UNIT: Applied communication

CLASS: KRCHN, Year 1 Semester 1

LECTURER: Njeri Karienye

Objectives

By the end of the unit the learner should be able to:

Apply critical thinking skills in provision of nursing care

Develop appropriate skills for counseling

Apply principles of SCL for long life learning

Handle and deal with different customers/clients

Critical thinking

What is critical thinking?

This is process of actively and skillfully conceptualizing, applying, analyzing, synthesizing and evaluating information to reach to   an answer or conclusion

This is a disciplined thinking that is clear, rational, open-minded and informed by evidence

This is a reasonable and reflective thinking focused on deciding what to believe or do

Critical thinking focuses on thought**:**

- It looks at how; facts are proven, arguments are formed, conclusions are reached, and not just what the facts, arguments or conclusions may be.

Critical thinking is self-reflexive**:**

- It involves reflecting on, questioning and testing your own thinking processes.

Critical thinking is discipline-specific**:**

- It engages in particular forms of reasoning, such as mathematical reasoning, historical analysis or literary interpretation, which are specific to a particular discipline.

Critical thinking is not 'hard' thinking nor is it directed at solving problems (other than 'improving' one's own thinking) i.e One does not use critical thinking to solve problems but one uses critical thinking to improve one's process of thinking.

Critical thinking is inward-directed with the intent of maximizing the reasoning of the thinker.

Critical thinking also is considered important for human rights education for toleration

> The Declaration of Principles on Tolerance adopted by UNESCO in 1995 (**25th Oct. – 16th Nov., Paris**) affirms that "education for tolerance could aim at countering factors that lead to fear and exclusion of others,
>
> It could help young people to develop capacities for independent judgment, *critical thinking* and ethical reasoning
>
> Critical thinking skills can benefit the students by increasing their confidence and creating a repeatable thought process to question and confidently approach a solution.
>
> Forms a system of related, and overlapping, modes of thought such as anthropological thinking, sociological thinking, psychological thinking, philosophical thinking, biological thinking, legal thinking, ethical thinking

NB: United Nations Educational, Scientific and cultural Organization (**UNESCO)** was founded in 1945 and headquarter is **Paris , France**

What is good critical thinking?

Good critical thinking meets the criteria of these intellectual value**s:**

> Clarity
> Accuracy
> Precision
> Consistency
> Relevance
> Sound evidence
> Good reasons

Depth

Breadth

Fairness

How do we think critically?

1. Begin with the right approach

Reason: We base our thinking in logic, not feelings. **Self-Awareness:** We pay attention to our own and others' assumptions, biases and perspectives**. Integrity**: We care about doing our intellectual work honestly and accurately rather than about being right. **Disciplin**e: We put effort into doing our work comprehensively and precisely. **Open-mindedness**: We consider alternatives and other points of view.

2. Look deeper and farther

There are countless ways in which we look deeper and farther when thinking critically. **For example,** we look deeper when we make inferences about an argument's hidden assumptions and values. We look farther when we connect a study to theories in our discipline. We always think about the implications and importance of what we find.

3. Ask complex questions

We develop and pose questions that help us look deeper and more broadly and that require a variety of thinking processes to answer. We generate specific and complex questions based on what exactly we are thinking about, starting with basic critical inquir**y:**

Who is the implied audience?

What are the strengths and weaknesses of this?

What are the different possible solutions to this problem and which seems most effective?

What is the nature of the relationship between this and that?

What exactly is the logical flaw in this reasoning?

Is this really relevant to that? If not, where does the connection break down?

What are the underlying assumptions and values?

4. Answer questions using a variety of thinking processes as follows**:**

Analysis: breaking something into parts to better understand the parts and the whole (identifying, classifying, categorizing, comparing)

Synthesis: making connections between the parts and the whole to see the pattern of relationships (organizing, connecting, designing, predicting)

Interpretation: examining the connection(s) between the parts and the whole to make inferences about the implications and meanings of the pattern(s) (associating, inferring, decoding)

Evaluation: forming judgments about meanings, qualities and values (justifying, critiquing, verifying, deciding)

5. Reflect on how we are answering the questions

Throughout the process, we ask ourselves questions such **as:**

Is that clear or is there still some confusion I need to clarify?
Is that really true?
Do I need to be more specific or detailed? How is that connected to the central focus?
Am I thinking about this in a complex enough way or should I go deeper and further in my thinking? Do I need to consider a bigger framework or a different point of view?

Core critical thinking skills

Observation: Evidence through reality

Interpretation: Establish context skills to isolate the problem from context

Analysis: Relevant criteria for making the judgment well

Inference: Applicable methods or techniques for forming the judgment

Explanation: Applicable theoretical constructs for understanding the problem and the question at hand

Metacognition: Employs not only logic but broad intellectual criteria such as clarity, credibility, accuracy, precision, relevance, depth, breadth, significance and fairness.

Things that a critical thinker is able to do:

Understand the logical connections between ideas

Identify, construct and evaluate arguments

Detect inconsistencies and common mistakes in reasoning

Solve problems systematically

Identify the relevance and importance of ideas

Recognize problems, to find workable means for meeting those problems

Understand the importance of prioritization and order of precedence(importance) in problem solving

Gather and organize relevant information

Recognize unstated assumptions, feelings and values

Comprehend and use language with accuracy, clarity and discernment(ability to judge well)

Interpret data, to appraise evidence and evaluate arguments

Recognize the existence or non-existence of logical relationships between propositions

Draw warranted conclusions and generalizations

Put to test the conclusions and generalizations at which one arrives

Reconstruct one's patterns of beliefs on the basis of wider experience

Render accurate judgments about specific things and qualities in everyday life

Reflect on the justification of one's own beliefs and values

An example of a description of someone who has all **7** positive critical thinking habits of mind, is as follow**s:**

Truth-seeking:

This means that the person has intellectual integrity and a courageous desire to actively strive for the best possible knowledge in any given situation. A truth-seeker asks probing questions and follows reasons and evidence wherever they lead, even if the results go against his or her cherished beliefs.

Open-minded

This means that the person is tolerant of divergent views and sensitive to the possibility of his or her own possible biases. An open-minded person respects the right of others to have different opinions.

Analytical

That means the person is habitually alert to potential problems and vigilant in anticipating consequences and trying to foresee short-term and long-term outcomes of events, decisions, and actions. Another word to describe this habit of mind might be "fore-sightful."

Systematic

This means that the person consistently endeavours to take an organized and thorough approach to identifying and resolving problems. The systematic person is orderly, focused, persistent, and diligent in his or her approach to problem solving, learning, and inquiry.

Confident in reasoning

That is the person is trustful of his or her own reasoning skills to yield good judgments. A person's or a group's confidence in their own critical thinking may or may not be warranted, which is another matter.

Inquisitive

This means that the person habitually strives to be well informed, wants to know how things work and seeks to learn new things about a wide range of topics, even if the immediate utility of knowing those things is not directly evident. The inquisitive person has a strong sense of intellectual curiosity.

Judicious

Meaning that the person approaches problems with a sense that some are ill structured and some can have more than one plausible solution. The judicious person has the cognitive maturity to realize that many questions and issues are not black and white and that, at times, judgments must be made in contexts of uncertainty.

Importance of critical thinking:

In education, research, finance, management or the legal profession.

- ➢ Critical thinking skills are not restricted to a particular subject area.
- ➢ Being able to think well and solve problems systematically is an asset for any career.

In the new knowledge economy.

- ➢ The global knowledge economy is driven by critical thinking. The ability to think clearly and rationally help in new information and technology.
- ➢ One has to be able to deal with changes quickly and effectively.
- ➢ The new economy places increasing demands on flexible intellectual skills,
- ➢ The ability to analyze information and integrate diverse sources of knowledge in solving problems.
- ➢ Good critical thinking promotes such thinking skills and is very important in the fast-changing workplace/world

Critical thinking enhances language and presentation skills.

- ➢ Thinking clearly and systematically can improve the way we express our ideas.
- ➢ In learning how to analyze the logical structure of texts
- ➢ Improves comprehension abilities.

Critical thinking promotes creativity.

- ➢ To come up with a creative solution to a problem involves not just having new ideas but it must also be the case that the new ideas being generated are useful and relevant to the task at hand.
- ➢ Critical thinking plays a crucial role in evaluating new ideas, selecting the best ones and modifying them if necessary

Critical thinking is crucial for self-reflection.

> ➤ In order to live a meaningful life and to structure one's life accordingly, one need to justify and reflect on the values and decisions.
> ➤ Critical thinking provides the tools for the process of self-evaluation.

Good critical thinking is the foundation of science and a liberal democratic society.

> ➤ Science requires the critical use of reason in experimentation and theory confirmation.
> ➤ The proper functioning of a liberal democracy requires citizens who can think critically about social issues to inform their judgments about proper governance and to overcome biases and prejudice.

Critical thinking in Nursing Education

Within the framework of scientific skepticism, the process of critical thinking involves the careful acquisition and interpretation of information and use of it to reach a well-justified conclusion.

Critical thinking is significant in the learning process of internalization, in the construction of basic ideas, principles and theories inherent in content.

Good teachers cultivate critical thinking (intellectually engaged thinking) at every stage of learning, including initial learning.

All students must do their own thinking, their own construction of knowledge and good teachers recognize this and therefore focus on the questions, readings, activities that stimulate the mind to take ownership of key concepts and principles underlying the subject

It also tests their ability to analyze certain related topics such as credibility and ethical decision-making.

Critical thinking skills through Socratic method(use of set of questions to lead the students to an idea) serve to produce professionals that are self-governing

Nurses can also engage their critical thinking skills through the Socratic method of dialogue and reflection.

It requires nurses to engage in Reflective Practice(ability to reflect on one's actions) and keep records of this continued professional development

There are **tw**o main activities people do all the time when they think.

i)   The **first** activity is gathering information or collecting data

As humans, our minds are constantly observing and collecting information about the world around us. We use our five senses to gather information about the world we live in. We for example observe the height, size, weight, color, texture and odor of the objects around us, and we are observing these qualities in relation to each other.

ii)   The **second** activity we do when we think is drawing a conclusion based on the information we have collected.

We may for example, conclude a building is too high to jump over, or an atom is too small to see with our eyes, or a boulder is too heavy to lift with our hands. However, what separates a critical thinker from a non-critical thinker is how she/he evaluates both the data she/he has collected and the conclusions she/he drawn.

To evaluate both information and conclusions, the critical thinker must use the most important tool in the critical thinking toolbo**x:** i.e questions.

To think critically, we must ask questions about the information or data we have collected E.g

"Is it important?"
"Is it relevant?"
"Is it applicable?"
"Is it significant?"

But that's not enough, we must also ask questions about the conclusion we have drawn from the information we have collected. We need to ask the following types of question**s:**

"Is the conclusion fair?"

"Is it logical?"

"Is it reasonable?"

"Is it consistent with all the information collected?"

There are different kinds of questions (critical thinking tools) for different activities. These are tools (questions) fo**r:**

Getting the facts

Evaluating the facts

Drawing a conclusion

Evaluating the conclusion

Tools/questions for getting the facts

When you first hear a statement or an argument, it is important to get the facts . Example, If a police officer has been called to an accident scene, the very first thing he/she does is get the fact**s:**

Who was involved? ,How were they involved? , Which car hit first? , Which car hit second? , Who was driving? ,Who wasn't driving? , Exactly how fast was the first car going?

When looking at something critically, it is important to collect as many facts as you can.

Tools for getting the facts include questions like "Who?" "What?" "Where?" "When?" and "How?"

The facts need to be accurate, clear and precise. Questions that get to the details of facts, with words like "exactly," "how much," "what time," etc., help to clarify the facts.

 Tools /questions for evaluating the facts

 Now that one knows the facts, it is important to evaluate the facts. When the police officer has collected all the facts for the accident, he/she needs to evaluate the facts.

Evaluating facts is not as easy as it sounds because evaluations involve not only facts, but also involve opinions and preferences.

For example, one driver in the accident may claim that because there was a full moon, the accident was the other driver's fault.

Ima might be a fact that there was a full moon, but is this fact relevant to the accident?

Is it a significant fact concerning the accident?

The officer has to evaluate the facts to find out if they are facts that should or should not be used to draw a conclusion.

Tools for Evaluating the facts include **questions that explore the relevance and significance** of the **facts** and questions that explore whether or not the facts are substantial, crucial, or applicable to the conclusion.

Tools/questions for drawing a conclusion-using logic

Now that we have collected the facts and evaluated the facts, we can "draw a conclusion."

A conclusion is a statement that sums up all of the information collected in order to make a point or a decision. But how do you know if the conclusion you've made is valid and consistent, or logically flawed?

For example, one driver might not like men in flowered shirts. This driver might want to say that it was not the moon that caused the accident, but that it was the man in the flowered shirt that caused the accident because "men in flowered shirts always cause accidents." Is this true, or is the driver making a logical error?

Tools for drawing a conclusion use logic (a method that investigates arguments) to help the critical thinker avoid making errors by exploring validity, consistency, and logical flaws.

Tools/questions for evaluating a conclusion

Sometimes it's not enough to have a logical conclusion.

Sometimes it is necessary to evaluate your conclusion.

We need to ask the following types of questions**:**

> ➢ "Is my conclusion fair?"
> ➢ "Has my conclusion taken into account all the information available?"
> ➢ "Is m y conclusion reasonable?"
> ➢ "Is there more information that should be considered?"

For example, the officer may conclude that the moon did not cause the accident, and that the man in the flowered shirt did not cause the accident, but that instead, neither man was watching where he was going. One was looking at the moon, and the other was fixing a button on his shirt, so they are both at fault. But does that conclusion take into account all the information available, or is there more information that must be considered before the officer can make a fair conclusion?

Tools for evaluating a conclusion include questions that explore the fairness, reasonableness, depth and breadth of a conclusion.

Putting it all together, critical thinking

In summary, the four main types of critical thinking tools ar**e:**

> Getting the facts
>
> Evaluating the facts
>
> Drawing a conclusion using logic
>
> Evaluating a conclusion

Asking questions is the key for critical thinking and it is important to ask questions that incorporate all of the critical thinking tools

It is important that we ask questions not just of other people's thinking, but that we also challenge, and ask questions of, our own thinking.

The critical thinking tools we've discussed are different kinds of questions that explore different aspects of the information gathered, and that explore different aspects of the conclusions drawn from that information.

Finally, one of the most important questions one can ask another person is, "Let me understand what you are saying. Are you saying…?" Then in different words, repeat what you think the other person is saying, or repeat what you think you are saying in a different way. To admit you may not understand what someone else is saying is a way to open up more critical thinking questions.

Building a critical thinking lens

One way to envision(mental picture) all of the critical thinking tools is to think about a lens. If our eyes do not function properly, a lens helps us see objects more clearly. In the same way, a critical thinking lens can help you think through problems more clearly.

Constructing a critical thinking lens is not very difficult. It amounts to asking questions using the four critical thinking tools. As you improve your ability to ask good questions, your critical thinking lens will improve. A critical thinking lens can help you decide what kinds of statements are scientifically valid and what kinds of statements may not be scientifically valid.

How critical thinking facilitates student autonomy

Theory

If we want to think correctly, we need to follow the correct rules of reasoning.

Knowledge of theory includes knowledge of these rules.

These are the basic principles of critical thinking, such as the laws of logic and the methods of scientific reasoning, etc.

It would be useful to know something about *what not to do* if we want to reason correctly.

This means we should have some basic knowledge of the mistakes that people make which requires some knowledge of typical fallacies (false ideas) and awareness of persistent biases and limitations in human reasoning.

Practice

Knowing the principles that distinguish good and bad reasoning is not enough ,E.g we might study in the classroom about how to swim, and learn about the basic theory, such as the fact that one should not breathe under water. But unless we can apply such theoretical knowledge through constant practice, we might not actually be able to swim.

To be good at critical thinking skills it is necessary to internalize the theoretical principles so that we can actually apply them in daily life.

