as if it were a real event. *Chapter 2* will introduce you to two useful reflective models that will support your learning.

WRITING ACTIVITIES



For writing activities it would be helpful to have a pen and paper to hand to jot down notes or make lists to refer back to at a later point. Writing activities may also be involved in reading and reflecting activities. Some of the activities detailed above may invite you to share your thoughts and ideas with other people and have discussions about key elements of the subject being studied.

Whatever activity is suggested it is completely up to you as to how you study that particular concept. The text and information on these pages will come alive only when you interact with them. So, welcome to this book and enjoy your study of Communication and Interpersonal Skills.

Erica Pavord and Elaine Donnelly

ABOUT THE AUTHORS

Elaine Donnelly, before her retirement in 2011, was a Senior Lecturer in Health, Social Care and Psychology at the University of Worcester. Much of her teaching was within the field of nursing and she had previously worked as a mental health nurse in a variety of mental health facilities including elderly care, acute psychiatry and the community. As a registered mental health nurse she was always interested in what makes people behave as they do. Her first degree was in Psychology and she then undertook a Master of Science degree in Health and Social Care. Her research and teaching interests include communication and interpersonal skills, supporting student learning, psychology, psychological development, caring for dying people and their families and supporting the bereaved. As a teacher she had a facilitative style in the classroom, encouraging students to learn through their experience, from each other and through the process of reflection. This was her first venture in writing for publication and she wrote the text in a similar way to her teaching style.

Erica Pavord has written the new chapters in this second edition and, with Elaine's blessing has edited and changed the other chapters. Erica works part time as a counsellor for children, young people and their families. Before becoming a counsellor she spent 15 years as a secondary school teacher and has managed to keep the teaching part of her career going by lecturing at Worcester University. In 2010 she took on the teaching of Therapeutic Communication and Interpersonal Skills to Foundation Degree students in Health and Social Care, Mental Health and Child and Adolescent Mental Health. More recently the module was delivered to BSc students in Occupational Therapy and Physiotherapy. The changes in this second edition reflect the development of the module which Erica has continued to teach alongside her colleagues in Worcester. Their contribution to some of the material in this edition has been invaluable.

06

COMMUNICATION AND INTERPERSONAL SKILLS IN PRACTICE

KEY THEMES:

- Things that are important to people
- Blocks and barriers to effective communication
- Dealing with difficult people
- Working and communicating with others in organisations
- Communication through the written word
- Using telephone, email and mobile phones
- Using social media.

THINGS THAT ARE IMPORTANT TO PEOPLE

As a student working or intending to work in a health or social care setting you will find it useful to spend some time reflecting upon what it is like to be at the receiving end of the care that you and your organisation offer. To begin the work of *Chapter 6*, I would like to ask you what you think are the most important things in your life.

REFLECTION

6.1



Think about all those things that are really important to you. They may be tangible things that you own, or they may be abstract ideas or considerations that you hold to be of value to yourself and others. You might wish to take your time over this reflective activity, sharing your thoughts and ideas with those people close to you and perhaps extending that to the people you study and work with.

REFLECTION

6.1 CONT'D

Having reflected on those issues most dear to you, I would now like you to identify a list of twenty of the most important things to you in the world but, before you do that, I am going to impose some limits on what can be held in your list:

1. Family members are to be regarded as one choice;
2. Loved ones and friends are to be regarded as one choice;
3. Pets, regardless of their species and number, are also to be regarded as one choice.

That's three on your list, what are the other seventeen?

Just in case you are struggling to put pen to paper, reflect on the following as this might just help focus your thinking.

- What would you save in the event of a disaster such as a fire or a flood?
- What would you/do you hide from potential thieves?
- If you were taken into prison what would you want to safeguard?
- If you were forced to live under a different political régime that is very different from that which you know, what would be most important to you?
- Bad things happen to people all the time in our world. What if they were to happen to you?

