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**Effective Communication in Health and Social Care**

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## **Task 1: Report**

### **1.0 Introduction**

This report discusses different areas of communication relevant to the practice of health and social care services. The first section discusses the importance of effective communication practices in such a context, followed by meeting the communication needs of different service users. This leads the report to understand possible barriers to communication and how to overcome them.

### **2.0 Importance of Effective Communication in Health and social care work settings**

#### **2.1 Identify reasons why people communicate**

Firstly, communication builds relationships between service providers and service users. This allows health and social care users to convey their particular needs, preferences, issues and other points of concern through the use of communication (Vermeir et al., 2015).

Secondly, people also communicate to express their personalities through the use of verbal and non-verbal communication. This includes behavioural, psychological and habitual manners of self-expression, which can be indicative of the physiological health conditions of the communicators (Vermeir et al., 2015).

Thirdly, communication ensures that the continuity of social and healthcare service quality is maintained. As service users' health concerns develop dynamically over time, they might need reduced or increased attention. Communication ensures there is clarity of agreement during such critical periods (Vermeir et al., 2015).

#### **2.2 Explain the impact of communication on relationships in the work setting**

Firstly, communication builds trust and greater collaboration among professionals as well. This increases the quality of multidisciplinary teamwork and interdepartmental collaboration due to the open sharing of knowledge, which is ultimately achieved through communication (Howick et al., 2018).

Secondly, communication ensures accountability is maintained regarding the following ethical and professional practices. For instance, communication through training ensures new workers are fully informed of their ethical standards and professional responsibilities, which ensures unintended violations of professional and ethical standards do not happen. This preserves the continuity of health and social care services in the long term (Howick et al., 2018).

Thirdly, communication creates a stronger cohesion among diverse workers in the professional environment. For instance, a team of multicultural professionals will become more cohesive when regular and open communication practices are maintained (Matveev and Nelson, 2004). This upholds the ethical duty of creating an equitable and inclusive workplace environment where professionals from different backgrounds can work in safety and security.

### **2.3 Explain approaches used to manage challenging situations**

Firstly, patients may have low health literacy which makes it difficult for them to apply health information as well as communicate with the health care provider. This can also result in inadequacy in accurately communicating symptoms related to their health, as well as preferences or explanations for any questions (Murugesu et al., 2022). This can be addressed through the use of teach-back methods of communication where the patients verify their understanding of healthcare requirements (Yen and Leasure, 2019). Their level of understanding is consequently identified by their statement of the information accurately.

Secondly, service providers must use de-escalation techniques to help calm down agitated patients. Active listening is a method that creates a critical listening approach towards understanding the patient's grievances (Kohpeima Jahromi et al., 2016). This ensures the patient receives accurate responses from the service provider, and ensures an empathetic approach is used that requires attentive listening to the service user's issues.

Thirdly, general good practices can be used to de-escalate or preemptively eliminate the further development of challenging situations. Being respectful towards the patient will present a supportive approach to their problems. Using full statements in describing their health-related concerns will ensure aggravation is not caused due to using specialised abbreviated health terms (Grossman Liu et al., 2022). The use of open and non-threatening body language also ensures patients are calmed and challenging situations are resolved.

### **3.0 Meeting <sup>1</sup>the communication wishes and preferences of individuals**

#### **3.1 Establish the communication and language wishes and preferences of individuals to communicate effectively**

The service provider's work must be centred across the unique needs of the service users. This includes their personal preferences which can be identified through communication. The wishes and preferences of individuals are strongly present in their consent to being touched during communication, as a part of broader non-verbal communications. For instance, a service user will have different degrees of preference for being touched while being helped out of bed and being washed as a part of personal care services (Cocksedge et al., 2013). Discussing these preferences will create an ethical approach to providing health and social care services, as any instances of physical contact will be determined across mutual consent.

#### **3.2 <sup>1</sup>Describe the factors to consider when promoting effective communication**

Firstly, the service user's family members or peers can be consulted regarding the efficiency of communication approaches with the patient. This will ensure that the health or social service approach follows the most successful approach towards communicating with the service user, through which effective communication as a whole will be secured (Huang et al., 2021).

Secondly, personal feedback must be used to develop a more inclusive and successful style of communication from the service user as well as their peers, family members and other relations. This will promote continuous professional development through feedback, which in turn can create a better standard of communicating effectively (Hardavella et al., 2017).