➢ There are at least two ways **:**

1. Doing lots of good- quality exercises

   Which include not just exercises in classrooms and tutorials but also exercises in the form of discussion and debates with other people in our daily life.

2. Thinking more deeply about the principles that one has acquired.

   In the human mind, memory and understanding are acquired through making connections between ideas.

Attitudes

Good critical thinking skills require not just knowledge and practice but also the right kind of attitude

Persistent practice can bring about improvements only if one has the right kind of motivation and attitude.

➢ To improve one's thinking, one must recognize that the importance of reflecting on the reasons for belief and action.

➢ One must also be willing to engage in debate, to make mistakes, to break old habits, and to deal with linguistic complexities and abstract concepts.

➢ A problem well stated is a problem half solved.

Critical Thinkers

Critical thinkers are skeptical, open-minded, value fair mindedness, respect evidence and reasoning

Clarity and precision, look at different points of view and will change positions when reason leads them to do so

THINK SMART

WORK SMART

WALK SMART

Summary

Critical thinking tools are questions.

There are four main types of critical thinking tools (questions): Getting the facts, Evaluating the facts, Drawing a conclusion using logic and Evaluating a conclusion.

Tools for Getting the Facts include questions like "Who?" "What?" "Where?" "When?" and "How?"

Tools for Evaluating the Facts include the following types of question**s:**

➢ "Is this fact relevant or significant?"

➢ "Is this fact substantial, crucial, and applicable?"

➢ "Does it support the conclusion?"

Tools for drawing a conclusion use logic to help the critical thinker to avoid making errors by asking**:**

➢ "Is this valid and consistent with other information?"

➢ "Are there any logical flaws in this conclusion?"

Tools for Evaluating a Conclusion include the following types of question**s:**

➢ "Is this fair and reasonable?"

➢ "Does my conclusion have the necessary depth and breadth?"

Critical thinking is ...

Vital to nursing.

More than gathering facts and figures.

A search for the best answer and not just any answer.

A systematic way of thinking**.**

Critical thinkers ask...

What am I taking for granted?

Did I explore all points of view?

Do I understand the question?

What information do I need?

What are the implications?

The 4 main areas where critical thinking skills are needed:

Reading

Listening

Speaking

Writing

To improve Critical Reading...

Highlight the main ideas as you read. If most of the text is highlighted you are *not* reading critically.

Join a study group and see if your main idea is the same as fellow group member's.

Dialogue with yourself to identify the main idea of your reading.

Try to state the main idea in your own words.

To improve Critical Listening...

Restate the points made in a discussion with another student to see if you've understood him or her.

Focus on what a speaker is saying and listen for key points.

While listening, make note of anything you find confusing, and ask about it later.

To improve Critical Writing...

Summarize, in your own words, what you're going to write about.

Put your writing away for a day and then reread it.

Ask yourself if you understand the most important points?

Ask a friend for input.

Standards for Critical Thinking

Clarity vs. Lack of clarity

Precision vs. imprecision

Specificity vs. Vagueness

Accuracy vs. Inaccuracy

Relevance vs. irrelevance

Adequacy vs. inadequacy

Consistency vs. inconsistency

Logical vs. illogical

Depth vs. superficiality

Completeness vs. incompleteness

Significance vs. triviality

Fairness vs. bias

Reasoning is ...

The process of solving problems by using critical thinking skills.

An attempt to figure something out, solve a problem, or settle a question.

All Reasoning

Has purpose.

Is based on assumptions.

Has a point of view.

Is based on data and information.

Is expressed through concepts.

Contains inferences.

Has implications and consequences

A Disciplined Thinker is ...

One who reasons through problems using their critical thinking skills

Five Traits of a disciplined thinker

Reason

Humility

Courage

Integrity

Perseverance

Summary

Critical thinking is the intellectually disciplined process of actively and skillfully conceptualizing, applying, analyzing, synthesizing and or evaluating information gathered from/or generated by observation, experience, reflection, reasoning or communication as a guide to belief and action.

Problem solving skills

Introduction

Nursing students are generally trained to acquire the knowledge, skills and approaches required for solving problems and contradictions in life and at workplace

When employers talk about problem-solving skills, they are often referring to the ability to handle difficult or unexpected situations in the workplace as well as complex business challenges.

Organizations rely on people who can assess different kinds of situations and calmly identify solutions. Problem-solving skills are traits that enable you to do that.

While problem-solving skills are valued by employers, they are also highly useful in other areas of life E.g relationship building and day-to-day decision making.

Nurses' ability to handle difficult health situations depends on their knowledge, skills, and also attitude. In other words, nurses can sustain creativity in nurse – patient relationships. They can overcome personal and professional restrictions by demonstrating acceptable emotions and thought, probably through emotional intelligence

Nurses with high emotional intelligence can manage their feelings and emotions and make goal-oriented decisions. Low emotional intelligence, on the other hand, reduces the levels of happiness and health and problem-solving ability in nurses.

Definition of problem solving skills

This is the ability solve problems in an effective and timely manner without any impediments/hinderances. It involves being able to identify the problem, generating alternative solutions evaluating and selecting the best alternative and implementing the solution

A solution is usually defined as the achievement of a specified goal following a series of actions to reach the goal (Wickelgren 1974, p. 16).

What are problem-solving skills?

Problem-solving skills help you determine the source of a problem and find an effective solution.

Some key problem-solving skills include**:**

    Active listening

    Analysis

    Research

    Creativity

    Communication

    Dependability

    Decision making

    Team-building

Problem-solving skills are important in every career at every level. As a result, effective problem solving may also require industry or job-specific technical skills.

For instance, a registered nurse will need active listening and communication skills when interacting with patients and will also need effective technical knowledge/skills related to diseases and medications. In many cases, a nurse will need to know when to consult a doctor regarding a patient's medical needs as part of the solution.

Problem-solving skills examples

To solve a problem effectively, you will likely use a few different skills. Here are a few examples of skills you may use when solving a proble**m**:

Research

Researching is an essential skill related to problem-solving. As a problem solver, you need to be able to identify the cause of the issue and understand it fully. You can begin to gather more information about a problem by brainstorming with other team members, consulting more experienced colleagues or acquiring knowledge through online research or courses.

Analysis

The first step to solving any problem is by analyzing the situation. Your analytical skills will help you understand problems and effectively develop solutions. You will also need analytical skills during research to help distinguish between effective and ineffective solutions.

Decision-making

Ultimately, you will need to make a decision about how to solve problems that arise. At times (and with industry experience), you may be able to make a decision quickly. Solid research and analytical skills can help those who have less experience in their field. There may also be times when it is appropriate to take some time to craft a solution or escalate the issue to someone more capable of solving it.

Communication

When identifying possible solutions, you will need to know how to communicate the problem to others. You will also need to know what communication channels are the most appropriate when seeking assistance. Once you find a solution, communicating it clearly will help reduce any confusion and make implementing a solution easier

Dependability

Dependability is one of the most important skills for problem-solvers. Solving problems in a timely manner is essential. Employers highly value individuals they can trust to both identify and then implement solutions as fast and effectively as possible

How to improve your problem-solving skills

There are several methods you can use to improve your problem-solving skills. Whether you are searching for a job or currently working, improving your problem-solving skills and associated abilities will help you make a strong candidate / employee.

Acquire more technical knowledge in your field. Depending on your industry, it may be easier to solve problems if you have strong working technical knowledge. You can more technical knowledge through additional coursework, training or practice

Seek out opportunities to problem solve. By putting yourself into new situations, you are more likely to be exposed to opportunities to problem solve. You may find there are opportunities to volunteer for new projects in your current role, on another team or outside the workplace for another organization.

Do practice solving problems. Practice and role-play can be useful tools when learning to develop your problem-solving skills. You can find professional practice books for your industry and problem-solving scenarios online. Practice how you might solve those problems and determine if your potential solutions are viable.

Observe how others problem solve. You may have colleagues who are skilled problem solvers. Observing how those colleagues solve problems can help you improve your own skills. If possible, ask one of your more experienced colleagues if you can observe their techniques. Asking relevant questions can be helpful in applying them in your own

The four Stages of problem solving

1. Identify the problem

2. Define the problem

Observe the problem area closely to form a detailed image of what's wrong, analyze it, keep your focus on the problem

3. Brainstorm alternatives- this requires a careful balance of creativity and logical thinking. Compare all possible alternatives

4. Choose best strategy- strong decision making is essential at this stage. After considering all your options you must select the best strategy for your problem and stick with your choice

5. Implement your solution-this is the critical peak of the problem solving process. This is where you draw an action plan

Problem solving may seem straight forward at first glance but there are other hidden facts that need to be addressed.

Albert Einstein wrote 'you can never solve a problem on the level on which it was created'

In early stages of problem solving, you need to have strong **observational skills** rather than accepting issues at face value, you need to demonstrate lateral thinking and analytical abilities. This will help you to assess what's going on and pinpoint the core cause of the issue

As you explore potential solutions, you must demonstrate persistence, finding the right approach to the issue by innovative critical thinking

You must demonstrate resilience to withstand inevitable pushback from resistance to change

Both communication and negotiation are important at this point

Once you have implemented your solution, you will need to utilize critical thinking and attention to details skills as you assess the results and ensure that the problem is resolved successfully

<u>Principles of counselling</u>

Objectives

By the end of this section the learner should be able to:

Define counselling

Describe types of counselling

Describe stages of counseling

Describe the characteristics of an effective counsellor

Describe different types of barriers to effective counselling

List the rights of a patient

Explain ethical issues to be considered when counselling

Describe theoretical approaches to counselling

Introduction

Counselling is one of the most important tasks of a nurse. In fact, a nurse always do the counselling without necessarily being aware of the process E.g patients, children, relatives, and even colleagues. In so doing the nurse offer help, information, support and hope to these people. **NB:** According to studies the type of therapy used in counselling is not as important to outcomes as are specific counsellor behaviors such a**s:**

Enthusiasm

Confidence

Belief in the patient's ability to change

Definition

Counselling is the act of working with a patient/client to help them clarify personal goals and find ways of overcoming their problems with the aim of assisting the individual change behaviours that are interfering with attainment of basic needs.

Types of communication methods to be used in counselling

Verbal communication

Non - verbal communication

Non – verbal communication may include:

Facial expressions

Hand gestures

Leg / foot gestures

Eye gestures – e.g. rolling eyes

Body posture / position

Finger drumming

Toe/foot tapping

Folded arm

Some of the ways in which negative feelings can be conveyed to clients during counselling include:

Shuffling papers

No eye contact

Look at watch

Distracted

Use of telephones

Interruptions from other sources

What you can do on your part to make the client feel that you are concerned and interested in her /him

- Welcome client to the clinic
- Introduce yourself
- Speak in the client's language
- Be patient
- Don't interrupt
- Make eye contact
- Don't discuss other clients
- Keep the clinic clean
- Say ''Mmmm''. ''Yes'', or in some way show you are listening

Verbal communication may be influenced by emotions such as:

- Anger
- Boredom
- Happiness
- Frustration
- Disgust
- Disinterest
- Impatience
- Disapproval

Examples of interpersonal communication skills

- Active listening
- Questioning with more emphasis on open-ended types
- Paraphrasing
- Reflecting feelings
- Summarising

Factors affecting effective communication

- Language barrier
- Attitudes of the provider
- Knowledge of the subject matter
- Economic status
- Timing

- Physical environment
- Political constraints
- Cultural beliefs and values

Examples of ways to overcome barriers:

- Knowledge of audience
- Knowledge of subject matter
- Provision of relevant and credible information

Goals of counselling

1. Listening keenly to the patient/client, this is termed as the main goal.
2. Identify the need of the patient/client E.g., parents need counselling for their children's behaviour problems i.e the core matter
3. To make the patient/client to ventilate his/her emotions properly and help him/her to be aware of his/her own emotions and encourage him/her to be independent.
4. Main problem focused so that the sub-problems should be identified by the patient/client him/herself, help the client to focus the main problem
5. Make the patient to accept him/herself with his/her problem and help him/her to adjust with it till it gets over i.e despite the problem he/she is a person/human being
6. To focus on his/her strengths by studying the case and produce positive attitude in him/her and ultimately help him /her to reduce his/her negativity.

Purpose of counselling

To help them understand the problems they are experiencing, find answers and coping mechanisms

Give them information they are lacking to solve problems i.e add to what they know

Assist them to understand alternative approaches to solving the problems facing them e.g counseling, psychotherapy, psychiatrist, medical need

Help them explore the problems and clarify conflicting issues

Assist them to adjust to the problem or find better ways of coping/living with the problem, E. g we are to learn to live with stressors in this life but called upon to develop coping mechanism because life will not be without stressors

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Principles of counselling:

1. **Principle of acceptance** — accept the patient with his/her physical, psychological, social, economical and cultural conditions

2. **Principle of communication** — communication should be verbal as well as non-verbal and should be skilful.

3. **Principle of empathy** — instead of showing sympathy put yourself in patients shoes and then give reflections accordingly (Empathy is ability to identify with a person, i.e understands the other person's world)

4. **Principle of non-judgemental** — mental attitude do not criticize or comment negatively regarding patient's complaints, i.e prejudice, biased

5. **Principle of confidentiality** — always keep the patient's name and the problem strictly secrete and assure the patient about the same

6. **Principle of individuality** — treat each and every patient as unique and respect his/her problem as well, E.g there those who know how to persevere others do not, hence avoid comparing clients

7. **Principles of non-emotional involvement** — not getting emotionally involved with the patient and avoid getting carried away with his/her feelings

Counselling theories and approaches

During their initial training, counselors are typically introduced to a variety of currently preferred counseling models falling under each of the six main theoretical categories. From there, the counselors' task is to determine through continued training and experience which models best fit the following**:**

a) Their personal view of human function and change

b) Their preferred style of communication

c) The needs of the client population they are currently working with and/or the client population they plan to work with in the future.

Most counselors will find that some therapy models are a particularly good fit, while others may not be a good fit at all. Consequently, they are most likely to apply those models in counseling practice that fall within their "comfort/competency zone" and avoid those that do

not. When confronted with client situations that fall outside their zone of comfort and/or competency, counselors must decide between **:**

a) Working to expand their comfort/competency zone to include alternative models more appropriate to the client's needs   **OR**

b) Referring the client to another counselor who is more comfortable and competent in the needed alternative models.

Above all, this important decision must always be determined by what action is needed to best meet the counseling needs of each client.

6 Major Counseling Theories and Approaches

△	*Humanistic:*	Humanistic counseling theories hold that people have within themselves all the resources they need to live healthy and functional lives, and that problems occur as a result of restricted or unavailable problem-solving resources.
🧠	*Cognitive:*	Cognitive counseling theories hold that people experience psychological and emotional difficulties when their thinking is out of sync with reality.
⊚	*Behavioral:*	Behavioral counseling theories hold that people engage in problematic thinking and behavior when their environment supports it. When an environment reinforces or encourages these problems, they will continue to occur.
🛋	*Psychoanalytic:*	Psychoanalytic counseling theories hold that psychological problems result from the present-day influence of unconscious psychological drives or motivations stemming from past relationships and experiences.
⚑	*Constructionist:*	Constructionist counseling theories hold that knowledge is merely an invented or "constructed" understanding of actual events in the world.
💬	*Systemic:*	Systemic counseling theories hold that thinking, feeling and behavior are largely shaped by pressures exerted on people by the social systems within which they live.

Humanistic:

Humanistic counseling theories hold that people have within themselves all the resources they need to live healthy and functional lives, and that problems occur as a result of restricted or unavailable problem-solving resources. Humanistic counselors see their role not as one of directing clients in how to address their problems but, rather, as one of helping clients to discover and access within themselves the restricted resources they need to solve problems on their own.

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Cognitive:

Cognitive counseling theories hold that people experience psychological and emotional difficulties when their thinking is out of sync with reality. When this distorted or "faulty" thinking is applied to problem-solving, the result understandably leads to faulty solutions. Cognitive counselors work to challenge their clients' faulty thinking patterns, so the clients are able to derive solutions that accurately address the problems they are experiencing.