Here's my list:

1. Family – that includes the people I love most of all in the world.
2. Friends – a life without friends would be empty.
3. My happy box, which contains all sorts of daft-looking oddments and souvenirs but they are important to me.
4. Photographs – there are many albums detailing different experiences and people in my life.
5. My privacy – I hold it dear.
6. My right to speak out and voice my opinion.
7. My own space and the freedom to choose to be where I want to be.
8. My books – I have many.
9. My CD collection from ABBA to Zeppelin.
10. My computer and all my memory sticks (that may count as two).
11. My lovely car – it's not brilliant but it gets me about.
12. Good food and wine – I do love both.
13. My job and my role as a senior lecturer, and contact with students.
14. My allotment and all the fruit and vegetables it produces.
15. My mobile phone.
16. The beautiful jewellery that people have bought me over the years.
17. My independence.

18. My knowledge of the world and my mental capacity (that's two really).
19. Making my own decisions about how I live.
20. My physical health.

Creating that list, knowing that it would be up for public view, was no easy task, even though I am experienced in helping others to do the same. Perhaps you struggled or maybe you found it easy. Does your list go beyond twenty items? Can you compare your list with other people's lists? Are they similar in any way?

My guess is that there are many things similar within our lists but, regardless of similarities or differences, the most important thing is that the list represents what is important to you and can be seen as a marker of who you are and what you hold dear. Our personality is often portrayed by the things we hold dear. (If you are interested in finding out a little about yourself and your personality you might wish to follow this link and take the adapted Myers–Briggs Personality Test: www.humanmetrics.com/cgi-win/jtypes2.asp).

UNDERSTANDING OURSELVES AND OTHER PEOPLE

Psychology can teach us a great deal about ourselves and about other people and, as a person working in the care services, it is important that you understand some of the basic tenets of psychological study. *Chapter 2* will have helped you to think about how you have developed as a person and it emphasises the importance of self-awareness. Understanding yourself and how you prefer to be with others will provide you with valuable information about your personal communication style and why you get on well with some people and not others. Adapting our responses to individuals can help the communication process to flow more easily.

Psychology can also be useful in helping us understand the impact our self-esteem has upon us as individuals and, in particular, the way in which self-esteem is important to psychological health. How we feel about ourselves and what we hold dear is directly affected by changes in our health status. Gross and Kinson (2007) discuss the development of the self-concept and offer examples of how changes to our physical bodies can impact on our perception of self and consequently alter our behaviour. Indeed, the whole text is worthy of a read.

REFLECTION

6.2



I want you now to think about a person that you have had experience of working with or being with who has had to be admitted into care: health care as an emergency, or social care as a planned event as a consequence of alterations in their physical or psychological health.

REFLECTION

6.2 CONT'D

Using your skills of self-awareness and empathy, imagine what it must have been like to be that person.

What was the response from the care agencies involved?

If you found yourself in a similar situation, how would you feel?

If you were that person and had that experience of being admitted into care, how many things on the list that you previously generated do you think would still be immediately available to you? Work systematically through your list of twenty things and score out those that would not be available. Then erase components of those things that perhaps may be available but only in small measures. For example, your family and friends whose access to you is likely to be limited due to visiting rules. You can't have all your photos with you but you could have a snapshot in your purse/wallet. It's all about compromise. On admission into care it is likely that you would be advised about the safe-keeping of valuables and you would be asked to turn off your mobile phone. It is more than likely that your privacy would be seriously invaded with questioning and possible examination and your right to be free to determine your own daily activities would be, in the first instance, severely curtailed. Your car would be left at home as parking is always expensive and difficult, and you certainly would not have your own bed or chair. Everything around you would be unfamiliar.

Go through your list and share your thoughts with a friend, fellow student or your teacher or mentor and see what is left on that list as a result of being admitted into care. It is likely that you will strike out the majority of those things you listed.