Thirdly, confidentiality as a principle for effective communication must be respected across all service encounters. This forms the basis of interpersonal relationships with professionals and healthcare patients (Tegegne et al., 2022). The quality of trust is built on the assumption of confidential dependency in safeguarding personal health details, which is achieved by restricting access to such information to those involved in their care or support (Tegegne et al., 2022). Such confidentiality laws can be found in the Human Rights Act 1998, which upholds basic rights such as privacy for private and family life. The General Data Protection Act 2016 also promotes the safety and security of confidential information by consenting to store data and the right to have them removed after their usefulness is ensured.

### 3.3 Utilise <sup>2</sup> a range of communication methods and styles to meet individual needs

#### **Verbal communication**

This method involves the use of vocal or audible speech which is designed to increase the reception quality of the message. This includes vocal modulation for pitch, tone and volume as well as the speed and use of formal or informal styles. Therefore, this method can be used to create a respectful and attentive presentation for the service user.

#### **Sign language**

This method involves using sign language in a standardised format, such as the British Sign Language system used in the UK (Stamp et al., 2014). This allows for communication with service users that are deaf or have partial hearing.

#### **Braille**

This method requires reading a pattern of raised dots on a surface through the use of fingers. This system is designed for use with visually impaired or blind service users, as Braille allows them to read and write with comparative ease following this practice (Rajpurohit, Deshpande and Kokka, 2017).

#### **Body language**

This method involves extensive use of gestures, facial expressions and physical movements of the body. The use of body language communicates through non-verbal approaches, such as through visual observation of the body language used in self-expression.

#### **Eye contact**

The use of eye contact is useful to promote attentive listening of the subject by the worker. It ensures service users feel recognised and gratified by the positive attention being expressed towards their health or social care needs.

#### **Written communication**

This method uses physical written communications through electronic keyboards or pen and paper as well. It is used for information storage, record keeping and evidence collection. Therefore, it is a more official and managerial approach to communication.



### **1** 3.4 Explain how to respond to an individual's reactions when communicating

Firstly, by being observant of the individual's response during communication, the service provider can understand reactions accurately and adjust their communication style accordingly. For instance, a loud volume of spoken communication may cause distress to the service user, resulting in a flinching reaction. Observing this allows the service provider to lower their vocal volume accordingly, and proactively adapt their communication style to align with the wishes and preferences of the service user (Mast, 2007).

Secondly, unspoken cues can be a form of reaction that tells a different quality of information to the service provider. For instance, when asked about their experience of pain, a patient may vocally express that there is no pain. However, their facial expressions such as furrowed brows or clenched jaws will communicate an experience of pain that is identified through these non-verbal reactions (Egorova, Park and Kong, 2017). Such a response can be due to various reasons, such as personal hesitation in admitting the experience of pain to the service provider. Being aware of these reactions will be essential to safeguarding the welfare of patients.

## **1** 4.0 Understanding the possible barriers to Communication

### **4.1 Describe barriers to effective communication**

#### **Attitude**

The communication style of the worker as expressed through attitude can be disruptive to communicating with the patient. This can arise due to the worker's issues such as mood or lack of resources (Vermeir et al., 2015).

#### **Technology**

A lack of technological aids can be a barrier to communication in particular situations, such as a lack of quality hearing aids for a patient with partial deafness.

#### **Physical distance**

Closer physical distance can create a feeling of imposition on the service user, affecting their sense of personal security. A further physical distance can also convey the impression of disinterest (Vermeir et al., 2015).

#### **Emotional state**

The upset emotional state can be a detrimental barrier to communication, as negative feelings like anger or embarrassment will impede the regular flow of communicators.

#### **Physical state**

Physical problems can be a barrier to communication that is difficult to overcome, such as being breathless due to asthma.

#### **Body language**

Body language behaviour such as crossed legs, using the smartphone during conversations and having a disinterested facial expression can contribute to the barrier of communication.

#### **Privacy**

Confidential communications with patients can become a barrier if such communications are taking place in a semi-open or public environment prone to eavesdropping.

#### **Stereotype**

Creating generalised stereotypes can create a barrier to communication, such as presuming that all patients will be inattentive in regularly taking their medicines (Aronson et al., 2013).

### **1** **4.2 Analyse ways to overcome barriers to communication**

Firstly, the worker must know about the patients on an individual basis. This ensures clarity of communication and authenticity of information gathered across each patient encounter. It will overcome various barriers such as stereotypes and physical distance.