Behavioural:

Behavioral counseling theories hold that people engage in problematic thinking and behavior when their environment supports it. When an environment reinforces or encourages these problems, they will continue to occur. Behavioural counselors work to help clients identify the reinforcements that are supporting problematic patterns of thinking and acting and replace them with alternative reinforcements for more desirable patterns.

Psychoanalytic:

Psychoanalytic counseling theories hold that psychological problems result from the present-day influence of unconscious psychological drives or motivations stemming from past relationships and experiences. Dysfunctional thought and behavior patterns from the past have become unconscious "working models" that guide clients toward continued dysfunctional thought and behavior in their present lives. Psychoanalytic counselors strive to help their clients become aware of these unconscious working models so that their negative influence can be understood and addressed.

Constructionist:

Constructionist counseling theories hold that knowledge is merely an invented or "constructed" understanding of actual events in the world. While actual events in the world can trigger people's meaning-making processes, it is those meaning-making processes, rather than the events themselves, that determine how people think, feel and behave. Constructionist counselors work collaboratively with clients to examine and revise problematic client constructions of self, relationships and the world.

Systemic:

Systemic counseling theories hold that thinking, feeling and behavior are largely shaped by pressures exerted on people by the social systems within which they live. Accordingly, individual thinking, feeling and behavior are best understood when examined in relationship to the role they play within a person's family or other important social networks. Systemically focused counselors work to revise social network dynamics that influence a client's undesirable thoughts, feelings and behaviors.

Reference: Neukrug, E. S. (Ed.). (2015). The SAGE Encyclopedia of Theory in Counseling and Psychotherapy. Thousand Oaks, CA: Sage Publications, Inc.

Some types of counselling

Different patients come for counselling with various problems. The type of counselling is, therefore, determined by the nature of problems presented by the patients.

Individual counselling

Individual counseling occurs when a counselor is working with only one person at any given time, i.e. when a nurse is dealing with a single patient.

Group counselling

This occurs when a counsellor is working with more than one person at any given session. Group counselling is recommended for people facing the same problem, for example, alcoholics. In group counselling individuals need each other's support and encouragement to change their behaviour.

E,g, Alcoholic Anonymous (AA), is an association formed by alcoholics who have or are trying to stop drinking and provides group counselling and support for each other. Another example is **youth group**. People are encouraged to discuss personal experiences and changes in their daily life.

Marital counselling

This occurs when the counsellor is working with married couples. Marital counselling is conducted by a trained therapist who understands the problems and trials of marriage and

married life. Marital counselling is done when both couples are present. The counsellor assists the couple to understand their problems and to find solutiions to their problems.

Family counselling

This occurs when a counselor is working with more than two members of a family at any given session. Family counselling focuses on family issues and is conducted when all the family members concerned are present. Effective counselling cannot occur if some family members are excluded from counselling sessions.

Special Group counselling

The special group is composed of any group of people who require counselling to enable them to adjust better in their life. For example:

➢ Drug and substance abusers
➢ Rape victims and rapists
➢ HIV/AIDS infected and affected people
➢ Terminally ill people of all categories
➢ Families/individuals with handicapped persons
➢ Marital or family disputes
➢ Those who need abortion or have procured abortion
➢ People requiring reproductive health/family planning assistance
➢ Those experiencing sex difficulties/importance
➢ Retirees
➢ Retrenchees

Forms of counselling

Formal – Provided by professionals trained in counselling e.g. professional
counsellors, psychologists, social workers and church ministers

Informal- Provided by people and other professionals not trained in counselling e.g. nurses, doctors, teachers, lawyers and parents

Qualities of a good counsellor

Patience

A good counsellor should be very patient with their patient, no matter how many times the patient repeats themselves. You should not hurry the patient at all or show impatience. Nor should you show that you are bored or tired of holding long discussions. You should only go

to the next step of explaining when the patient has understood clearly the content of the information you are giving. If you are patient, your patient will feel that you accept themselves as a person and are interested in what they are talking about. This encourages the patient to open up even more.

Warmth: You should show warmth without being possessive during counseling Smile and show a lot of concern and acceptance to the patient/client. Use your body language to show that you are approachable,

Confidentiality

Confidentiality means keeping all the information given by the patient secret. As a counsellor, you should not let anyone know what your patient has discussed with you.

To maintain confidentiality, counselling should be done on an individual basis (where appropriate) and in a private room. You, as a counsellor, have an obligation to treat all the information you have been given with confidence. The patient consults you because they believe that all information they disclose will remain secret. It is unprofessional to disclose any information obtained from a patient during counselling except to other professionals who are involved in the care of the client.

Honesty

Honesty refers to the act of telling the truth to the patient. As a good counsellor you should always tell your patient the truth. You should never tell a lie to your patient. If, for instance, you are not sure of something, tell them simply that you will go to look for information. Honesty is exercised by both patient and counsellor. You should encourage your patient to be very honest on the information they are giving. Similarly, you should not hide any information of concern to your patient. Being honest makes the patient regard you as a **dependable** and **trustworthy** counsellor.

Empathy

Empathy is defined as the ability to imagine oneself in the position of another person, and thus, share and understand that person`s feelings. Empathy is the ability of the counsellor to put themselves in the position of the patient by understanding their feelings. As a counsellor, you should understand what your patient is feeling and communicate this understanding to them.

Empathy involves being very close to the patient and sharing your thoughts and feelings. When you share your feelings with the patient they feel accepted, loved and understood.

Empathy is characterised by both sharing and separateness. Although as a counsellor you share thoughts and feelings with the patient, the counsellor should remain separate and retain objectivity. This allows you to give **objective responses** to assist the patient in making the right decisions.

Observance

A good counsellor must be very observant. As you listen to your patient talking, observe their facial expressions and try to interpret the meaning of any non-verbal communication. Facial expressions may reveal painful memories expressed in the form of anger, sadness and frustrations.

Listen very carefully to the patient, observing if their facial expressions correspond with their speech. Observe carefully any mood swings and their relevance to the conversation. The observations are made to detect any inappropriate behaviour expressed by the patient. Close observation also makes the patient feel the counselor is **interested in** the conversation.

Accepting

Being accepting means the patient is accepted the way they are. The counselor recognizes the basic rights of the patient, whether they are good or bad. When the patients feel that they are accepted as a person with their own rights, they are **encouraged to disclose information**.

Non - judgemental

As a counselor you should be non-judgemental. You should avoid criticizing the patient even if you feel they are wrong. You should listen carefully when the patient is talking to understand the message they are conveying. You can only give suggestions and not criticism.

Avoiding embarassment

Embarassment is a situation where one feels uncomfortable in a social setting. You can avoid embarassing your patient by holding the counseling session in a **private room**. You can also avoid embarassing the patient by understanding the cultural background of their community. Try to avoid **sensitive probing questions** which make the patient develop feelings of guilt. Probing questions are statements which focus on the experiences, feelings and thoughts of the patient.

As a counselor, you should observe and interpret nonverbal communication after asking a sensitive probing question. You can restate the same question in a different fashion if you note your patient is uncomfortable.

Relevant discussion

Relevant discussion means that the counseling session is confined to the topic. During counseling the patient is given sufficient time to narrate his/her story. The counselor listens and observes the patient carefully to pick up the core information related to the problem. The counselor encourages the patient to come out with **core information** while noting any deviations or irrelevant information. The counselor assists the patient in keeping focused on solving the problem.

Respect opinion

This means the counselor accepts the patient as a human being with their own rights to make decisions concerning their welfare. The counselor should know that the patient has the ability **to give constructive ideas to solve their** problem. The counseling relationship improves when the patient becomes aware that their views are respected.

The counselor recognizes that the patient is better placed to know their own problems and has the resources to solve them. This means that the counselor accepts the views of the patient in principle even if they may not be good. The counselor's role is to provide the patient with additional information and to suggest alternative options of solving the problem. The patient is, therefore, assisted to solve his/her problems through the counseling process.

Role of HCW in the process of counseling

The process of counselling refers to the cycle of events that take place within the counsellor/ patient relationship. The counsellor tries to establish a good interpersonal relationship with the patient during the interview. The establishment of a good rapport enables the patient to voluntarily give information related to the problem facing them without any fears.

The **role** of a Health Care Worker (HCW) is to support and assist the patient by practicing**:**

    Listening to the patient

    Understanding the choices that need to be made

    Helping the patient explore their options/alternatives and circumstances

    Helping the patient develop self-confidence enabling them to carry out the decision made

NB: The HCW is not responsible for resolving all of the patient's worries and concerns or for the decisions the patient ultimately makes, but support him/her

Basic counselling skills

Successful counselling requires the use of good communication skills to enable HCW to effectively guide and support their patients. Counselling requires that the HCWs be clear about their weaknesses, strengths, fears, anxieties and doubts. This is because all of these can facilitate or hinder working with patients. Therefore, HCWs who provide counselling must continuously engage in a process of self-exploration. They should be aware of themselves, how others affect them and the effect they have on others.

Interviewing

Interviewing is a purposeful interaction involving two or more people. The individuals holding an interview exchange views with one party asking questions while the other is responding. In nursing, patients are interviewed to gather information, enabling nurses to plan patient care. In counseling, interviews are conducted to gather information to help patients to resolve their own problems. The interview conducted by a counselor is called a **therapeutic** interview.

The purpose of conducting a therapeutic interview is to identify any social or psychological problems affecting a patient. A patient initiates a therapeutic interview when they visit a counselor or therapist. The technique of asking the patient interview questions determines the effectiveness of counseling.

The counselor may select to use structured or unstructured probing, open or closed type of questions during the interview. Probing and open-ended questions are recommended for interview because the patient's response is unlimited.

Preparation for interview

The interview should be conducted in a private, quiet, well ventilated room with no distractions. The room should be spacious enough to allow the counsellor and patient to sit comfortably and should be clean and tidy.

The preparation of the room is also determined by the type of interview to be conducted. For example, if you are interviewing a patient to offer reproductive health services, visual aids on different methods of family planning should be displayed on the walls in the interview room.

The Steps in the counseling process

When you counsel a patient, you progress through a series **of interconnected and overlapping** stages to help them make informed decisions. Both you and the patient actively

participate as you exchange information and discuss the patient's feelings and attitudes about the matter at hand.

There are **6** basic   steps applied in the **initial** counseling process and they are remembered with the acronym or memory aid **GATHER.** This helps one to recall the sequence of step**s**

<u>**GATHER**</u>

G

Greet the client, create rapport, smile, give a seat, show concern. Give full attention to the client to show you are fully attentive

A

Ask the client about themselves. Ask open ended questions e.g what brings you here today? Or tell me about yourself – age, name, marital status, work e.t.c

T

Tell the client about yourself and your services e.g. here we counsel or we treat those with HIV/AIDS/ TB etc

H

Help the client make a free and informed choice.

E

Explain, give information on the choice of client or according to need.

R

Reschedule, return date or refer.

The traditional counseling process   includes the following **components/elements:**

   a) Opening:

The opening process is perhaps, one of the most important parts of the interaction with your client. It is your chance to get to know your client and for them to get to know you. It is also where you will set the tone for the rest of the therapeutic relationship.

   b) Exploring client understanding:

The exploration process is where you will begin to understand your client. You will explore their past and evaluate their current concerns. Here, you will together establish goals and set expectations.

c) Understanding:

Important in developing a strong relationship with your client, you can demonstrate understanding by using verbal and nonverbal cues, as well as reflections and paraphrases.

d) Intervention:

The intervention process is about choosing the appropriate counseling techniques that will encourage growth within your client.

e) Exploring problems:

Exploration is the process of learning more about your client and why they have come to counseling. Exploration is necessary in truly understanding a client's thoughts and feelings in relation to their pressing problem.

f) Empower to create owns solutions:

Empowering your client is not about providing them with all the answers. It is about empowering them, with your counseling skills, to find their own solutions.

Stages of counselling

The counselling process is often split into 3 stages: exploration, understanding and action.

Exploration stage

This is the beginning stage in which the counselor helps the patient clarify their current difficulties, problems, issues, concerns and undeveloped opportunities. The aim here is to establish **a relationship** (**therapeutic relationship)** with the patient so that they feel safe enough to explore the issues that they face by identifying and clarifying problem situations, unused opportunities and the key issues calling for change. It is essential to concentrate on the patient's agenda, not to impose one's own agenda or try to satisfy one's own curiosity. The counselor should also help the patient to be specific and focus on core concerns.

Patient's question: What are my problems, concerns, issues and what are the undeveloped opportunities?

Understanding stage

This stage, also called **the middle stage**, is the stage of understanding and insight, promoting new perspectives and looking at the preferred scenario. Now that rapport has developed and the patient has aired some issues, a **greater depth of understanding** can be reached. The preferred scenario helps patients determine what they want and need. Extra skills are needed to draw together themes, offer new perspectives, provide accurate empathy, work in the here and now, **promote self-disclosure**, help them set appropriate goals and be genuine in support. The patient must **feel supported, yet challenged**, to face the difficulties ahead. By the end of this stage the patient will have an idea of how they want to change.

Patient's question: 'What do I need or want in place of what I have?'

Action stage

Also known as **implementation stage.** The aim here is to develop goal accomplishing action strategies by helping the patient discover how to get what they want. The key tasks here are to hel**p the patient find a realistic set of choices,** make decisions and **formulate an action plan**, and to assist the patient in the implementation of the plan. It is the patient who chooses the course of action, and the counsellor needs to know different decision making strategies and problem solving techniques to help the patient do this. In some models, the action or implementation stage is left to the end, while in others it is acknowledged that patients need to act from the beginning, both within the counseling session and in their daily lives.

Patient's question: 'How do I get what I need or want?'

The counseling process is not a linear one, that is, it does not necessarily follow these stages in order. The counselor needs to be aware of which stage the patient is at, and when it is appropriate to facilitate moving the patient to the next stage. This decision is the patient's, the only counselor offers guidance but does not make the decisions.

Some counseling techniques

There are many different techniques that counselors can use with their clients

Spheres of influence: This assessment tool will get the individual to look at areas of their life and see which areas may be impacting and influencing them. The person's job is to figure out which systems in their life give them strength, and which ones give them stress. Some spheres of influence to consider are:

➢ Themselves
➢ Immediate family
➢ Friends
➢ Husband or wife
➢ Extended family
➢ Job or school
➢ Community
➢ Culture or religion
➢ Any external influences

Clarification: A counselor should often ask their client to clarify what they are telling them to make sure they understand the situation correctly. This will help the counselor avoid any misconceptions or avoid them having to make any assumptions that could hinder their feedback.

Client expectations: When a person enters therapy, they should voice their opinions about counseling and their beliefs about treatment. In the beginning, they should be able to communicate with their counselor as to what they expect to get out of counseling. This can help the counselor guide and direct their counseling accordingly.

Confrontation: We do not mean the client confronting the therapist, or vice versa. The confrontation that should happen here is within the client. The client should be able to self-examine themselves during counseling. However, the speed at which they do this should be discussed between the counselor and the client.

Congruence: This has to do with the counselor being genuine with their feedback and beliefs about their client's situation and progress. The more authentic and true they are with their counseling, the more that their client and work grow and benefit from their help.

Core conditions: This technique in counseling goes over some essential traits that the counselor needs to integrate for effective counseling, which are: positive regard, empathy, congruence or genuineness, and warmth.

Encouraging: Being encouraging as a counselor for your client is an essential technique that will help facilitate confidence and respect between both parties. This technique asks that the counselor focus on the client's strengths and assets to help them see themselves in a positive light. This will help with the client's progression.

Engagement: As a therapist, having a good, yet professional relationship with your client is essential. However, there are bound to be difficult moments in counseling sessions, which will require influential engagement on the counselor's behalf.

Focusing: This technique involves the counselor demonstrating that they understand what their client is experiencing by using non-judgmental attention without any words. Focusing can help the counselor determine what the client needs to obtain next from their services.

Immediacy: The technique of the counselor speaking openly about something that is occurring in the present moment. This helps the client learn from their real life experiences and apply this to their reactions for other past situations.