I always find this a sobering thing to do but it is a really useful exercise to undertake because it gives us an insight into what people experience when they are taken from their own surroundings, either because they are too ill or just too frail to take care of themselves. The admission into care is often not a positive experience.

The people who are in need of either health or social care lose so much in accepting the care that they need. The arguments as to whether it is 'for the best' fade in comparison with what a person has to give up in relation to their independence and freedom 'to be'. Nicholson-Perry and Burgess (2002) discuss the ways in which people who suffer serious illness have to adapt, both psychologically and socially, as their health status changes. With illness comes a personal change of perception of who we are, and our lifestyle and relationships all have to change too. When a person is faced with so much loss, the feelings of the Child ego state can be overwhelming. Despair, fear, anger, abandonment, grief, resentment and bitterness are, sadly, common experiences of those admitted into care.

BLOCKS AND BARRIERS TO EFFECTIVE COMMUNICATION

There are times when it is more difficult to communicate effectively either because of what is happening around you or because of what is happening within you or the person that you are trying to communicate with.

WRITING ACTIVITY

6.1



- Make a list of all the factors that make listening difficult. You should consider both external and internal factors.
- Reflect on which are obvious and easily noticed and which are more difficult to pick up on.

Your lists might look something like this:

Internal

- Difference in culture and values
- Negative feelings towards the client
- Trying to hypothesise about what's *really* going on
- Working out what you're going to say next
- Getting upset/ annoyed about what the client is saying
- Trying to find solutions
- Feelings of inadequacy
- Difficulties in your life
- Feeling unsafe

External

- Tiredness
- Hunger
- Feeling ill
- Noise
- Inappropriate environment
- Client has complex needs
- Client does not speak English
- Client is deaf/hearing impaired

How to deal with blocks and barriers

The Shannon and Weaver Model shown in *Figure 1.1* describes the things that impact on communication as 'noise' which can be literal noise or some other kind of internal or external noise which can act as a barrier. The most important way for you to avoid a barrier to communication is to be aware of your own 'stuff', be it internal or external, so that you can avoid responding to the person you are supporting from your own frame of reference.

Chapter 3 has already dealt with the external blocks that arise because of cultural or language barriers. When the block is external like noise, hunger, tiredness or illness you have to be aware and prepared to negotiate that block in a caring and sensitive way. If there is too much noise, you can ask the person to come somewhere quieter so that you can talk and listen properly. It's never advisable to try to talk above a noise. As already mentioned in *Chapter 2*, you must be responsible for your own physical wellbeing so that if you are tired, hungry or ill you deal with it and avoid situations where you will not be able to concentrate or to listen properly. If you have to make decisions based on the communication that you have with others, it is particularly important that you do not allow barriers to get in the way.

If the blocks are internal and you find that you are not able to listen effectively, you need to be self-aware enough to notice what is going on for you and what might be going on for the other person. If you look back at the example of a care home worker using the CLT Reflective Model, you will see how she was able to notice the 'noise' that was blocking her communication with Mr C's son. She realised that if she had used active listening skills she would have avoided being rude and she might have enabled Mr C's son to explore his anxiety and his worries for his Dad. She realised that she needed to show him empathy even when she didn't agree with him. She used her insight to become more aware of Mr C and his son's frames of reference and so the barrier was more likely to fall away. If the barrier is due to your emotional overload you need to be able to recognise your limitations. Sometimes it can be hard to carry around someone else's pain or anxiety or anger or sadness. *Chapter 2* suggested ways that you could manage situations like that.

DEALING WITH DIFFICULT PEOPLE

Sometimes there is a block because the person that you are trying to communicate with is really difficult and determined to create barriers, refusing to let you in. Good communication is described by Burnard (1989) as the bedrock of good care but sometimes even good communication and interpersonal skills cannot easily manage the situation, particularly when emotions are high. People are not rational all of the time. When faced with fear and uncertainty they respond angrily and this can create difficult situations which if not defused adequately can lead to aggressive action.