Secondly, regular feedback must be solicited from service users and incorporated into the future delivery of services. This will ensure any unintended barriers such as negative body language or physical distance are resolved (Hardavella et al., 2017).

Thirdly, communicating thoroughness to patients will ensure they are fully aware of their health and social care situations. Teach-back methods of communication will be successful in ensuring this outcome (Yen and Leasure, 2019).

### **1** **4.3 Explain how to access extra support or services to enable individuals to communicate effectively**

Firstly, specialist charities such as the Royal National Institute for Deaf People can provide support for communicating with specialists instances such as with deaf patients. Similarly, the

Royal National Institute for Blind People can be of assistance in communicating with visually impaired patients, such as through Braille specialists (Skilton et al., 2018).

Secondly, local charities can also have assistance available for communication such as through befrienders or mentors. This can be useful to overcome barriers to communication arising from emotional distress, social isolation and other psychological factors (Siette, Cassidy and Priebe, 2017).

Thirdly, language therapists, psychologists and translators can be contacted for a multidisciplinary approach to delivering the high-quality services patients deserve.

## **5.0 Conclusion**

The discussion considered different ways in which effective communication can be secured for effective worker performance when dealing with <sup>6</sup>health and social care patients. The awareness and implementation of these approaches will ensure strong working relationships are created with patients, which is integral to the successful performance of health and social care services.

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## **Task 2: Report**

### **1.0 Introduction**

This report discusses equality, diversity and inclusion (EDI) and how they are promoted legally, as well as their implementation in the workplace.

### **2.0 Understanding Equality, Diversity and Inclusion within Health and social care**

#### **3 2.1 Explain the terms**

##### **Equality**

In the context of health and social care, equality means giving the same level of access and quality of care to different healthcare users (Wolbring and Nguyen, 2023). This follows the Equality Act 2010 which states individuals cannot be discriminated against based on personal characteristics such as sexual orientation, age or ethnicity.

##### **Diversity**

Diversity in this context refers to the recognition of the distinction between individuals resulting from their unique personal characteristics, cultural background and other differentiation factors (Wolbring and Nguyen, 2023). An understanding of diversity allows for equality of health and social care to be performed, thereby making it interrelated as a concept.

##### **Inclusion**

The process of inclusion in this context relates to creating inclusive participation of underrepresented groups of people to improve their participation as equals in society (Wolbring and Nguyen, 2023). This includes creating a workplace climate of social acceptance and support for diverse workers, making them safe and secure in their job roles.

#### **1 2.2 Explain the impact of barriers to inclusion**

##### **Lack of information**

A lack of information due to inexperience or inadequate informational access can create barriers to inclusion, which can be an unintended or non-prejudiced type of barrier.

### **Additional expenses**

This is another practical barrier to inclusion where a lack of resources makes it difficult to inclusively provide health and social care. For instance, a lack of specialists for deaf or visually impaired patients can create unwanted barriers to inclusive service access.

### **Stigmatisation**

This can be a prejudiced association of stigmatic labels that undermines the individual rights of patients. It can result in a barrier where they are unable to gain equitable access to healthcare at an optimal level.

### **Attitude**

Similarly, the staff attitude can create a barrier to inclusion such as through untrained behaviour, lack of cultural awareness or personal work-related pressure making an impediment to inclusive performance.

### **Communication**

This barrier can be caused by a lack of access to communication aids for diverse patients, such as Braille communicators, translators or sign language specialists. Without gaining total knowledge of the patient's needs, health and social care service delivery is consequently affected.

## **2.3 Explain the legislation relating to equality, diversity and inclusion in service provision**

### **Human Rights Act 1998**

This Act provides **fundamental rights and freedoms** to individuals regardless of their characteristics. This is expressed through the framework of FREDA; Fairness, Respect, Equality, Dignity and Autonomy (Roberts et al., 2011).

### **Equality Act 2010**

This Act bans the discrimination of adults in providing services, thereby securing equality and diversity by preventing discrimination across different characteristics like age or gender (Davies et al., 2016).

## **2.4 Explain how to promote equality, diversity and inclusion in work practice**

By promoting policies designed to secure EDI performance, the workplace will be capable of inclusive participation and delivery of health and social care services. Internal training programmes will create awareness and train service workers on inappropriate behaviours for meeting EDI performance.



### **3.0 Conclusion**

Securing EDI will be successful in ensuring society as a whole gains access to health and social care, which will be helpful in the long-term reduction of barriers to care accessibility.

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