Listening skills: With any relationship, listening skills are needed to show that the counselor understands and interprets the information that their client gives them correctly. The counselor should do this by showing attentiveness in non-verbal ways, such as: summarizing, capping, or matching the body language of their clients.

Open-ended questions: Open ended questions encourage people in a counseling session to give more details on their discussion. Therefore, these types of questions are used as a technique by counselors to help their clients answer how, why, and what.

Paraphrasing: This technique will show clients that the counselor is listening to their information and processing what they have been telling them. Paraphrasing is also good to reiterate or clarify any misinformation that might have occurred.

Positive asset search: A positive technique used by counselors helps clients think up their positive strengths and attributes to get them into a strong mindset about themselves.

Reflection of feeling: Counselors use this technique to show their clients that they are fully aware of the feelings that their client is experiencing. They can do this by using exact words and phrases that their client is expressing to them.

Miracle question: The technique of asking a question of this sort will help the client see the world in a different way or perspective. A miracle question could be something along the lines of: "What would your world look like if a miracle occurred? What would that miracle be and how would it change things?"

> **Stages of change**: By assessing a client's needs, a counselor can determine the changes that need to occur for their client, and when they should take place. This can be determined by what they believe to be most important.

Trustworthiness: The counselor must create an environment for their client as such that their client feels that they have the capacity to trust their counselor. A therapist must be: congruent, warm, empathetic, and speak with positive regard to their client.

Capping: A lot of counselors use the technique of capping during their sessions. Capping involves changing a conversation's direction from emotional to cognitive if the counselor feels their client's emotions need to be calmed or regulated.

Working alliance: Creating a working alliance between a counselor and their client is essential for a successful counseling environment that will work to achieve the client's needs. This technique involves the client and therapist being active collaborators during counseling and agreeing upon goals of treatment that are necessary, as well as how to achieve those goals.

Proxemics: This technique has the counselor study the spatial movements and conditions of communication that their client exhibits. By studying their clients body orientation, the counselor can determine mood, feelings, and reactions.

Self-disclosure: The counselor will make note when personal information is disclosed at certain points of therapy. This technique will help the counselor learn more about the client and use this information only to benefit them.

Structuring: When the individual enters counseling, the counselor should discuss the agenda for the day with their client, the activities, and the processes that they will go through. This technique in counseling will help the client understand their counselor's train of thought into determining how this routine will work for them. Soon enough, the client will get used to the routine, and this establishes comfort and trust in counseling.

Hierarchy of needs: This technique involves the counselor assessing their client's level of needs as based on the progress that they are making. The needs that they will factor in are: physiological needs, safety needs, love and belonging needs, self esteem needs, and self-actualization needs. All these will determine if change needs to take place in counseling.

Communication skills in counselling

The HCW uses specific types of verbal and non-verbal behaviour to help patients through their process of exploration, understanding and action. These are basic communication skills. People use them knowingly or unknowingly every day in their day to day life.

Active listening

Active listening seems like a simple concept to grasp yet people often fail to listen to one another. Active listening helps establish rapport, trust, and bridge differences; it helps patients disclose their feelings; it helps gather information and create a base of influence; it helps patients assume responsibility. People want the presence of the other person, not only the physical presence, but also their presence psychologically, socially and emotionally. Listening is an important part of effective communication.

Complete listening involves:

➢ Listening to and understanding the patient's verbal messages

➢ Observing a   nd reading the patient's non-verbal behaviour; posture, facial expressions, movement, tone of voice

➢ Listening to the context: the whole person in the context of the social settings of their life

➢ Listening to sour notes: things the patient says that may have to be challenged

Barriers to listening, both internal and external, should be worked on and avoided. The session should not be interrupted by phones, note taking, noises and visitors.

Attending skills

Attending demonstrates that you are visibly tuned in to the patient. Effective attending tells the patient that you are listening and puts you in a position to listen carefully to the patient's concerns. Attentive presence invites patients to open up and explore the significant dimensions of their problem situations. To attend to patients, counselors can use the SOLER skills.

SOLER (Attending Skills)

S – Sitting squarely facing another person is considered a basic posture of involvement. If for any reason facing the person squarely is too threatening, then an **angled** position may be more helpful. It is the quality of your presence that is most important.

O –Open posture should be adopted. Crossing the legs and arms can be a sign of lessened involvement with others or less availability to them. Open posture may signify that you are open to the patient and to what the patient is saying.

L – Leaning forward towards the patient at times is **a natural sign of involvement**. It is also a sign of bodily flexibility or responsiveness that enhances the counsellor's communication with the patient.

E – Eye contact should be maintained, without staring or glaring. Maintaining good eye contact is a way of communicating your presence and interest.

R – Being relatively **relaxed** and natural when doing all of the above is important. Do not fidget or chat nervously. Feeling comfortable with your body can be a vehicle of personal contact and expression.

These external behaviours help to convey your respect and genuine caring. However, these are just guidelines and not rigid rules, and counsellors must take into consideration the patient's culture as well as their own.

Paraphrasing

A skill that allows the counsellor to confirm and clarify statements made by the patient by repeating them using different words. For example, if a patient says, 'I'm not able to tell my partner about my HIV test result.' the counsellor may paraphrase by saying: 'Talking to your partner about your HIV test result sounds like something that you don't feel you're able to do.' The Counsellor can then say: 'Let's talk about that.' Paraphrasing shows that you have both heard and understood the patient

Reflecting feelings

This involves understanding a patient's emotional responses and communicating this back to them. For example, if a patient says, 'I am worried that I will suffer a lot with HIV, the counsellor might reflect these feelings back to the patient by saying: 'You are feeling anxious and fearful about the discomfort and pain that HIV may bring you.'

Questioning

Helps the counsellor to identify, clarify and break problems down into more manageable components. Open-ended questions that begin with 'how', 'what' or 'when' encourage responses that can lead to further discussion. For example, a counsellor may ask: 'What concerns do you have about having an HIV test?'

Clarifying

Prevents misunderstanding and helps people focus and sort out what has been said. For example, if a patient says, 'I can't exclusively breastfeed my baby.' the counsellor may ask: 'In what way is exclusive breastfeeding a concern for you?'

Summarizing

Summarizing pulls the threads together so that the patient can see the whole picture and gain greater understanding of it. It helps to ensure that the patient and the counsellor understand each other correctly.

- ➢ The counsellor should review the important points of the discussion and highlight any decisions made.
- ➢ Use summarising throughout the entire the counselling session.
- ➢ Offer support and encouragement to patients to help them carry out the decisions they have made.
- ➢ Agree on the return date and on any assignments the patient is expected to do at home.
- ➢ Ensure the patient has enough time to ask questions.

Therapeutic communication techniques

Purpose

To encourage the expression of feelings and ideas

The techniques:

i)   Active listening

Being attentive to what the client is saying, verbally and non-verbally. Sit facing the client, open posture, lean toward the client, eye contact, and relax.

ii) Sharing observations

Making observations by commenting on how the other person looks, sounds, or acts. Example:" you look tired" or "I haven't seen you eating anything today".

iii) Sharing empathy

This is the ability to understand and accept another person's reality, to accurately perceive feelings and to communicate understanding. i.e to see the world through the eyes of the other individual/people E.g "It must be very frustrating to know what you want and not be able to do it".

iv) Sharing hope

This is communicating a "sense of possibility" to others. Is also the use of encouragement when appropriate and positive feedback. Example "I believe you will find a way to face your situation, because I have seen your courage in the recent past".

v) Sharing humour

Use of humour contributes to feelings of togetherness, closeness and friendliness. Promotes positive communication in the following ways; prevention, perception, perspective.

vi) Sharing feelings

Nurses can help clients express emotions by making observations, acknowledging feelings, and encouraging communication, giving permission to express "negative" feelings and modelling healthy anger.

vii) Using touch

This is a most potent form of communication. Comfort touch such as holding a hand, is especially important for vulnerable clients who are experiencing severe illness.

viii) Silence

This allows time for the nurse and client to observe one another, sort out feelings, think of how to say things and consider what has been verbally communicated. Silence will also give

nurses an opportunity to observe body language of the patients and try to deeply understand what are in their mind. The nurse should allow the client to break the silence.

ix) Providing information

Relevant information is important to make decisions, experience less anxiety, and feel safe and secure. E.g "Mary is getting an echocardiogram right now which is a test that uses painless sound waves to create a moving picture of her heart structures and valves and should tell us what is causing her murmur".

x) Clarifying

To check whether understanding is accurate, or to better understand, the nurse restates an unclear or ambiguous message to clarify the sender's meaning. "I'm not sure I understand what you mean by 'sicker than usual', what is different now?"

xi) Focusing

Taking notice of a single idea expressed or even a single word. An example is "On a scale of 0 to 10 tell me the level of the pain you are experiencing in your great toe right now."

xii) Paraphrasing

This is the restating another's message more briefly using one's own words. It consists of repeating in fewer and fresher words the essential ideas of the client. For instance, the client says "I can't focus. My mind keeps wandering." The student nurse says," You're having difficulty concentrating?"

xiii) Asking relevant questions/ open-ended questions

To seek information needed for decision making. Asking only one question at a time and fully exploring one topic before moving to another area. Open-ended questions allows for taking the conversational lead and introducing pertinent information about a topic. For example "What is your biggest problem at the moment?" or "How has your pain affected your life at home?"

xiv) Summarizing

– Pulls together information for documentation. Gives a client a sense you understand. It is a concise review of key aspects of an interaction. Summarizing brings a sense of closure. Example "It is my understanding that your arm pain is a level 1 since you've taken a Vicodin one hour ago. Taking your pain medication before physical therapy seems to help you complete the activities the doctor wants you to do for your rehabilitation. Is this correct?" Client responds "Yes It really helps to take the medicine before I do my physical therapy because it helps reduce the pain in my arm."

xv) Self-disclosure

Subjectively true personal experiences about the self, are intentionally revealed to another person for the purpose of emphasizing both the similarities and the differences of experiences. These exchanges are offered as an expression of genuineness and honestly by the nurse and disclosures should be relevant and appropriate. They are used sparingly so the client is the focus of the interaction: "That happened to me once, too. It was devastating and I had to face some things about myself that I didn't like. I went to counseling and it really helped.....what are your thoughts about seeing a counselor?"

xvi) Confrontation

Helping the client become more aware of inconsistencies in his or her feelings, attitudes, beliefs, and behaviors. Only to be used after trust has been established, and should be done gently, with sensitivity: "You say you've already decided what to do, yet you're still talking a lot about your options."

Non-therapeutic communication techniques

These techniques "block" communication of feelings and ideas

i) Asking personal questions

Asking person questions that are not relevant to the situation, is not professional or appropriate. Don't ask questions just to satisfy your **curiosity** E.g, "Why aren't you married to Mary?" is not appropriate. What might be asked is "How would you describe your relationship to Mary.

ii) Giving personal opinions

Giving personal opinions, takes away decision-making for the client. Remember the problem and the solution belongs to the patient and not the nurse. E.g "If I were you I'd put your father in a nursing home" can be reframed to say," Let's talk about what options are available to your father."

iii) Changing the subject

"Let's not talk about your insurance problems it's time for your walk" Changing the subject when someone is trying to communicate with you is rude and shows a lack of empathy. It blocks further communication, and seems to say that you don't really care about what they are sharing. This one sounds better, "After your walk let's talk some more about what's going on with your insurance company."

iv) Automatic responses/generalization

"Administration doesn't care about the staff," or "Older adults are always confused." These are generalizations and stereotypes that reflect poor nursing judgment and threaten nurse-client or team relationships.

v) False reassurance

"Don't worry, everything will be all right." When a client is seriously ill or distressed, the nurse may be tempted to offer hope to the client with statements such as **"you'll be fine**." Or "**there's nothing to worry about**." When a patient is reaching for understanding these phrases that are not based on fact or based on reality can do more harm than good. The nurse may be trying to be kind and think he/she is helping, but these comments tend to block conversation and discourage further expressions of feelings. A better response would be "**It must be difficult not to know what the surgeon will find. What can I do to help?"**

vi) Sympathy

Sympathy focuses on the nurse's feelings rather than the client's. Saying "I'm so sorry about your amputation, it must be terrible to lose a leg." This shows concern but more sorrow and pity than trying to understand how the client feels. Sympathy is a subjective look at another person's world that prevents a clear perspective of the issues confronting that person. A more empathetic approach would be "The loss of your leg is a major change, how do you think this will affect your life?"

vii) Asking for explanations

"Why are you so upset?" A nurse may be tempted to ask the other person to explain why the person believes, feels or is acting in a certain way. Clients frequently interpret why questions as accusations. "Why" questions can cause resentment, insecurity and mistrust. It's best to phrase a question to avoid using the word "why". "You seem upset. What's on your mind?"

viii) Approval or disapproval

"You shouldn't even think about assisted suicide, it's just not right." Nurses must not impose their own attitudes, values, beliefs, and moral standards on others, while in the professional helping role. Judgmental responses by the nurse often contain terms such as should, ought, good, bad, right or wrong. Agreeing or disagreeing sends the subtle message that nurses have the right to make value judgments about the client's decisions. Approving implies that the behavior being praised is the only acceptable one. Disapproving implies that the client must meet the nurse's expectations or standards. Instead the nurse should help clients explore their own beliefs and decisions. The nursing response "I'm surprised you are considering assisted suicide. Tell me more about it..." gives the client a chance to express ideas or feelings without fear of being judged.

ix) Defensive responses

Phrases like "No one here would intentionally lie to you." When clients express criticism, nurses should listen to what they are saying. Listening does not imply agreement. To discover reasons for the client's anger or dissatisfaction, the nurse must listen uncritically. By avoiding defensiveness the nurse can defuse anger and uncover deeper concerns: This sounds better, "You believe people have been dishonest with you. It must be hard to trust anyone."

x) Passive or aggressive responses

"Things are bad and there is nothing you can do about it." Or "Being sick is bad and it's all your fault." Passive responses serve to avoid conflict or sidestep issues. They reflect feelings of sadness, depression, anxiety, powerlessness, and hopelessness. Aggressive responses provoke confrontation at the other person's expense. They reflect feelings of anger, frustration, resentment and stress. Assertive communication is a far more professional approach for the nurse to take. Assertive communication recognises our rights

whilst still respecting the rights of others. It allows us to take responsibility for ourselves and our actions without judging or blaming other people.

xi)   Arguing

"How can you say you didn't sleep a wink when I heard you snoring all night long" Challenging or arguing perceptions denies that they are real and valid to the other person. They imply that the other person is lying, misinformed, or uneducated. The skillful nurse can provide information or present reality in a way that avoids argument: E.g "You feel like you didn't get any rest at all last night, even though I thought you slept well since I heard you snoring."

Termination of counselling

Termination means ending the counselling relationship. Termination is decided by the counsellor when the patient shows signs of improvement and the ability to solve their problems. As a good counsellor, you should prepare your patient to be ready for termination of counselling relationships.

Techniques of termination

The counsellor introduces the idea of termination and encourages the patient to rely on themselves instead of the counsellor. Self-reliance gradually separates the counsellor and the patient. Both counsellor and patient agree to reduce the number of sessions and to complete all pending issues before termination. There are some patients who may require further counselling support after termination. In this case, encourage gradual termination and allow the patient the opportunity to visit you when the need arises. This process is termed as **"process of separation** or **stages of separation"** The actual process of separation may be challenging for the patient and they may exhibit one or more reactions.

Reactions in the "Process of separation"

Denial

Denial is experienced when the counsellor informs the patient of their intention to terminate the counselling sessions. The denial is characterised by a feeling of shock, disbelief, panic and refusal to accept the idea of terminating counselling relationships. The patient refuses to believe the counsellor can really stop the counselling sessions. You can help the patient at this stage by convincing them that they are doing very well and there is need to stop the

counselling for a while to see how they progress alone. You can identify specific changes which have occurred since commencing counselling sessions.

Anger

Anger is experienced by the patient for losing a person so good and helpful. The patient keeps on asking why such a thing should happen only to them and not to somebody else. Patients may become very angry and sometimes refuse to eat.