READING ACTIVITY

6.1



Difficult people are all around us. The category of difficult people may even include you! The Institute of Management Excellence has an online newsletter available at www.itstime.com/. This website offers some really interesting links and explores how to deal with difficult people in the workplace through the use of Personality Dragons.

The dragons include:

- greed
- impatience
- arrogance
- stubbornness
- self-deprecation
- martyrdom
- self-determination.

These are interesting takes on the different sorts of personalities that we find ourselves working with and the website offers tried-and-tested solutions for given sets of circumstances. The Institute of Management Excellence offers some very sensible advice about how to manage emotionally-fuelled conflict and in summary suggests the following.

- Question your own defensiveness. Why are you upset by this situation? Remember defensiveness often fuels anger, leading to a worse situation.
- Stay focused in an irrational attack. See it as a gift that you do not have to accept. It is not personal.
- Calmly ask the person what they are upset about and accept that there is some kernel of truth in their complaint.
- Ask for feedback. Being on their side will enable you to defuse the situation more quickly.
- Don't try to win the fight – it is best to go for a win-win situation.
- Listen carefully and ask questions to elicit the nature of the complaint.
- Appreciate and don't blame.

When conflict occurs it is a problem for all those concerned and it needs to be dealt with carefully. Understanding what motivates people and fuels their emotions will help to pull the situation back to something that can be agreed upon and worked on jointly. In circumstances such as these using leverage is a good strategy. For example, 'If you agree to come with me now I'll sort out an appointment with your social worker and we'll see if we can sort something out'.

REFLECTION

6.3



Sometimes people's views can present you with specific dilemmas. The British Medical Journal published an article entitled *Managing patients who express racist views* (Baraitser, 2006). This article presents a dilemma and asks four professionals to give their views on the best way to handle the following situation:

You are a junior doctor working in a family planning clinic. A patient of yours needs referral to one of several senior doctors who work in your organisation for a complicated intrauterine device fitting. You recommend a colleague who has expertise

REFLECTION

6.3 CONT'D

in this field and the patient agrees to be referred. However, when you mention the name of the doctor, the patient realises she might be from an ethnic minority and requests a referral to someone else. What should you do?

You can find this article at: <http://jfprhc.bmj.com/content/32/1/47>

Before you read it reflect on what you would do in a similar situation. Discuss the dilemma with your colleagues or fellow students. When you have had this discussion, read the article and reflect on what the four professionals had to say.

If your strategies for dealing with difficult people fail, it is important to remember that even if other people do not behave or respond differently, you can. Self-awareness and a willingness to learn are essential requirements to developing your own skill but when the situation involves strong emotions in the people you are caring for or working with, effective communication and interpersonal skills are crucial.

Emotions such as anger, despair, panic, love or hate can lead to atypical and unpredictable behaviour and this unpredictability then produces strong emotions in others. If a person that you are trying to support is extremely angry then it is very difficult not to act instinctively and either retreat or fight back. Both of these responses are natural but unprofessional. Panic can lead to poor judgement and impaired skills.

The most important thing to remember is to seek help if you find you are out of your depth. There are no medals available for people who attempt to deal with situations that they cannot handle and the rule of thumb is that if the situation scares you tell the person that you can't deal with that situation and that you have to leave to get someone else to help them. Most people when angry are operating from their Child ego state and are out of control. Being faced by someone who tells them that they cannot handle this situation is often enough to jolt them back to a temporary thinking state as they realise the impact they are having on other people.

In *Figure 6.1* the Angry Child ego state on the left is verbally abusing the helper's Child ego state on the right. This other person's angry Child ego state is fuelled to some extent internally via the person's Parent ego state. The Critical Parent is conveying messages such as 'how dare they do this to me, I don't need to tolerate this, tell them just what you think of them right now.' The Adult ego state is not currently being accessed so there is very little thinking taking place.

