

Palliative Care

Communication Skills

Learning Package

LEVEL TWO



This learning package will consider what makes communication effective and has been designed for use with health and social care staff who provide palliative and end of life care. It is by no means exhaustive, but is intended to give the learner an overview of communication skills required at level 2 as outlined in the palliative care communication skills strategy.

You are asked to complete this package and then discuss your learning points with your line manager or supervisor. On completion of this learning package you should be able to demonstrate your knowledge and understanding to meet level 2 learning outcomes.

Level 2 learning outcomes

- a) Understand how to communicate with a range of people, carers and staff on a range of matters in a form that is appropriate to them and the situation
- b) Recognise the need for timely communication
- c) Understand the range of skills and interactions that underpin effective communication.
- d) Understand the impact communication has on the well being of the person receiving care, their relatives and carers
- e) Understand how to constructively manage barriers to effective communication. Be able to change form/style of communication and monitor effectiveness of own communication.
- f) Demonstrate knowledge of culture and ethnicity issues that can impact on communication styles, expectations and preference. Able to access appropriate resources to aid communication.
- g) Reflect on their own communication skills and involve other appropriate persons as necessary.
- h) Demonstrate awareness of the principles and aims of caring for people with complex needs. (I.e. physical, psychological, social and spiritual complex needs)
- i) Understands the importance of giving clear explanations and gaining permission prior to carrying out any activity, and to understand the reporting procedures if permission is not obtained.
- j) Understands how to keep accurate and complete records consistent with legislation, policies and procedures

Communication Skills Training

Introduction

What is Communication?

Communication is the exchange of information whenever two or more individuals are together communication is taking place.

Communication means different things to different people and there are many methods of communication some of which are more effective than others.



Exercise 1a. List the different methods of communication you use in your role.

Exercise 1b. Now list the barriers to good communications e.g. Poor eyesight, noisy environment

People interpret things in very different ways, it is important that you are clear when you communicate.



Exercise 2

Write down 6 words to describe a banana.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Now ask a friend or colleague to do the same and compare results.

The purpose of this exercise is to show that there is more to good communication than words. Everyone has different interpretations of things which are associated with life's experience, your interpretation may be different from someone else's. This is where communication can break down and misunderstandings arise. Always check back that you understand what is being said and that the person understands what you have said. **'If they haven't heard you, you haven't said it.'**

With any communication one of the most important things to remember is, it is not **what** you say but **how** you say it that has the most impact on the person you are dealing with.

Studies show that the effectiveness of how you communicate is split into the following figures.

Words are 7% effective

Tone is 38% effective (Tone is how you say things e.g. too loud, too quickly, impatient, patronising or sensitively and with respect)

Body Language is 55% effective

Communication Role in Health and Social Care Settings

Communication is an essential aspect of our everyday role. It is a vital element of the role of all health and social care staff.

The literature identifies a number of key characteristics in the process of communication when helping and counselling individuals these include; **genuineness, empathy, warmth and acceptance.**

Genuineness

To be truly genuine means to be authentic and be able to express what one feels for example 'what you see is what you get'. As health and social care staff we often have to try and deal with difficult situations. It is easy to hide behind a uniform or a role. It is easy to forget sometimes that it is alright to say 'I don't know'. Inevitably at sometime people with palliative care needs and/or their families may say, 'you don't know how I'm feeling' and unless we have been in a similar situation we probably truly don't!

Empathy

Empathy is the ability to recognise and understand how another person feels. An empathic response indicates that if placed in similar circumstances you would have similar feelings. There are two components of empathy, recognising the feelings and then communicating to the speaker that you understand and acknowledge how they feel. It does not mean you share their feelings, this is sympathy. You can show empathy through gestures, facial expressions, appropriate touch and words.

Examples

"That must be difficult for you".

"I'm not surprised you feel anxious."

"I imagine you were very frightened"

We don't always get it right;

"I bet that was a shock."

Reply; "well no, I was half expecting it."

This is not wrong; it indicates that you are trying to understand how the other person feels which is better than ignoring it.

Avoid saying, "I know how you feel" because you don't, you can only try to imagine how another person feels.

Warmth

By being warm a person will usually come across as genuine. Being warm doesn't have to mean being demonstrative and overenthusiastic especially if that isn't your normal way or style of behaving. It does however, mean respecting another person, who they are and what they stand for. To a person with palliative care needs experiencing warmth from others is extremely important. As health and social care staff we have our own agendas, beliefs and values which can affect the way we respond and act with others.

Acceptance

Acceptance means taking the whole of a person not just the bits we like i.e. 'warts and all'. It is virtually impossible to be totally acceptable. As health and social care staff our role requires us to try and accept other people without judgement. Awareness of ourselves and our character will make us more aware of others.

Other key characteristics include

- Respect
- Dignity
- Trust
- Caring
- Beliefs and values

Warmth, acceptance, genuineness and empathy add a humanistic dimension to communication (Rungapadiachy, 2003).

Exercise 3

Mr Jones has deteriorated suddenly and his family have been called in. When they arrive the doctor is with him and you are asked to go and speak to the family.

How do you feel?

How do you think the family feel?