As a counsellor you should assist the patient to overcome the state of anger by letting them express their feelings about what is happening. Encourage them to continue expressing the feelings and accept the termination.

Bargaining

Bargaining is where the patient tries to change the counsellor's mind about the idea of termination. The patient tries to prolong the counselling sessions by setting unrealistic goals. The patient may come up with arguments to support the unrealistic goals hoping the counsellor will change their mind.

As a counsellor you should listen attentively to their complaints and/or arguments and then emphasise the achievements they have made alone and the necessity for them to be independent.

Depression

Depression occurs when the patient realises the counsellor is serious and will definitely terminate the counselling relationships. The patient may feel very sad after realising that there is nothing they can do to change the situation. They may experience a feeling of hopelessness and despair. They may also withdraw from their friends. A feeling of depression may also be characterised by anorexia and insomnia.

Acceptance

Acceptance results when the patient accepts the reality of termination. They start to plan ways of coping with the new situation without the help of the counsellor. The patient gains confidence that they have the ability to manage their own affairs independently.

Barriers to effective counselling

Introduction

Many of the factors that cause breakdown in everyday communication also present barriers to counseling. These can include physical barriers, differences in socio-cultural backgrounds, nonverbal communications, language barriers and the relationship between patient and counsellor.

The patient has their own rights, which the counsellor should observe and respect, it is important for the counsellor to observe a code of ethics during counselling sessions. This includes knowing when to step aside and allow more competent counsellors to take over.

Types of barriers

To a great extent the counselling process is concerned with effective communication. Barriers to effective counselling interfere with the counselling process by making the patient unable to make informed decisions or disclose their feelings and concerns fully.

Barrier types include:

➢ Physical barriers

➢ Differences in social and cultural background

➢ Inappropriate non-verbal behaviour by the provider

➢ Barriers caused by the patient and the counsellor

➢ Language and level of education

➢ Pyschological barriers

A) Physical barriers

Physical barriers refer to factors both in the environment and related to the counsellor themselves that prevent or reduce opportunities for the communication process to occur.

i)   Interview Room

The interview should be conducted in a quiet, private room. The room should be spacious enough to allow the counsellor and patient to sit comfortably. The room should be clean and tidy, with adequate ventilation, a good size table, comfortable chairs and no distracting equipment, or pictures on the wall. It should be free from noise and have adequate lighting. The counsellor and patient should sit facing each other.

The preparation of the room is also determined by the type of interview to be conducted. For example, if you are interviewing a patient to offer reproductive health services, visual aids on different methods of family planning should be displayed on the walls in the interview room.

ii)   Appearance

If you do not look presentable and pleasant, the patient may have a problem listening to you and taking you seriously.

iii)   Age and Sex

A difference in age between the counsellor and the patient may affect the outcome of the session. If the counsellor is young enough to be the patient's child, the patient might find it difficult to open up. Similarly, especially in youth counselling, it is advisable for counsellors to be the same gender as the patient. This helps the patient overcome discomfort when discussing personal and sensitive issues.

B) Differences in social and cultural backgrounds

When a patient comes from a different nationality, race or ethnic group, it may be difficult for you to understand the patient's beliefs, taboos and cultural practices. The patient may not be able to take your advice because perhaps the information you give them does not tally with their beliefs. As a good counsellor you should endeavour to know the patient's cultural background before you start your session.

C) Non-Verbal communication

This involves all the little things you do while you talk to a patient. The gestures you make could make the counselling session a success or failure. Some of the gestures that could make you fail include:

- ➢ Frowning
- ➢ Showing signs of boredom or amusement
- ➢ Showing signs of disgust
- ➢ Displaying signs of disapproval towards the patient

The response should be geared towards encouraging the patient to disclose their feelings and concerns fully to you. Therefore, try to cultivate the use of gestures that demonstrate interest and concern such as a smile and an occasional nod in appreciation of what the patient is telling you. Try to mirror their own feelings.

D) Barriers caused by the patient and counsellor

Barriers caused by the patient can include lack of interest and the patient's emotions. It is likely that you will encounter one or both of these barriers and you will need to motivate your patients and arouse their interest from the outset of the counselling session. Stimulate active thinking and learning while providing a shared experience. Lack of interest makes a patient inattentive and creates prejudice. If you feel that the patient is so emotionally disturbed that

they will not benefit from the session, you can postpone it to another day, to give them time to deal with the emotions they are experiencing at that time.

E) Counsellor and patient related communication barriers

- ➢ Failure to listen may occur when the counsellor feels that they are not receiving the intended message.
- ➢ Failure to probe occurs when the counsellor does not get adequate responses from the patient. The counsellor may fail to ask the patient the relevant questions.
- ➢ Being judgemental, that is, the counsellor may approve or disapprove the statements from the patient.
- ➢ Rejection occurs when the counsellor refuses to discuss some topics with the patients. This may imply the counsellor has a right to pass judgement to the patient.
- ➢ Parroting, that is when the patient continues to repeat the same phrases even if you ask them a question in a different way.
- ➢ Defending, which is an attempt to protect something or someone from negative feedback.
- ➢ Giving advice, that is the counsellor telling the patient what he thinks should be done.
- ➢ Privacy disruption, which occurs if counselling sessions are held in a room where privacy is not observed. For example, if an interview is held in the presence of relatives or other people.
- ➢ Changing topics, that is the counsellor directing the interaction into areas of self-interest rather than following the lead of the patient.
- ➢ Failure to understand the culture, which may lead to the patient feeling that the counsellor has no respect.

Rights of a patient

The patient has their own rights which the counsellor should observe during counselling sessions.

i) Respect and freedom from prejudice

The patient is a human being with their own rights to be respected. This means the counsellor should respect the patient as a person with their own culture who is entitled to give their own views. The patient has a right to receive appropriate care without any consideration of sex, race, colour, ethnic, religion or political affiliation.

ii) Privacy and confidentiality

Counselling sessions should be conducted in a private room. This allows the patient to share information with the counsellor freely. The patient trusts that any issues or information discussed during counselling sessions is confidential. You, as a counsellor, should never tell any other person about the discussion held without their consent, not even their closest relatives.

iii) Consent

The patient should give consent on all decisions made during the sessions. No decisions should be imposed on the patient.

iv) Right of refusal

The patient feels confident that they are receiving quality services from a competent counsellor. This means the patient has the right to refuse any counselling services offered by an incompetent counsellor.

v) Involvement

The patient should be informed about plans of action to be carried out for their own benefit. This means the patient should be involved in planning the course of action.

vi) Informed

The patient should be informed about their own health status. The counsellor should answer all queries raised by the patient without any hindrances. This means that the patient must be told the whole truth about their health.

vii) Right of referral

The patient expects a systematic and accurate investigations of their health concerns by a competent counsellor. The counsellor should, therefore, refer the patient if not able to meet their needs.

Ethical issues in counselling

The primary role of a counsellor is to serve their patient's interests at all times. The counsellor has a responsibility to the patient in areas of confidentiality, competence, maintenance of ethical standards and possibly referrals when the need arises. The counsellor should respect the patient's rights as an individual human being. They should respect the values and beliefs of their patient.

The counsellor should never disclose any issues discussed with the patient to anyone. The function of the counsellor is to assist the patient to see themselves clearly in all their positive, negative and contradictory aspects. The counsellor does not offer the solution to the problem of their patient. The counsellor should be seen by the patient as a helper rather than an adviser.

Code of practice

The counsellor should observe the code of ethics at all times of their practice. The counsellor has a responsibility to take all reasonable steps to ensure that the patient does not suffer any physical or psychological harm during counselling. The counsellor's approach in counselling should make the patient feel accepted as a person with their own rights. The counsellor is responsible for setting and monitoring the boundaries between counselling and any other relationships with the patient.

The counsellor does not give advice to the patient but provides assistance so they can explore their problems. The counsellor should work together with the patient to find ways which will assist them to control their own lives. It is important for the counsellor to respect the patient's ability to make decisions and to change in line with their own beliefs and values.

The counsellor should not exploit their patients financially, sexually, emotionally, or in any other way. Engaging in sexual activity with the patient is an unethical behaviour. It is also important that the patients are offered privacy during counselling sessions. Patients should not be observed by anyone other than the counsellor.

Terms of counselling

Counsellors are responsible for communicating the terms on which counselling is offered. The terms of counselling should be explained to the patient in the initial contact and should include:

Availability of the counsellor and the specific time and location of the session.

Expectation of fees for cancelled appointments.

Number of counselling sessions per week/month.

The patient should be given an opportunity to review the terms.

The patient is made aware it is their choice to participate in the counselling process.

Records of counselling sessions should be kept and the patient made aware of it.

In case of need for referral, confer with the patient and get permission before consulting other counsellors.

Counsellor competence

Competence is an essential element in counselling and is acquired through proper training and practice. The counsellor should, therefore, work within their known limits of competence and should not offer counselling services if their ability or objectivity is impaired due to personal or emotional difficulties, illness, alcohol, drugs, or for any other reason. The counsellor should refer any patient they are unable to help to a competent person.

The counsellor should be honest and tell the truth to the patients at all times. Counselors should not fear to tell the truth to the patients. Counsellors remain accountable for relationships with former patients and must exercise caution over entering into friendships and business relationships with them.

Any possible relationships must be discussed during counseling supervision. As a counselor you should guard and respect the rights of the patient.

Benefits of counseling

Counseling can help you

Feel better about yourself.

Feel more at peace, at ease in your daily activities, more comfortable, and more secure in the world.

Feel more successful and more joyful on a more regular basis.

Feel more connected to others, especially those who are close to you, such as your family, spouse, or best friends.

Reduce stress at home, in the workplace, or in relationships.

Help with your physical health by reducing emotional worries or stressors.

Work through your problems with a skilled and compassionate professional counselor.

Identify the goals that you have in life, as well make new goals that you want to achieve.

Learn new behaviors or responses to situations that can help you better achieve your goals.

Establish healthy and efficient ways and techniques for reaching your goals.

Understand your own thoughts, feelings, and responses.

Understand your loved ones and your relationships with them.

Develop a safe and friendly listening ear.

Speak with a skilled professional about your fears and perceptions of the world, and others.

Feel safe about expressing any personal troubles or private concerns.

Work towards greater self-fulfilment

Phases of nurse-patient relationship(Therapeutic relationship)

Definition

Therapeutic communication is an interpersonal interaction between the nurse and the client during which the nurse focuses on the client's specific needs to promote an effective exchange of information. Skilled use of therapeutic communication techniques helps the nurse understand and empathize with the client's experience.

Goals of Therapeutic communication

Therapeutic communication can help nurses to accomplish many goals:

Establish a therapeutic nurse-client relationship.

Identify the most important client concern at that moment (the client-centered goal).

Assess the client's perception of the problem as it unfolds; this includes detailed actions (behaviors and messages) of the people involved and the client's thoughts and feelings about the situation, others, and self.

Facilitate the client's expression of emotion.

Teach the client and the family necessary self-care skills.

Recognize the client's needs.

Implement interventions designed to address the client's needs.

Guide the client toward identifying the plan of action to a satisfying and socially acceptable resolution.

Peplau studied and wrote about the interpersonal processes and the phases of the nurse–client relationship for 35 years.

Peplau's model (1952) has three phases: orientation, working, and resolution or termination.

i) **Orientation phase**

The orientation phase begins when the nurse/ clinician and client meet and ends when the client begins to identify problems to examine.

During the orientation phase, the nurse/clinician establishes roles, the purpose of meeting, and the parameters of subsequent meetings; identifies the client's problems and clarifies expectations.

Before meeting the client, the nurse, clinician reads background materials available on the client and arranges for a quiet, private, and comfortable setting. This is the time for self-assessment.

The HCW should consider his / her personal strengths and limitations in working with this client.

Are there any areas that might signal difficulty because of past experiences? How does it make him or her feel? What memories does it prompt, and can he or she work with the client without these memories interfering?

The HCW must examine preconceptions about the client and ensure that he or she can put them aside and get to know the real person.

During the orientation phase, the HCW begins to build trust with the client. It is the HCW's responsibility to establish a therapeutic environment that fosters trust and understanding.

The HCW should share appropriate information about himself or herself at this time, including name, reason for being in the unit/department and level of expertee:

E.g, "Hello, Jane. My name is Miss Anne and I will be your HCW for the day.

The HCW needs to listen closely to the client's history, perceptions, and misconceptions. He or she needs to convey empathy and understanding.

If the relationship gets off to a positive start, it is more likely to succeed and to meet established goals.

It may take several sessions until the client believes that he or she can trust the HCW.

HCW– client contracts;

Although many clients have had prior experiences in the health system, the HCW must once again outline his/her responsibilities.

In some instances, a formal or written contract may be appropriate; examples include if a written contract has been necessary in the past with the client or if the client "forgets" the agreed-on verbal contract.

The contract should state the following:

Time, place, and length of sessions

When sessions will terminate

Who will be involved in the treatment plan (family members or health team members)

Client responsibilities

Your responsibilities (maintain confidentiality at all times)

Confidentiality

This means respecting the client's right to keep private any information about his or her mental and physical health and related care.

It means allowing only those dealing with the client's care to have access to the information that the client divulges.

Only under precisely defined conditions can third parties have access to this information

The HCW must clearly state information about who will have access to client assessment data and progress evaluations.

He or she should tell the client that members of the concerned health team share appropriate information among themselves to provide consistent care and that only with the client's permission will they include a family member.

NB: If the client has an appointed_guardian, that person can review client information and make treatment decisions that are in the client's best interest

The HCW must be alert if a client asks him or she to keep a secret because this information may relate to the client's harming himself or herself or others.

If the HCW has promised not to tell before hearing the message, he or she could be jeopardizing the client's trust.

Self-disclosure

This means revealing personal information such as personal ideas, thoughts, and feelings about oneself to clients. It is believed that some purposeful, well-planned, self-disclosure can improve rapport between the HCW and the client.

The HCW can use self-disclosure to convey support, educate clients, and demonstrate that a client's anxiety is normal and that many people deal with stress and problems in their lives.

Self-disclosure may help the client feel more comfortable and more willing to share thoughts and feelings, or help the client gain insight into his or her situation.

Some clients may deem self-disclosure inappropriate or too personal, causing the client discomfort.

Disclosing personal information to a client can be harmful and inappropriate, so it must be planned and considered thoughtfully in advance.

Spontaneously self-disclosing personal information can have negative results. For example, when working with a client who has been diagnosed with a chronic illness the HCW says, "My cousin had the same illness and it was a horrible experience for his family."

The HCW has shifted the focus away from the client and has given the client the idea that this experience will be horrible for the client. Although the HCW may have meant to communicate empathy, the result can be quite the opposite.

ii)   Working phase

The working phase of the clinician–client relationship is usually divided into two sub-phases as problem identification and exploitation.

Problem identification phase; during this time the client identifies the issues or concerns causing problems.

Exploitation phase; during this time the HCW guides the client to examine feelings and responses and to develop better coping skills and a more positive self-image; this encourages behavior change and develops independence.

The specific tasks of the working phase include :

Maintaining the relationship

Gathering more data

Developing positive coping mechanisms

Promoting a positive self-concept

Encouraging verbalization of feelings

Facilitating behavior change

Working through resistance

Evaluating progress and redefining goals as appropriate

Providing opportunities for the client to practice new behaviors

Promoting independence

iii)   Termination phase

The termination or **resolution phase** is the final stage in the HCW–client relationship.

It begins when the problems are resolved and it ends when the relationship is ended.

Both HCW and client usually have feelings about ending the relationship; the client especially may feel the termination as an impending loss.

If the client tries to reopen and discuss old resolved issues, the HCW must avoid feeling as if the sessions were unsuccessful; instead, he or she should identify the client's stalling maneuvers and refocus the client on newly learned behaviors and skills to handle the problem

NB:

It is appropriate to tell the client that the HCW enjoyed the time spent with the client and will remember him or her, but it is inappropriate for the HCW to agree to see the client outside the therapeutic relationship.