Although the helper's Child ego state is naturally ready to respond to this person's anger by being defensive or by being angry back, they do not have to accept this interaction. They can instead choose to use rationality and respond from their Adult ego state, pitching to transact with the Adult ego state of the other person.

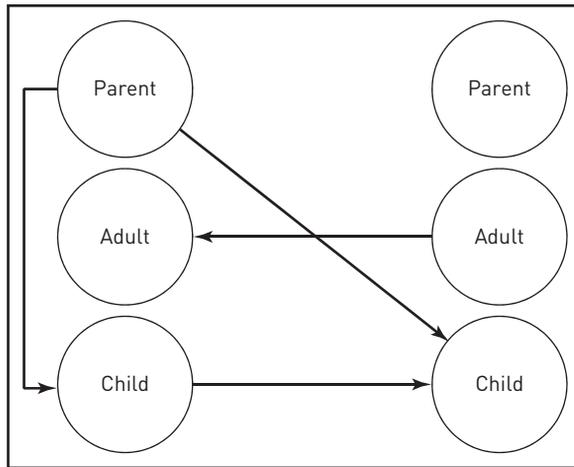


Figure 6.1 Transactional Analysis of dealing with a difficult person.

For example, a safe Adult ego state response could be, ‘you seem to be very upset and you do have a serious complaint to make but I am not really equipped to deal with this. Can you please wait here and I will get someone who can help you’. The other person’s Adult ego state is being addressed in this transaction, resulting in a momentary defusion of the situation and the Critical Parent ego state then needs to think and respond, probably with something like, ‘yes, I do have a serious complaint to make, you had better go get somebody who can sort it out’. This will give you sufficient time to move away and seek help.

Genuine anger bursts out and results in tears as the emotion is burned out. The skilled communicator can stay with that person until the tears come and the emotional response begins to calm down. Those who stay angry are likely to be psychologically disturbed and pose a risk for others, and steps to safeguard others may need to be taken. When someone is in a very angry state it is important that you stay calm and deal with the situation, especially if you are the only one available at that time.

The following guidelines are useful if you find yourself in a situation where someone is angry and aggressive:

Verbal de-escalation

- Use a one-to-one approach
- Use the individual’s name
- Ask open questions
- Enquire about the reason for the anger
- Don’t be defensive even when abuse is directed at you
- Ask questions about facts rather than feelings

- Answer informational questions but avoid abusive ones
- Show concern and empathy, use active listening skills
- Acknowledge their grievances, concerns and frustrations but don't interpret or analyse their feelings
- Use slow clear speech
- Keep your volume and tone quiet and calm
- Don't patronise them, be respectful
- Give choices where appropriate.

Non-verbal de-escalation

- Maintain limited eye contact and a neutral facial expression
- Have open body language and minimise the gestures you use
- Allow greater body space than normal
- Consider the position of your body, be at the same eye level as the person, face them and ensure that you have clear access to the exit
- Minimise your movement, stay as still as possible
- Appear calm, self-controlled and confident without being dismissive or overbearing.

ACTIVITY

Read these statements and think about how they would be heard by someone who is really angry:

- Please don't behave like this, I'm only trying to help
- If you don't stop that immediately, you'll be in big trouble
- Alan, I can see that you are angry. Shall I give you some space or would you like to sit down and we can talk about what's bothering you?

WORKING IN ORGANISATIONS AND COMMUNICATING WITH OTHERS

As shown in *Chapters 2 and 5*, we need to listen to ourselves, those in our care and those who can give us feedback about our performance, but we also need to communicate with and listen to those with whom we work in partnership. Carnwell and Buchanan (2005) make clear the point that in recognising the needs of those we care for we must also recognise the role of others in providing for people's needs. There is a danger within service provision to see only the care that we ourselves can offer and ignore what other agencies and professionals can provide. Effective care relies on us being able to work in partnership, and being able to communicate

with people from other agencies ensures that those we care for receive the best possible care.