What will you say to demonstrate:

- Warmth

- Acceptance

- Genuineness

- Empathy

Effective Listening in Communication

One of the best ways to communicate with people is to stop talking and start listening; but listening is more than not talking. Listening means not only hearing what is being said but also attempting to understand what lies behind the words spoken. The good listener recognises that the other person has something constructive to offer and seeks to discover what it is, even though their thoughts may be unclear. Effective listening requires a continuous determined effort to pay attention to the speaker and to his/her words. Listening is not easy and not the same as hearing.

The process of listening could be broken down further into 4 distinct but interrelated components

- Attending
- Hearing
- Understanding
- Remembering

Listening by definition isn't a natural process; it refers to paying attention, remembering and understanding the content of what the speaker has said. Hearing or passive listening however is a natural process as one doesn't have to learn to hear. Listening is by far the most important of all communications skills. It does not come naturally to most people, so we need to work hard at it; to stop ourselves 'jumping in' and giving our opinions.

Passive Listening

Passive listening is the process of emptying the mind. The listener must not allow themselves to make judgements or question the other person. This is difficult to achieve and requires constant practice.

Active Listening

Active listening is the process of listening to others in order to understand their ideas, opinions and feelings and to demonstrate you have understood.

Tips for active listening

- Maintain eye contact by looking at the speaker
- Stop talking and avoid interrupting
- Sit/stand still maintaining a body state that reflects attentiveness
- Nod your head to show you understand
- Lean slightly towards the speaker to show you are interested
- Check for understanding by repeating information and asking questions for clarification



Exercise 4

You are taken to hospital by ambulance suffering from severe headaches. No one seems to know what is wrong with you and are waiting to be taken for a scan. You are lying on a trolley in a corridor and someone comes to take you for the scan. The person does not introduce themselves but they check your notes and start calling you by your name as it is written on the notes 'Brian'. You say that you do not wish to be called by your first name and that you are always referred to as 'Bob' you do not feel comfortable being addressed as 'Brian'. The person is not looking at you while you are explaining and they are looking around and nodding to members of staff but obviously not paying any attention to you. You finish your explanation and the member of staff becomes aware that you have finished talking; they say OK 'Brian' I'll take you for your scan now.

How do you feel?

What feelings do you have about this person?

Potential Barriers to Active Listening

Exercise 5

Inevitably there are barriers to active listening. Identify what you think may be some of the major barriers these may include.



- Personal
- Role Responsibilities
- Environmental
- Skills
- Fears

How do we communicate?

Communication falls into two broad categories; **Verbal** and **Non-Verbal** communication. Verbal communication relates to all means of communication that has speech and language as its foundation. Non-verbal communication is less easy to define.



Exercise 6

Make a list of all the possible **non-verbal** means of communication that you can think of.

Exercise 7

You receive a text message or email.

“Sorry, can’t make lunch tomorrow, Josh ill, will be in touch”.



This message simply gives the information but no clues as to the sender’s feelings.

What extra information would you be able to get from the same message if it was a phone message and you could hear the sender’s voice?

What extra information would you get from the message if you actually spoke to the person face to face?

This exercise demonstrates how much extra information we can get from the “non- verbal” cues.

Remember it’s not just **what** you say, but **how** you say it.

What is Body language?

Body language is a term for communication using body movements or gestures instead of, or in addition to, sounds, verbal language or other communication. It describes all forms of human communication that are not verbal language. This includes the most subtle of movements that many people are not aware of, including winking and slight movement of the eyebrows. In addition body language can also incorporate the use of facial expressions.

Positive body language shows you are interested in what the person is saying.

Tips for positive Body Language

- Relaxed Body Position- (though don't slump) this helps put the other person at ease as you look friendly and helpful. If you appear tense you may seem unreceptive or nervous.
- Open Posture -by standing at a slight angle to the other person so that you don't seem threatening and if the other person is sitting try and match their position by also sitting.
- Lean Slightly Forward-as a sign of involvement, but don't overdo it or you will invade their personal space.
- Eye Contact-should be appropriate (normally there is more eye contact as the other person is talking). Two extremes of inappropriate eye contact would include diverting the eyes or staring. If you look down or away too often it may indicate tension or boredom where as staring may be interpreted as aggression. In some cultures regular eye contact (70%) can either be seen as offensive or even flirtatious, particularly female to male eye contact
'I trained in Switzerland and I was astonished when a Swiss doctor told me that I would be considered to be telling a lie if I did not look straight into a person's eyes' (Pakistani doctor)
- Pointing and waving your finger, standing with your hands on hips, fists clenched and frowning are all examples of where your body language could be interpreted as aggressive.
- Appropriate Facial Expression-be friendly and relaxed. Smiles demonstrate interest, but remember your expression needs to be consistent with what you or the other person is saying.
- Nod Your Head-this indicates that you are paying attention, encourages further discussion and shows that you are following what is being said. Acknowledge the other person's arrival, even if you are busy (for example on the telephone).

Responding

Responding may be defined as the ability to give appropriate feedback to the message received either verbally or non-verbally. It involves the processes of listening and attending. It is argued that at the heart of good effective interpersonal communication is the skill of responding with accurate understanding. Listening without responding may be seen as passive listening. By responding appropriately you demonstrate that you understand the individual's needs and feelings, and value what has been said.