Introduction to student centered learning (SCL)

Definition of SCL

Student centered learning is learning that focus on what the student does to achieve the learning, rather than what the teacher does, the "emphasis is on what the student is doing" (Harden & Crosby 2000).

It involves:

Reliance on active rather than passive learning

Emphasis on deep learning & understanding

Increased responsibility & accountability on student

Increased sense of autonomy

Interdependence between teacher and learner

Mutual respect within the learners & teacher

Reflective approach to the teaching and learning(Lea et al, 2003)

Orientation in teaching

Teacher centered- This is a content orientation conception where the lecturer is a facilitator of learning rather than a presenter of information

Student centered learning orientation conception- Knowledge is constructed by the students

In the past the teacher used to direct the process, the students were just receiving what was being given .

A teacher was expected to transmit knowledge from the expert to the student in contrast with the SCL now focusing on what student do to achieve their learning (Kember, 1999)

Students should choose area of learning and how, why that topic might interest them

The SCL was identified as a need for person to be perceived as authority figure in the situation, feels sufficiently secure within himself in relation to others that experience on essential trust in the capacity of others to think and learn for themselves (Burnard, 1999, Rogers, 1983)

Gibbs, (1995) emphases on learners activity rather than passivity, the key decision about learning is made by student through **negotiation with the teacher**

Principles of SCL

The student has full responsibility for his/her learning

Involvement & participation are necessary

The relationship between student is more equal, promoting growth & development

The teacher becomes facilitator of knowledge and resource person

The student begins to see him/herself differently as a result of learning experience (affective & cognitive domain flow together)

Strengthens the students experience (motivation) to learn more

Builds teacher - student relationship

Promotes discovery and hence active learning

Through the interaction between collaborative thinking can lead to an abundance of knowledge, students typically learn better from one another

Examples of SCL

Independent projects

Group discussions

Peer mentoring

Debate

Field trips

Practical

Reflective diaries/ learning journals

Computer assisted learning

Choice of subject for study projects

Writing newspapers

Portfolio development(students demonstrates knowledge and skills that have acquired)

What the students go through in SCL process

Shock

Denial

Strong emotions (decision making)

Surrender & acceptance

Struggle & exploration

Return to confidence

Integration & success

5 practices that need to change to achieve Learner-Centred teaching (SCL)

The functions of content

The role of the teacher

The responsibility for learning

The processes and purposes of assessment

The balance of power

SPICES Model

Harden came up with SPICES model after recognizing that newer medical schools were adopting innovative teaching methodologies when compared to older and more establish ed programs.

This SPICES model of curriculum strategy analysis can be used in curriculum planning or review, in tackling problems relating to the curriculum and in providing guidance relating to teaching methods and assessment (Harden,2012).

To achieve the mission and vision of an institution, curriculum analysis will be of importance in order t**o:**

➢ Make an assessment of the curriculum in order to improve it
➢ Identify potential and actual problems as early as possible and recommend possible solutions (formative assessments)
➢ Make decisions about future support for continuation of the curriculum (summative)
➢ see if the different parts hold together and identify strengths and successes in order to build on them (Freed,2000).

S = Student- centered and Teacher-centered

In a student-centered approach, students take more responsibility for their learning and this contrast with a teacher-centered approach where the teacher is the key figure and there is an emphasis on formal lecture (Harden et al,1984). Education strategies that have been employed in nursing curriculum encourages student – centered learning. These includes**:**

➢ Group discussion
➢ Self-directed learning
➢ Assignments
➢ Care/case studies
➢ Problem based learning
➢ Portfolio based learning
➢ Distance learning

In these strategies, the teacher still has an authoritative role, but the students and the teachers play an equally active part in the learning process. The primary goal of the teacher is to coach and facilitate students' learning and comprehension of the subject material.

It is important for student-centered to be adopted in the nursing curriculum because learners**:**

➢ Work harder than teacher
➢ Learn from other students as well
➢ Learn more by experiences and active involvement
➢ Apply new learning to real-life
➢ Authentic experiences

➢ Receive frequent directed and timely feedback

➢ Are encouraged to explain material to themselves and others

➢ Regularly engage in communication
   Know what they are learning and why

➢ Use personalized technology to produce and have a higher degree of engagement (*Bransford et al, 1998).*

P = Problem-based and information gathering learning

This is a model of learning based upon problem-solving to develop a usable body of integrated knowledge and problem-solving skills rather than the one that stresses the acquisition of facts, concepts and principles (Harden et al, 1984).

In the nursing curriculum, problem-based learning has been adopted where learners are given case scenario of a certain conditions E.g diabetes and expected to manage the case.

Examples of educational strategies that are used a**re:**

➢ Skills-lab methodology,

➢ Case/care study,

➢ Clinical placement practicum

➢ Research (KMTC Nursing Curriculum, 2017).

In addition to course content, problem based learning promotes the development of critical thinking skills, problem-solving abilities and communication skills. It can also provide opportunities for working in groups, finding and evaluating research materials and life-long learning.

Problem-based learning should be encouraged for nursing students because the problem**:**

motivates learners to seek out a deeper understanding of concepts,

requires learners to make reasoned/sound decisions and to defend them and incorporates the content objectives in such a way as to connect it to previous courses/knowledge (Duch et al, 2001).

I = Integrated and discipline-based

Integration is the organization of teaching materials to inter-relate subjects taught in different academic courses or departments. Discipline-based teaching centers focus on classical coursework, such as anatomy or physiology, with clinical care coming later in the program. Integrative learning is the process of making connections among concepts and experiences so that information and skills can be applied to nobel and complex issues or challenges. According to KMTC nursing curriculum, objective structured clinical examination (OSCE) and clinical placement are the practical assessments done at the end of semester one and two. This is integrated with what they are taught in class as it comes immediately after completion of semester units (KMTC Nursing Curriculum, 2017).

C = Community-based and hospital-based

This model contrasts the traditional hospital-based approach where teaching focuses within the main teaching hospital, while community-based education allows students to receive their training in a community setting. This is one of the aim of nursing curriculum training a comprehensive professional nurse who is competent in the provision of holistic care to the individual, family and community. This approach enhances students' learning by emphasizing the critical importance **of:**

> ➢ Health promotion
> ➢ Early intervention
> ➢ Illness prevention.

Nursing education programs were planned in such a way that they involve both theory and practical experiences in clinical and community learning environments. The aim is to prepare future nurses to work in these settings. Community-based education placements are clearly relevant to the education of nursing students. They enhance student experiential learning and practicing simultaneously and is widely regarded as a valuable tool for facilitating nursing students' competencies for community practice. According to Edwards et al. rural students reported greater competence, confidence and organizational skills than did metropolitan students (KMTC Nursing Curriculum, 2017).

E= Electives and standard program

Electives give students the opportunity to select subjects or projects of their own, while in the standard program all the courses have been prescribed and all students must pass through them with little chance to find subjects of their own choosing. Introducing student elective opportunities in ambulatory care venues moves them away from the standardized programme which enables learners to study in areas of their choice. Nursing curriculum has been designed in such a way that it allows students to rotate in different clinical, community and rural setup and through the experience that they will gain; they will be able to identify the area of their interest. They are also allowed to choose a case study and research topic of their interest (KMTC Nursing Curriculum, 2017).

S = Systematic and Apprenticeship-based (or opportunistic*)*

The traditional medical approach involved apprenticeship training where a student trainee would be bonded/assigned to a master and acquire skills by working for him/her, whereas in a systematic approach, a program is designed for all students so that the experiences for their training are therefore covered (Harden, 2012).Nursing curriculum has adopted the systematic learning, where nursing learners are assigned to a various lecturers, and placed in different clinical unit or ward, for some period of time. They rotate in those wards and acquire the required skills and knowledge, for instance, medical nursing, theatre nursing and midwifery nursing (KMTC Nursing Curriculum, 2017).

Conclusion

SPICES model remains relevant in development of innovative ways of learning. Nursing curriculum has adopted most aspects of SPICES model. This has really improved the learning process. Stakeholder should provide support continually to ensure that the aspects of this model are implemented. It is important to note that empowered students can explore what genuinely interests them and what they are passionate about. They take ownership of their work and their ideas. It encourages **:**

creativity

originality

responsibility in what they are taking away from their learning experience.

Principles of innovative learning

Introduction

Innovative learning is a type of learning where learners elicit the change, renewal, reorganization and a series of new knowledge (Ruban, 2014). Innovative learning use innovative strategies which aims to promote learning in communication with teachers and other learners and takes students as active participants in their own learning, fostering transferable skills such as problem-solving, critical thinking and reflective thinking.

Nursing requires clinical knowledge and skills to care for patients, the family and handle real life situations. Nursing students should be prepared to practice as competent healthcare professionals in a highly complex, diverse and ever-changing environment. Therefore, nurse educators should create learning environments that encourage student centered learning, an approach where the focus of instruction is shifted from the teacher to the student, with the end goal of developing students who are autonomous and independent (Kalaivani, 2014).

Placing students at the center of learning

This is one of the principles of innovative learning which requires the students to be at the center of learning activities. For students to be the key beneficiaries of teachers' efforts, the teaching methodologies and the assessment practices need to be planned solely with the student in mind. Research has demonstrated that engaging students in the learning process

increases their attention and focus

motivates them to practice higher-level of critical thinking skills

promotes meaningful learning experiences.

Instructors who adopt a student-centered approach increase opportunities for student engagement, which then helps everyone more successfully and they achieve the learning objectives (Becton, 2012).

A nurse educator should apply this principle of innovative learning by using strategies that promote student centered learning. For example, the use question-and-answer strategy to promote active participation sessions, assigning students groups for discussion and use of concept maps. A nurse educator also should demonstrate a certain skill to learners and allow learners to do a return demonstration and to identify a learner who has mastered the skill to demonstrate to his/her peers (peer learning). The nurse educator should also make use of the

available technology that facilitate student centered learning, E.g flipped learning, computers and internet to enable students to search for the required information.

Learning is a social practice

Heaslip, (2008) described human beings as social beings and learn by interacting and they need each other in one way or another hence the need for cooperation. Cooperation learning is working together to accomplish shared goals and to maximize each other's learning. Within cooperative situations, individuals seek outcomes that are beneficial to themselves and beneficial to all other group members (Rajesh, 2017).

Nurse instructors should understand learners in a perspective way of social beings and through learner's interaction with peers learning takes place. Student centered learning is promoted by exposing nursing students to a variety of models including peers and other adult models for example alumni and student mentors. Through observation of other successful students they will be encouraged to own their learning and believe that they are capable of accomplishing a task. The educator will promote self-efficacy by having students receive confidence-building messages, watch other successful persons and experience success on them. In addition, the instructor should set time for consultation to clarify challenges that learners encounter during their own learning. Also encouraging whats App groups and other social media online groups for interaction and learning, is also important.

Emotions are an essential part of learning

Emotions have the power to switch on or switch off learning. Students understand ideas better when there is interplay between emotions, motivation and cognition. If students understand why it matters, learning becomes more important to them. Brindley *et al*, (2009) stated that human brains love stories because they tie logic and emotion together to bring meaning to a set of ideas. When teachers relate facts in an emotional way to what students already know, they make the material even more memorable.

Nurse educators should consider learners emotions as far as student centered is concerned. Education depends upon emotions for the motivation of learning and for personal development. For instance, a nurse instructor should praise a student following his/her good performance of an activity/assignment which leads to motivation and works harder in order to be praised. This will promote student centered learning and encourages the learner to be a lifelong learner.

Nurse educator should understand that effective learning in the classrooms can be better facilitated if the learner practices with satisfaction and if success crowns his/her efforts. However, intense emotions like a learner being sad, angry and fearful may inhibit learning. Therefore a nurse educator should counsel learners and offer support to help them overcome the challenges that are causing negative emotions. In this way, they will be emotionally stable and own their learning. Nurse educator should use innovative strategies such storytelling, pictures, Role play, skit, standardized patients, models, manikins, virtual reality simulations, videos and colors that promote learners emotions hence makes lessons interesting and in return improve knowledge retention (Ahalt and Fecho, 2015).

Each learner is different

Innovative learning environments reflect the various experiences and prior knowledge that each student brings to class. Student-centered strategies emphasize each student's interests, abilities and learning style. Morrison, (2014)) suggested that students develop greater skills for independent problem solving, critical thinking and reflective thinking when student centered approach is used.

Nursing educator should recognize that, there are individual differences as well as cross-cultural differences in learning and development hence should be more sensitive to diversity in learners. For example, when giving assignment, the instructor should allocate time that learners will be comfortable with and encourage for consultations for the ones that need assistance.

Assessment should be for learning not of learning

Student assessment is essential to measure the progress and performance of individual students and help to plan further steps for the improvement of teaching and learning. Innovative strategies should be used during assessments in order for it to be meaningful, substantial, and shape the learning environment itself. Assessment for learning should be the major focus to ensure that validity and reliability is achieved (Azer,2013).

Nurse educator should understand this principle and assess what students have learnt either formative or summative assessment. Applicable instrument of assessment should be used for instance, the use of case scenarios questions when the educator requires students to acquire problem based skills, which will promote student learning.

Learning needs to be connected across disciplines

Understanding the connections between subjects and ideas is essential for the implementation of student-centered learning strategies. When learners understand the connection of what they are learning and real life situation, they will be motivated to learn (Bradshaw and Lowenstein, 2014). A nurse educator should guide students and make them aware of the importance of what they are doing. These therefore will allow the learners to take an active part in deciding what they learn, how they learn and how they can evaluate what they have learnt. For example, a learner who knows the importance of practicing a skill in skills laboratory will continue practicing without being followed because he/she knows that it will build confidence that will help him when handling cases in clinical area.

Conclusion

Student-centered learning is one of the most effective ways to help students develop the skills required for independent problem-solving and lifelong learning. Nurse educators should understand the principles of innovative learning strategies in order to promote student centered learning. Innovative learning places the learner at the Centre, learner oriented and the educator guides at the side.

Customer care and public relation

Definition of terms

Customer:

> This is someone who obtains goods or services i.e a recipient of your product/ service
> That person who need your assistance
>> ➢ These person may be walk-in, may call, fax, email etc
>> **NB:** Never consider a customer as an interruption of your work but always remember they are the reason that you have that job.

Examples of customers:

> Patient at a hospital
> Student in a school
> A shopper at a supermarket

A passager on a matatu

Internal customers:

A person /department within an organization that is dependent on another employee/ department

External customers:

A person/ organization outside the organization that obtains goods/ services

New customer:

These are the people who will provide future income and profit and become part of a customer base which the marketing department will want to retain and develop.

Old customers:

These are the already existing customers. The organization must make sure that these customers will come back and buy again and buy more. This will lead to increased E.g utilization, profit, sales etc

Customer satisfaction:

This is a "feel good" factor which affects both customer and staff and which encourages the customer to come back again

Customer retention

This refers to the ability of a company/organization to retain its customers over some specified period. High customer retention means customers of the product or business tend to return to/ continue to come for services/products

Customer loyalty

This is an on-going positive relationship between a customer and a business. It's what drives repeat purchases and prompts existing customers to choose your company/organization over a competitor offering similar benefits.

NB: i). Why are loyal customers important than satisfied customers?:

If customer satisfaction is a short term win, customer loyalty is the long term goal. Loyal **customers will spend more with your company over their lifetime**. They

will recommend you to family and friends. They will stick with you because they want to, not because they have to.

ii). Why is customer loyalty important than customer satisfaction?

Customer loyalty measures something more than satisfaction — it **measures whether someone is willing to put their name on the line** and recommend your product or service to others or if they are willing to stick with your product/service in spite of an occasional poor experience.

iii). What is the difference between customer loyalty and customer satisfaction

Customer satisfaction is a measurement of a customer's attitude toward a product, a service, or a brand. Customer loyalty is a set of behaviors and attitudes that a customer exhibits that demonstrate loyalty to a product, service, or brand, such as repeat purchases or choosing the brand over a competitor.