Carnwell and Buchanan (2005) outline the dangers of professional groups working in isolation. Specialisation and professionalism have led us to a situation where subject-specific language can be difficult to understand and often contributes to a breakdown in communication between agencies and organisations. It is recognised that understanding the role of others will help in ensuring seamless working with people. Networking and joined-up thinking are now at the centre of providing effective care, and professional and volunteer groups need to find new ways of communicating and working in partnership. Jelphs (2006) outlines what she believes to be the key areas for organisations, teams and individuals to consider.

- How to develop and implement a meaningful communication strategy;
- How the strategy links to other strategic policies and procedures;
- How information is shared between staff;
- The ability of staff to access communication systems;
- How information is shared between patients and service users;
- How to develop information that is empowering and enabling for staff and service users;
- How to manage the grapevine;
- How to manage the media.

These are all big issues to consider. Sharing information requires a language that all can understand and developing that level of understanding requires everyone involved to be proactive and open to change.

CODES OF PRACTICE

As previously discussed, poor communication is often at the centre of complaints that people make against the NHS, and staff attitude in particular is one of the main reasons for complaint. The NHS is a massive organisation and the communication systems are many, with each one tailored to meet the need for recording and sharing information. The NHS Records Management Code of Practice is available online at: www.gov.uk/government/publications/records-management-nhs-code-of-practice. This website provides a great deal of material to read with regard to communication, and the links there are very useful, covering all aspects of modes and channels of communication that were discussed in *Chapter 1*. Organisations that seek to help people must have criteria that they use to guide the practice of those who work for them. Codes of practice offer criteria that can be used to review your own personal performance as a person working in the helping professions and may also be used by your employers to judge your practice and your ability.

READING ACTIVITY

6.2



Which code of practice do you use to review your performance? The following websites are recommended to you, subject to your specific role:

www.nmc-uk.org for nurses and midwives;

www.skillsforcare.com for the General Social Care Council (GSCC) codes of practice.

THE WRITTEN WORD

Each of these codes of conduct makes reference to communication and record-keeping. Working with people will require you to take part in recording detail. Being able to maintain clear and accurate records will be part of your role. Record-keeping is an integral part of all healthcare practice and is essential to the provision of safe, effective care. The level of supervision that you receive will be subject to your role and position within the organisation but there may come a time when you are responsible for writing and maintaining official records. The kinds of writing that we are required to do at work will include:

- telephone messages
- patient notes
- case reviews
- notes for patients
- messages in the handover book
- emails
- text messages.

In the interests of patient safety and in our increasingly litigious society, it is of great importance that the records we keep are meticulous. They are an important means of communication between staff and agencies and are available to the individual at their request. Communication, whether verbal or written, is about delivering a message and when it is written there is no non-verbal information, so it needs to be done clearly and unambiguously. Patients or any other service user can request copies of their notes so care must be taken with how things are expressed.

Records were previously kept mainly in paper form but, with the development of technology, they are increasingly being kept in electronic form. It is important to remember that the contents and quality of these records will have consequences for those being cared for and for you as the carer. They are legal documents that may be called for scrutiny at any time. As such, records should be

- accurate in their detail;
- concise and appropriate;

- contemporaneous (meaning up-to-date);
- objective and non-judgemental – there is no room for subjective material;
- legible – others must be able to read them;
- kept safe and with confidentiality maintained;
- signed and dated by the person who has written them.

The Data Protection Act (1998) is available online at www.legislation.gov.uk/ukpga/1998/29/contents and details the legal principles that underpin the regulation of the processing of information relating to people. You should familiarise yourself with these details to protect yourself and the people whom you work with.