Verbal Responding

This relates to all activities that make some kind of verbal statement e.g.

- Questioning
 - Open questions – Example: 'How are you feeling?'
 - Closed questions – Example: 'Are you feeling better?'

- Checking for understanding
 - Reflecting – Example: ‘Am I right in thinking you would prefer to be called Bob?’
 - Echoing – Example: ‘You said you are called Brian, but prefer to be called Bob?’

Non-Verbal Responding

Generally most non-verbal responding tends to accompany some form of verbal responding.

This includes:

- Proximity
- Gesture
- Posture
- Silence
- Touch
- Facial expression
- Body language

Silence

When thinking about how we communicate we shouldn't forget **silence**. Silence can be a very powerful tool.

Silence in every day conversations can be awkward but when caring for people who may wish to discuss sensitive issue silence has an important role. Try not to jump in to avoid periods of silence.

Touch

Touch can be a powerful form of communication, it can convey warmth and empathy but it can also be patronising or condescending e.g. a pat on the head or worse a pat on the bottom!

Touch is a very individual thing; some people are more tactile than others.

Think about your own circle of family and friends, there is probably a wide range of occasions when it would be comfortable to touch or be touched by different people. Are you a naturally tactile person?

As health and social care workers we are familiar with touching people intimately as part of our work but others may not be. Touch is not always appropriate; you would be surprised if your bank manager held your hand even if it was bad news!

We need to be mindful of cultural and sexual factors when considering touch as a form of communication, what is acceptable for you may not be for the other person.

Remember.

In a care setting touch can convey warmth, empathy, concern and acceptance but:

- Don't make assumptions, each situation is unique.
- Be genuine.
- Be guided by the other person.
- Touch may be acceptable in one culture but not in another

Culture and Communication

The meaning of culture

Culture is a set of rules that an individual inherits as a member of a particular society and which tell him how to view the world and learn how to behave in it in relation to other people. It also provides him with a way of passing these rules on to the next generation by use of symbols, language, art and ritual (Helman, 1994)

The meaning of race

Race is defined as a classification of people on the basis of physical appearance ...with skin colour the usual popular physical characteristic (Fernando, 1991)

The meaning of ethnicity

Ethnicity has been defined as a group of people who have specific background characteristics such as language, culture and religion in common. These provide the group with a distinct identity, as seen by themselves and by others in society (Baxter, 1997)

There is much that could be done to improve staff education regarding culture & diversity and people with palliative care needs education & support whatever their background. Lack of good communication skills will affect the individuals care and their perception of services.

Exercise 8. Consider the following factors – what cultural issues need to be considered?

TOUCH & CONTACT

DISTANCE

TERMS OF ADDRESS

GENDER



Exercise 9. What resources are available in your area to meet different communication needs?

Communication Skills and Palliative Care

The person with palliative care needs may be very ill, weak and fatigued and may have high levels of distress. The individual and their relatives and carers may feel powerless. It is hard to listen to someone else's suffering and can raise emotions or fears within the health and social care worker themselves.

Remember

- Be yourself
- Listen!
- Acknowledge the pain – 'It must be difficult for you'
- Be sensitive
- You may think you haven't done much but people often feel better for talking, 'A problem shared.....'

Angela is a 40 year old woman with advanced breast cancer who you are providing care for. Whilst helping Angela takes a bath she tells you, "I wish it was all over". How do you respond?

Give an example of who you would share this information with.

How do you feel?



Check what Angela actually means. Use skills to convey warmth and empathy. Try to explore what is unbearable for Angela. Sometimes it takes courage to stay alongside, but it is important to hear how bad things are. It is essential that the key worker/named nurse is aware of any key issues or concerns. Discuss with Angela the importance of sharing her concerns with her key worker/named nurse and negotiate how you will do this.

It can be hard to listen to someone else's suffering and can raise painful emotions or fears within ourselves. Sometimes talking with a colleague can be helpful.

Remember to always look after yourself.

Summary of learning points

The importance of communication between health and social care workers and people with palliative care needs cannot be overestimated, as it is the basis of the therapeutic relationship upon which successful health and social care relies.

Communication is influenced by:

- attitudes
- knowledge
- social background
- culture
- religion
- experience

Remember:

- Misconceptions and misunderstanding is often inevitable due to differences between individuals.
- It is often difficult to see the world through another's eyes.
- Even within the context of a common language words can have different meanings for different people.
- Good communication should be at the heart of all person centred care.
- Each person is unique therefore bring differing needs and abilities requiring an individual approach.
- The type of communication must be assessed with regard to an individuals needs
- Information should be given as appropriate in a variety of formats.

If you are unclear about how any elements of this learning package applies to you and/or your role please discuss with your line manager or supervisor.

References

Rungapadiachy, D. M. (2003). *Interpersonal Communication and Psychology For Health Care Professionals: Theory and Practice*. London: Butterworth Heinemann

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Fernando, S (1991). *Mental Health, Race and Culture*. Basingstoke: Macmillan

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