Customer service:

How an organization deals with the customers , **before, during** and **after** a purchase of products/ services
> ➤ An organization should focus on providing a quality product or service that satisfies the needs/wants of a customer and keeps them coming back E.g an organization with employees who are courteous, timely, friendly, flexible, interested and a series of other exemplary qualities. These employees not only satisfy the needs of the customers and help them in their endeavours but also make them feel positive and satisfied.

Good customer service:

Continued success, increased profits, higher job satisfaction, improved company or organization morale, better teamwork and market expansion of services/products

Customer service desk:

This is a counter in an organization open to the public which offers all features of customer services E.g, advice, refunds, lodging of complaints

Customer service policy

This is a written statement detailing a company's plans for dealing with their customers. This document is produced to ensure that customers get the product/ service and standard they want, at a price that is acceptable.

This is what gives employees a vision of what the company is striving to achieve, therefore helping them to focus their work towards achieving this goal.

The purpose of a Mission statement is to outline a company's main intentions.

It can be a combination between a slogan and a summary of the company's objectives

Affirmations:

Affirmations are statements and gestures that recognize client strengths and acknowledge behaviors that lead in the direction of positive change, no matter how big or small.

Affirmations build confidence in one's ability to change.

To be effective, affirmations must be genuine and congruent.

Examples of affirmation statements:

➢ Thank you for …
➢ I really like the way you … ·
➢ That was a very creative how you … ·
➢ You showed a lot of self-control in the way you …
➢ It may not seem like much, but I think it was very impressive how you …
➢ You have a real gift for …

Customer service basics

Introduction

There is only one boss, and whether a person shines shoes for a living or heads up the biggest corporation in the world, the boss remains the same. It is the customer.

The customer is the person who pays everyone's salary and who decides whether a business is going to succeed or fail.

In fact, the customer can fire everybody in the organization from the Chief Executive Officer (CEO) on down, and he can do it simply by spending his money somewhere else.

Literally everything we do, every concept perceived, every technology developed and associate employed, is directed with this one objective clearly in mind –" **pleasing the customer**."

Customer service in the 21st century

Ask any CEO of a company, president of a bank, manager of an office, minister or staff person and they will all tell you **how important** the customer is to their operations and success.

In meeting after meeting, heads of industry, the service sector, utilities and government try to convince the audience how much they believe in customer service, and they use phrases such as, "It is our mission, it is our number one priority, it is our goal, it is why we are in business, etc...," often prove to be mere **epitaphs** (form of words written in memory of a person who has died E.g on grave side)

Unfortunately, these same "customer friendly" executives go back to their offices, de-employ office staff, fail to initiate a customer service improvement plan and send memos out saying customer complaints are unjustified and overblown.

3 key elements of customer service:

a) Expand your definition of service

How you define service shapes every interaction you have with your customers. Limited definitions of service based on an exchange of monies for goods or service misses the overall point of customer service. "Service" should provide the customer with more than a product or action taken on his/her behalf. It should provide **satisfaction**. In essence, the customer should walk away pleased at the result of the transaction not just content but actually **happy.** A happy customer will continue to be **a buying customer** and a **returning customer.**

NB:

Customers, buyers and clients want to pay a fair price for quality service or products and feel satisfied that they have paid for a service/product and received what they

have paid for in return. They also want someone to take care of them. They need someone to understand their needs and help answer them.

They need someone to hold their hands and walk them through a process.

Customer service starts with the **ability to listen** to the customer and find out through polite questioning what he/she needs or wants.

Customer service and contact with a client mean that the customer will be heard and his/her problems will not go unanswered or ignored. It also means getting to know your client, his/her likes or dislikes, ideas, background, etc.

The other most important aspect to do is to listen to what the customer is saying.

If people do not understand what is motivating the customer, they will not be successful in handling them.

Do research on customers, their habits, and what they want and expect.

Most customer service is defined by how a company or organization treats "external customers," but there is "internal customer service" as well.

Remember, the internal customer chain is just like the external, they are all customers both inside and outside the company or organization. This is because it is said **"Poorly treated employees treat customers just as poorly."**

b) Develop a customer friendly approach

One commonality among all companies or organizations that provide good service is the development of a system and attitude promoting customer friendly service.

By "customer friendly" we mean **viewing the customer as the most important part of your job/work**.

The cliché, "The c**ustomer is always right**" is derived from this customer friendly environment.

Two critical qualities to the "Customer friendly approach**":**

- ➢ Communications
- ➢ Relationships

The two main tasks of successful customer relations are

- ➢ to communicate
- ➢ to develop relationships, these two don't take a huge effort, but don't happen instantaneously either. Positive dialogue/communication with your customers

and developing on-going relationships with your customers are perhaps the two most important qualities to strive for in customer service.

c) Professional qualities in customer service

Professionals who constantly deal with customers inside and outside the company need to strive for certain qualities to help them answer customer needs.

The professional qualities of customer service to be emphasized always relate to what the customer wants.

After years of polling and market research, it turns out customers are constantly internalizing their customer service experience. This means that, customers are grading your customer service during each transaction but you rarely know it.

Main basics that customer needs:

Friendliness

➢ The most basic and associated with courtesy and politeness.

Empathy

➢ The customer needs to know that the service provider appreciates their wants and circumstances.

Fairness

➢ The customer wants to feel they receive adequate attention and reasonable answers.

Control

➢ The customer wants to feel his/her wants and input has influence on the outcome.

Information

➢ Customers want to know about products and services but in a pertinent and time-sensitive manner. It is also very important for customer service employees to have information about their product or service. Service providers who answer, "I don't know" or "It is not my department" are automatically demeaned and demoted in the mind of the customer.

Hence, these employees can end up feeling hostile as well as unequipped. Customers want information and they disrespect and distrust the person who is supposed to have information but does not.

Good information is **often good service, employees** need to be empowered to satisfy customers. Employees will give bad service to customers if they themselves receive bad service and little feedback from their managers and supervisors. **NB:** external customer service starts with internal customer service.

NB:

It is often not what you articulate but how it is presented. What you wear and how you express yourself has a lot to do with how/ what you say is received**.**

Example:

Have you ever noticed how a person who is dressed-up, even in older or out-of-style clothing, always commands more authority and respect? The impression they make and what they have to say is enhanced by their personal presentation, facial and hand gestures, as well as the substance of what they have to say. As it turns out, substance is only part of the equation of being persuasive and influencing perception.

On one level this seems unfair and superficial because what a person says and how they behave should be more important than if they are well groomed, smiling and dressed-up. Yet visual perception plays a vital role in human impressions and reactions. For some reasons nature and learned behavior have taught humans to perceive neat, smiling, well-presented individuals in a more commanding manner.

Other good qualities that produce the desired level of customer satisfaction, **Examples:**

Smiling
➢ A smile and polite conversation can immediately disarm a disgruntled customer. Facial expression sets a positive tone before you even begin speaking. A relaxed or pleasant facial expression is the ideal most of the time.

Eye contact
➢ Always look into your customer's eyes. Directly address customers.

How you look
➢ Personal grooming has a big impact on your customers. Dirty hands, messy hair and poor dressing can mean the loss of an otherwise happy customer.

When interacting with customers, dress neatly and in a professional manner so as to command respect and to let customers know you take seriously your position.

Shaking hands

➢ When shaking hands with a customer, a firm and professional handshake is expected. This part of the greeting is now common among both men and women in a professional environment.

Be attentive

➢ When listening to a customer, slightly lean towards your customer and nod your head even so slightly to indicate you are listening.

Tone of voice

➢ Always convey friendliness and amicability. Do not raise your voice in frustration or anger no matter how difficult or tiresome a customer may behave.

Hand gestures

➢ Use hand movements to emphasize what you say even on the phone and to emphasize your feelings.

Personal space

➢ This is the distance that feels comfortable between you and another person. If another person approaches you and invades your personal space, you automatically move back without thought. One feels uncomfortable. Leave adequate distance between you and your customer. Adequate space is important to making customers feel secure and unthreatened.

Posture

➢ Slumping in a chair or leaning against a wall while interacting with a customer are sure signs you are not interested in the customer. Your pose or posture should express attention, friendliness, and openness. Lean forward, face the customer and nod to let them know you are interested.

Observation

➢ Notice how your customer behaves and what he/she reacts positively to while you are providing service.

Other aspects of customer care underlined in the policy document:

Communicating with customers

Ensuring the quality of customer care

Monitoring that customer needs are satisfied

Dealing with customer complaints

The customer service levels / sales profile levels

There are **three** service/sales levels**:**

Level 1 (**Initial transactions**)

At this level you are focused on discrete, initial interactions or stand-alone sales. This is the foundation for every business or organization. Yet, we know that the more money, time, and energy you must invest in getting customers to come to you in the first place, the harder it is to be profitable just working at this level. It's not unusual for customers to actually cost you money the first time they do business with you. Just consider the acquisition costs for your customers. For profitability at level 1, one needs to**:**

- ➤ Identify customers at risk of leaving, never to return, and find how to woo them back.
- ➤ Look for ways to teach new customers more about what the organization offers and how it works so that there are fewer avoidable service issues.
- ➤ Give staff tools and training on ways to turn the interaction into revenue generating opportunities while at the same time making guests feel well served.

It will be important for the organization to focus on this improvement. When initial transactions run smoothly with the minimum of fuss or error it provides a strong foundation for future business.

Level 2 represents repeat customers.

- ➤ At this level, one focuses on getting customers to return for a second, third or fourth time. Customers may come back for the same purchase. Or the customer may turn to you for a variety of products and services.
- ➤ Repeat customers develop greater economy and emotional ties with organization. And they bring with them expectations and the organization will value those ties. For instance, an insurance customer will look for her discount for having car, home, and life insurance with the same provider.

Level 3 represent those customers who are satisfied and willing to do business with you again.

> ➢ These customers actively tell others about their positive experience, they spread the good word. One might even consider them to be active participants on the marketing team.

NB:

Each level builds upon the level before, without quality initial transactions, customers will not want to do business with the organization again.

And it's the customer who seems himself or herself in a positive relationship with you who can provide the strongest advocacy for you and your product and services.

Key features of good Customer service

Putting the customer first

Communicating with customers effectively

Ensuring the staff are knowledgeable about products and services

Providing a good after-sales service e.g free delivery of items

Dealing with complaints effectively

Benefits of good customer service

i) Satisfied customers

If customers are happy with the products/ services provided, they will return and recommend the organisation to others.

ii) Keeping loyal customers

This can be done by offering customer loyalty schemes, such as Advantage Card, Bonga points, etc.

iii) Attracting new customers

Might be as a result of a recommendation from an existing customer or persuasion through loyalty schemes or advertising

iv) Satisfied and motivated employees

A clear customer care strategy allow employees to deal with all customers effectively and reducing stress as well.

v) Lower staff turnover

Employees are not stressed and will stay in the organisation, others till retirement

vi)   Reduced costs

The cost of recruiting new employees is not necessary

vii) Good/ improved reputation

Recommendations from existing customers will improve the image of the organisation, if a customer has had a good experience with an organisation, they are likely to talk about it.

viii) Competitive edge

A good reputation and/or more effective performance will mean that customers are more likely to choose that organisation rather than a competitor

ix)   Increased sales/ profits

More customers, loyal and new, will mean that the organisation will increase the value of their sales and therefore increase their profit.

NB:

A clear customer care strategy enables employees to deal with all customers effectively, therefore reducing stress amongst employees as well as customers.

A consequence of attracting new customers is an increase in sales/ profits.

Impact of poor customer service

i)   Dissatisfied customers

If customers are unhappy about the products or services being provided, they will not return and will tell others of their dissatisfaction

ii)   Loss of customers

Dissatisfied customers will look for products or services elsewhere

iii) Bad publicity

Dissatisfied customers will talk and leave bad reviews

iv)   Demotivated employees

Employees who do not receive appropriate customer care training, or have not been advised of the organisation's customer care strategy, may make mistakes and not deal with customers effectively and this will lead to stress.

v)   High staff turnover

Unhappy employees will leave to work elsewhere

vi)   Increased costs

    The costs of recruiting. Training new staff will be high

vii)   Poor reputation

    The organisation will gain a poor reputation through bad publicity and customers/ employees talking of their dissatisfaction/ demotivation

viii)   Poor competitive edge

    Customers will be more likely to choose a competitor as they are performing more effectively.

ix)   Decreased sales/ profits

    Fewer customers (the loss of loyal customers and not attracting new customers) will result in lower sales and therefore lower profits.

x)   Legal action

    Employees not complying with consumer legislation may lead to customers taking legal action

Conversations over the telephone to the customers

It's not what you say, it's how you say it that matters

The moment you pick up a telephone, body language and visual perceptions disappear and your tone of voice becomes dominant.

Almost the entire message you project to the customer over the phone is derived from tone of voice and attitude.

For example:

A flat tone of voice says to the customer, "I don't like my job and would rather be elsewhere."

Slow pitch and presentation say, "I am sad and lonely , do not bother me."

A high pitch, rapid voice says, "I am enthusiastic and excited!'

A loud voice says, "I'm angry and aggressive."

Telephone etiquette

The telephone is one of the most important and commonly used tools in business. Multitudes of businesses, companies, and departments use telephones in their work every day; however, most of us don't think of the telephone as a tool, and as a result, accidentally misuse it. The

telephone is a link between us and the world outside our business or department. Unfortunately, sometimes we don't pay attention or make a conscious effort to monitor what kind of message we are sending to our callers and the outside world.

Some basic rules of telephone etiquette are. . .

Speak directly into the mouthpiece of the phone or a headset while talking

DO NOT eat or chew gum while talking on the telephone

DO NOT cover the phone with your hand or put it against your chest to avoid the caller hearing you. Chances are, they will still be able to comprehend what you are saying.

If you are interrupted or must talk to somebody else in your workplace while you are on the phone, simply ask the caller if they can hold and press the HOLD button.

DO NOT place the handset in the cradle until you've pressed the HOLD button.

DO NOT lay the receiver on the desk, without placing the caller on hold (the caller will hear everything being discussed in your office).

Always be courteous

Telephone etiquette, unlike many varying body language, can be uniform and is not culturally based.

The telephone is often the first or last place a customer comes in contact with an organization or company.

Being telephone friendly is one of the least expensive and cost - effective ways to deliver better customer service.

Answering the telephone

How a company answers the phone can tell the whole story of how they treat customers and employees.

The correct phrase said in the right order in a positive tone leaves a good impression and starts the customer-client relationship off on the right foot.

Always try to answer your own telephone whenever possible

Always practice answering your telephone within 2-3 rings More than three rings signals chaos in your office or inattentiveness on the part of your company or organization.

➢ **Greet the caller**, e.g. "hello", "good morning". Good manners shows you respect the caller.

➢ **Give your name**, e.g., "Hi, my name is K". This is a courtesy that serves to personalize the customer service experience as well as allowing the customer to hold you accountable for your level of service. He/she now has a point of reference and someone to contact when he/she calls back.

➢ **Ask the customer if or how you can help**. Asking to help tells the customer you are there to serve his/her needs and to solve his/her problems. This also leaves the customer with a positive impression.

For example:

"Good morning, thanks for calling the X hospital, my name is T, how may I help you?"

The greeting is key, it sets the tone and style of the whole interaction.

NB:

Some things which **may upset** a customer are simply unavoidable. Examples on how to best handle these situation**s:**

➢ **Putting a customer on hold**

Ask the customer if you can put them on hold, wait for them to say "yes" or "no" and then explain it will only be for a short period of time. Explain to customers why you are putting them on hold. Thank customers for holding.

➢ **Transferring a call**

Ask the customer if they mind being transferred, wait for them to say "yes" or "no" and explain why they are being transferred and to whom. When you're not sure to whom a call should be transferred to, take the caller's name and telephone number and find out where the call needs to be transferred to. Also, give the caller your name and phone number as a reference in case the appropriate party does not contact them. **OR**

Verify that it is OKl with the caller for you to transfer them

Call the department or person where you are transferring a call to and make sure that they can take the call.

If they are able to take the call. . .

Give them the person's name, request, and any other relevant information.

Return to your caller and give them the name of the person they are being transferred to, the department and the telephone number (if possible).