TELEPHONE

How many times have you tried to communicate with an organisation by phone and been left feeling really frustrated? You may recall from *Chapter 3* that only 7% of the communication that takes place normally is via the words used, so it is no wonder that the telephone is so difficult to use and so fraught with problems. If you look back to the discussion regarding communication models, the Transmission Model was designed specifically to help overcome difficulties experienced in telecommunication. Many organisations now give training on customer care and telephone technique and this has come about as a response to the many complaints received. It is important that you seek the advice and training of your employer but the following principles will certainly help you avoid running into difficulty when answering the phone.

- Clearly state the name of the organisation/ agency or place of work.
- State your name and your position.
- Ask how you can help.

For example:

- Ward 10 Redwood hospital, Susan Jones, student nurse, can I help you? or...
- Ashleigh Wood Care Home, Gillian Smith, receptionist, can I help? or...
- Northwood Rehabilitation Unit, Tom Brown, care assistant, can I help?

You need to find the most comfortable way of introducing yourself, your status and your place of work. You may wish to say 'hello' or 'good afternoon' and that preference is up to you but the principle here is that when a person calls they need to know they have the right telephone number and to whom they are speaking. A good reply is one that gives those details, one that sounds professional and calm and one that is welcoming of the telephone call. If you have stated those things clearly it is likely that the caller will then respond positively, e.g. 'Yes, this is Doctor Mead, can I speak to ...'

Don't just say 'hello' as it leaves the caller struggling as to what to say next and it is unprofessional. Even if you have access to a telephone that gives you the caller's identity, never assume it is them as other people may be using their phone.

Also be aware that detail should not be given over the phone that is confidential. If in doubt, seek advice from your mentor or manager.

EMAIL AND TEXT

Email has been used as a way of communicating within and between organisations for many years. It saves time, it is auditable and it can be incredibly effective, but it is also one of the most frustrating, mainly because of the number of unnecessary emails that are sent. Round robins and circulars may raise the odd smile but they clutter up your in tray and distract the eye from what may be important, and it is more than likely that your organisation would frown upon the system being used in such a way. Don't use the email for anything it is not intended to be used for. Check your employer's policies for email use and do not fall foul of it as your job could be at stake.

Texting and emailing via mobile phone is also used increasingly, depending on organisations' individual policies. You should only use a work mobile phone for work calls, texts or emails; using your personal number or email address blurs the boundaries between professional and personal and could lead to unintentional mistakes if you end up sending group texts or emails. In addition and most importantly, there are huge implications of data protection when the use of mobile phones involves working with personal data. In my work as a counsellor I almost always use text to contact and be contacted by my clients to set up, change or cancel appointments but their names in my contacts list are disguised and no personal information is used. The majority of texts are simple appointment times or changes but I do delete the texts straight away once my diary is updated. If a client texts me anything else, I put any important information in my notes which are kept securely. I also ensure that I write texts in a formal way. If you were brought up with emails, texts and social media as a natural form of communication you might be used to using a particular kind of written communication which includes abbreviations, slang and, more recently, creative punctuation and little symbols called emoticons. In professional contexts, emails and texts should be in standard English with correct spelling, grammar and punctuation.

There are certain principles that you should be aware of when using email or text and attending to the following will help to prevent misinterpretation and keep the message reasonably intact.

- Is email/text the best mode of communication to use?
- Should you be sending this detail via email/text and is it confidential?
- To whom are you sending it and what do you want them to do with it?
- If you are using your employer's computer system you must attend to their protocols.
- Address the email carefully.
- Flag up if you want a reply, receipt or confirmation of reading.

- Be polite and use 'please' and 'thank you' as appropriate.
- Check the tone of the message.
- Try to be as concise and professional as you can.
- NEVER USE UPPERCASE, AS IT LOOKS AS IF YOU ARE SHOUTING.
- Check the spelling and the grammar before sending the email/text.
- Send it only to the people who need to receive it.

The ease of sending messages via email makes it an attractive option but remember that when messages are sent and received electronically you do not have that opportunity to talk face-to-face with that person, and there is a danger that priorities will be missed and information misinterpreted. You will not be able to see the receiver's reaction nor judge how the email was received. The very essence of email suggests that a quick response is required, but it is important that you take your time in wording the email and detailing the response time to the receiver. Short turnaround times may result in quick decisions that have not been fully thought through.

SOCIAL MEDIA

Since the start of the 21st century, communication via social media such as Facebook, Twitter, LinkedIn and other sites which I have probably not heard of, has created new options for extending and enhancing communication. However, as the number and use of these new channels of communication increase, so does the potential for mistakes and misuse. Even experienced users of social media and technology can get caught out. Hardly a week goes by without the media reporting something that some high profile person has tweeted which has got them into trouble of one kind or another.

Maintaining professional boundaries in all forms of communication is vital to maintaining trust and professional relationships. The use of social networking in professional settings creates challenges for managing risks for both individuals and organisational reputations alike, but it can also open up communication and provide opportunities for learning and development. The NHS Social Media Toolkit states: "In the NHS, the use of social media has evolved from communications teams tweeting press releases to staff and leaders at all levels taking part in spontaneous and structured conversations across multiple platforms." This suggests that there are more and more opportunities for NHS staff to engage in discussions on social media and the same is true of social care settings. Increasingly organisations such as the NHS and social care providers are thinking about how to use the services and websites that staff are already familiar with in their personal lives to enhance and benefit their professional lives (Skills for Care, 2013). If you are using social media within your professional setting you should adhere to the Code of Conduct of that setting and follow the guidelines for all written communication given above. In addition and very importantly you must always consider confidentiality and safeguarding when talking or writing about work issues.

CHAPTER SUMMARY

Seven key points to take away from Chapter 6:

- Big life transitions like leaving home and going into a care setting can have a huge and potentially devastating impact on people's lives, their self-esteem and their emotional wellbeing.
- Our self-awareness is particularly important when there are blocks and barriers to effective communication.
- When we have to deal with difficult people and manage strong emotions we must continue to use our skills of empathy, acceptance, and self-awareness rather than retreat or act defensively.
- Working with other agencies and organisations is an essential part of joined-up care and service provision.
- Codes of practice provide information and guidelines on how to work ethically and keep the service users' needs at the forefront of your mind.
- Written communication and record-keeping are a key part of health and social care provision.
- All written communication must stay within professional boundaries.

SUGGESTED READING

Carnwell and Buchanan's *Effective Practice in Health and Social Care* (2005) is a useful text to help you understand some of the challenges that the caring services currently face and is well worth a read.

REFERENCES

Baraitser, P. (2006) Managing patients who express racist views. *The Journal of Family Planning and Reproductive Healthcare*, **32:1**, pp 47–48. Available at: <http://jfprhc.bmj.com/content/32/1/47> (accessed 13 February 2015).

Burnard, P. (1989) *Teaching Interpersonal Skills. A handbook of experiential learning for health professionals*. London: Chapman and Hall.

Carnwell, R. and Buchanan, J. (eds) (2005) *Effective Practice in Health and Social Care*. Milton Keynes: Open University Press.

Challem, J. (2007) 'Theanine. The calm in your tea'. *Better Nutrition*, **69(6) 32**: pp. 34–35.

Gross, R. and Kinson, N. (2007) *Psychology for Nurses and Allied Health Professionals*. London: Hodder Arnold.

Jelphs, K. (2006) Communication: soft skill, hard impact? *Clinician in Management*, **14**: pp. 33–37.

NHS Employers (2014) A Social Media Toolkit for the NHS. Available at: www.nhsemployers.org/~media/Employers/Publications/NHS_Social_Media_Toolkit_%20Introduction_and_Process.pdf (accessed 9 February 2015).

Skills for Care (2013) Learning technologies in social care. Available at: www.skillsforcare.org.uk/document-library/qualifications-and-apprenticeships/learning-technology/learningtechnologiesinsocialcare-aguideforemployers.pdf (accessed 13 February 2015).