> **Taking a message**

Explain your co-worker's absence in a positive light but do not be too specific.

Explain that your co-worker is in a meeting, conference, briefing, or training.

Do not say E.g he / she is gravely ill, is having hung over to come to work, never called in today, can't be found, that you do not know where he or she is, or that he or she "was just here".

Give a reasonable estimate of when the co-worker will return.

Offer to help the caller, take a message or transfer to another staff member.

If a co-worker is on holiday and will not return to the office for some time, it is permissible to say that he or she is on holiday. However, avoid details such as, "Mr. K is at the beach and I am sure he is having a great time." While such details may seem harmless/innocuous and even humorous, they give the wrong impression to those seeking service.

> **Screening telephone calls**

There is a lot of controversy over whether or not telephone calls should be screened. It is not recommended to screen calls if you want to enhance or encourage good public relations.

You should always lean towards not screening calls if at all possible. "Yes he's in. May I tell him who is calling, please?" is an example of an appropriate response when you are not screening calls.

If someone is available ONLY to certain individuals and you must screen phone calls, lean towards using responses like, "She is away from her office, may I take your name and number?" OR, "May I ask who is calling? Thank you. Let me check and see if he is in."

NB: If you are required to ask who is calling or what the nature of the call is, be aware of your tone of voice. Screening calls is always a delicate situation, so it is critical not to offend or put your caller on the defensive with your voice tone.

> ➢ **Ending the call**

This is the final step in good telephone etiquette

A good customer service representative ends the call on a **positive note**, **repeating any actions** agreed to be taken and what is going to be done to help or serve the customer.

A good phone message **includes:**

Name of person for whom the message was left

Caller's name, company or department and number

Date and time

Message

Action to be taken (E.g, "Please Call," "Will call back," or "URGENT")

It is crucial to deliver the message to the person it is intended for as soon as possible and to maintain confidentiality with all messages. When delivering a written message, either turn the message over or fold it in half, as to not risk them being easily read by other staff members or visitors.

When returning a phone **call. . .**

Playing phone tag can be frustrating, so to avoid returning phone calls to a person who is unavailable, try establishing specific times to call-back or try asking, "When is the best time for me to call again?" or "When is the best time for them to call me back?"

NB:

When taking calls for another individual, schedule return calls during specific blocks of time.

Example. "I expect him to return by 2.30:00 p.m. You can reach him between 3 and 5 ").

When placing outbound calls (**out-going calls E.g from customers)**

Be sure you have the right telephone number before you place an outbound call. Keeping a "frequently called numbers" list within reach could prove to be very helpful.

Try utilizing a few of these suggestion**s:**

> ➢ Prepare yourself. Visualize your caller as a friendly, and positive person
> ➢ Plan the objectives you want to accomplish by jotting them down ahead of time
> ➢ State your concerns up front to identify the information you need to obtain from the conversation   Assume what questions or objections you may encounter prior to placing the call and devise answers to them to avoid making additional calls
> ➢ Take notes during the outbound call
> ➢ Specify any follow-up action to the caller, such as, when you plan to get back to him

When you are leaving a message**. . .**

When you reach an answering device, such as a voice mail or an answering machine, be sure to leave the following informatio**n:**

> ➢ Your name
> ➢ Your department and telephone number
> ➢ The date and time you called
> ➢ Message
> ➢ When you are available to take calls

To conclude the conversation**.......**

Many people dread bringing a telephone conversation to an end. Here are some tips to avoid any awkwardness and to close your conversation with professionalism**:**

> ➢ Talk in the past tense.
> ➢ Try utilizing a "closing" phrase, such as, "I'm really glad you called" or "I'm glad we resolved this issue."
> ➢ State the action you will take.
> ➢ Assert any follow-up actions, such as time frames or deadlines.

> ➤ Thank them for calling and say "Good-bye". Refrain from using slurs, slang, or phrases, such as, "bye-bye," "sheng or, "Alrighty."

Proper telephone language

Although we express a lot to our callers through the sound and the tone of our voice, what words and phrases we use in a conversation can also convey a significant message. Sometimes people neglect this and end up delivering a negative message to the caller. Pay attention of what type of language you are using. For example instead of beginning a sentence with phrases like, "You have to-," You need to-", or, "Why didn't you?" try starting with words like, "Will you please?' or, "Would you please?"

Never refer to a matter or inquiry as, "Your problem" or "Your complaint." Instead, try using better phrasing and identifying it as something along the lines of, "Your question," "Your concern," or, "This situation." When you do not have the knowledge or expertise to handle a caller's situation, never reply with remarks like, "I can't do that" or, "that's not my job." Instead, try a more helpful approach by outlining what actions and steps you are capable of taking to aid their situation.

Example:

"While I'm not able to establish policy on this matter, I will speak to my manager about your concern."

Avoid coming off as abrupt and unprofessional by all means, and refrain from using expressions, such **as:**

> ➤ "Hang on."
> ➤ "Hold on."
> ➤ "Who's calling?"
> ➤ "I can't hear you, speak up!"
> ➤ "I can't help you. You'll have to speak to someone else."

The following terminology would be more appropriate

> ➤ "May I put you on hold?"
> ➤ "May I know who is calling please?"

➢ "I am having a little difficulty hearing you.

An appropriate telephone manner includes the following:

Using polite language at all times regardless of the language being used by the caller

Using appropriate welcoming or greeting phrases as set by the employer (Applying standards); the style of the greeting should reflect the style of business involved

Showing enthusiasm (i.e, a positive attitude or approach to the call) when taking a call to demonstrate the business is eager to talk to the caller and to do business with them

Being friendly **,** it is important for all those who take telephone calls to understand the need to be friendly to all callers. This friendliness while on the telephone has been referred to as the need to put a smile in your voice when talking on the telephone. Some people recommend placing a mirror near the telephone or on the desk to remind users to smile while on the phone,   making an offer of help to the caller.

A standard requirement when answering all telephone calls is to either ask the caller a direct question enquiring what assistance the caller wants, or have a positive predisposition towards providing whatever help the caller asks for

Summary

Respond to incoming telephone calls

When responding to incoming telephone calls:
➢ Answer all calls as soon as possible using the business-approved greeting
➢ Display a friendly and helpful demeanour that demonstrates your willingness to be of service
➢ Quickly identify the caller's reason for calling and provide the required assistance promptly or redirect the call so someone else can deal with the call Be prepared to clarify caller details, booking details or the reason for the call
➢ Make sure all telephone messages are recorded accurately and comprehensively and forwarded to the appropriate person
➢ Follow-up on all telephone messages taken to ensure they have been received and/or acted upon. Treat all suspicious or threatening phone calls seriously and report them immediately to your Supervisor

➢ Always use language, tone and volume appropriate to the nature of the call to demonstrate respect for the other person and to show their call is valued.

Rude and aggressive callers

Dealing with a caller who is rude or aggressive does not give you the right to reply in kind and be rude or aggressive in return.

This means in these situations you**:**

➢ Must not swear back at someone who swore at you

➢ Must not use the same tone of voice as used by the caller when they are obviously annoyed

➢ Must not use the same style of language.

➢ Your responses and the language you use must always remain professional and always reflect the company's image

➢ Must not be rude in return.

➢ While at work there is never any justification for being rude to any caller regardless of the circumstances.

Dealing effectively with rude and/or aggressive callers

The keys to dealing with rude and angry people on the telephone ar**e:**

To remain calm and in control. This may be achieved b**y:**

➢ Taking a deep breath mentally

➢ Recognising the call for what it is. It is an unusual call (i.e, accepting most calls are not like this).

➢ Do not allow this call to spoil your day or ruin your reputation

➢ Seeing the call as a challenge rather than a problem or issue and doing your best to meet the challenge the call presents

To not respond with anger regardless of how much you may feel like it, feel it is appropriate, or are being provoked. You must respond calmly in order to try to calm the other person down

To remain polite in your responses using words like, Sir, Madam, please, and thank you .The truth is the more polite you are, the more you encourage a similar response from the caller

To not take the call personally. Try to remember the caller is not upset with you personally, instead they are angry at someone or something else. You just happened to be the one who picked up the phone, so never believe their anger, rudeness, sarcasm, tone of voice is directed at you

To get to the reason for the call as quickly as possible by re-directing their statements (criticisms, nastiness) back to the real point of the call (i.e, what they want to discuss). You need to cut through their initial anger as quickly as possible and start addressing their real problem**:**

> ➢ "Yes, Madam, I can tell you are upset and I apologise. Will you allow me to transfer you to Mr A., our manager, so he can talk to you? He has the authority to deal with this kind of issue." Where a phone call is obviously rude including calls that are obscene you should simply hang up straight away and report the call to your Supervisor.

The basic requirements

The points to note when taking or making a call includ**e:**

Always say ,please, when asking for something

Always say, thank you, when provided with information or assistance that was required

Make mention of your appreciation of any special effort the other person has made on your behalf such as locating a certain person, finding required information, making a sensible suggestion that may not have solved your problem but has helped it along the way

Always remain a professional even when the other party may be rude, unhelpful, or extremely unprofessional themselves

Never run down a third party to the person you are speaking to. For instance, do not mention to the person in Accounts the person on the switchboard was slow, or unhelpful

Ask when a person who is unavailable is likely to be available or ask them when the best time to call is

Use the person's name if known or use Sir, or Madam, according to business protocols when talking to a caller

Speak at a normal volume. Do not whisper and never shout

Talk at a normal rate.

Do not rush the call

Use correct language.

Do not swear, never use slang expressions, do not joke (many complaints have arisen as a result of a staff member making what they thought was a funny comment but which the other person did not find at all humorous), do not make racist, sexist or ageist comments

Avoid using industry terms and/or business-specific terminology unless speaking to another industry professional.

This can confuse people outside the organisation and make them feel they are being excluded from the conversation

Eliminate any background noise as far as possible.

Turn off radios or music and close doors and windows to reduce noise from other areas

Talk directly into the phone or headpiece or mouthpiece

Pronounce your words correctly Spell out any words or terms you can realistically expect the other party will be unfamiliar with

Be careful how you put the phone down when you are talking to the caller.

Put it down gently to avoid noise to the other party

Never talk to a third party while you are on the phone to someone else

Ask callers if you can help them in any other way before hanging up

Thank callers for their call, where appropriate

Let the caller hang up before you do.

Call centre dynamics

Types of calls are often divided into **outbound** and **inbound**.

Inbound calls are calls that are made by the consumer to obtain information, reporting a malfunction of an item, or ask for help.

These calls are substantially different from outbound calls, where agents place calls to potential customers mostly with intentions of selling or service to the individual.

Call centre staff are often organized into a multi-tier support system for a more efficient handling of calls. The first tier in such a model consists of operators, who direct inquiries to the appropriate department and provide general directory information.

If a caller requires more assistance, the call is forwarded to the second tier, where most issues can be resolved. In some cases, there may be three or more tiers of support staff.

If a caller requires more assistance, the caller is forwarded to the third tier of support; typically the third tier of support is formed by product engineers/developers or highly-skilled technical support staff of the product.

Management of call centres

Management of call centres involves balancing the requirements of cost effectiveness and service. Callers do not wish to wait in exorbitantly long queues until they can be helped and so management must provide sufficient staff and inbound capacity to ensure that the quality of service is maintained. However, staff costs generally form more than half the cost of running a call centre and so management must minimise the number of staff present.

To perform this balancing act, call centre managers make use of demand estimation, Telecommunication forecasting and dimensioning techniques to determine the level of staff required at any time.

Managers must take into account staff tea and lunch breaks and must determine the number of agents required on duty at any one time..

Forecasting demand

Forecasting results are vital in making management decisions in call centres.

Forecasting methods rely on data acquired from various sources including historical data, trend data and so on.

Forecasting methods must predict the traffic intensity within the call centre in quarter-hour increments and these results must be converted to staffing rosters. Special attention must be paid to the busy hour.

Forecasting methods must be used to pre-empt(taking action to prevent) a situation where equipment needs to be upgraded as traffic intensity has exceeded the maximum capacity of the call centre.

Prompt answering your business email

➢ Respond to your business email quickly. Answering your business email promptly should be a priority for all business.

➢ Not only is e- mail an important communication line with your customers, it is often used by them to gauge your trustworthy.

➢ If a customer sends you an e-mail with a simple question and you take forever to answer it, what does that say about the rest of your operation? It's one of the tell-tale signs customers use to separate men from boys. And we all want to play with the big guys, don't we? -

➢ Business email should be answered within 24 hours maximum

➢ If you really want your customer service to shine, you should consider answering the business email at least twice a day E.g with a 12 hour interval

➢ It is even better to check out your direct competition by sending them an e-mail as if you are a potential customer. Send them more than one on several days and especially on Mondays, Fridays and weekends. Track the time it's taking them to answer and implement a procedure to beat them at the business email game.

➢ If you check and answer e-mail regularly, the numbers of e-mails to answer become usually very easy to handle.

Communicating with the unsatisfied customer

How many times have you as a customer run into the problem of excuses. There is a problem and the sales person, technician or customer service representative is making lame excuses, **namely:**

It is the fault of the computer.

It is the fault of the other sales clerk.

It is the fault of the chief of the department.

It is the fault of the system.

It is the fault of the Government.

It is just the way it is.

Sometimes it feels as if nothing is anybody's fault or is in anybody's department. This is poor customer service. Good customer service means accountability, responsibility and taking action to satisfy the customer.

How to communicate with an unsatisfied customer

If your customer is unsatisfied, for just or unjust reasons, you will have to use some of the many techniques of the customer service professional to win their support and continued loyalty. When coming into contact with a customer, communicating with him/her, or analysing problems do not forget to use the following methods or qualities of the customer service professiona**l:**

i)   Listen:

It is of primary importance when dealing with an unsatisfied or complaining customer to listen attentively to his/her complaint, frustration or grievance. Be patient, attentive and friendly.

ii)   Express that you are sorry:

'We are sorry for this mistake/problem."   "We are terribly sorry for this inconvenience." "How can we work to solve this problem together?", "I can imagine how frustrated you are."

iii)   Do not argue and do not interrupt:

This will only worsen the situation, especially if the customer is angry. Let him speak before you try to discuss with him what has happened.

iv)   Do not lose your self-control:

If you stay relaxed, customers will calm down.

v)   Point out facts:

Listen carefully and write everything down. Do not make any comments until the customer has finished talking.

vi)   Admit the problem:

If you can suggest a solution, do it. If not tell the customer what actions you will take and what actions will follow. Never make the mistake of promising something you are not able to do.

vii) Involve the customer in problem solving:

Suggest to the customer the alternative solutions that are available. Customers appreciate the opportunity to choose the ways for problem solving.

viii) Follow-up:

Make sure that the promised measures are taken. If you do not fulfil what was promised and ignore the customer's complaint, the problem will grow. Next time it will be more difficult to solve.

ix) Give the customer a "way back":

Sometimes customers are wrong. You should let them leave with dignity without feeling embarrassed.

x) Do not question the customer's correctness:

From the very beginning you should believe that the customer may be right. Always be open minded toward the customer's opinion, make them feel they deserve to be listened to.

Solving the customer's problems

When you listen to the customer's complaint you take responsibility to solve the problem.

Listen without interruption and with full attention.

Act without aggression and without arguing.

Do not extend excuses for the problem and thank the customer for drawing their attention to it and helping solve it.

Express empathy and full understanding.

Customer service problem solving involves:

Ask necessary questions to get more complete information and completed picture of a situation

Find out exactly what the customer needs you to do for them

Explain first what you can do and then gently add what you cannot do

Discuss in detail all opinions and then decide what needs to be done

Undertake immediately what was discussed

Check the result to make sure the customer is completely satisfied

Follow -up with the Customer

. Some recent statistics that prove the **point of customer loyalty:**

People spend up to 10 % more for the same product with better service

When people receive good service, on average, they tell 11 people

When people receive poor service, on average, they tell up to 20 people

There is an 80 % chance that customers will repurchase from a company if their complaint is handled quickly and pleasantly

If the service is really poor, 90 % of customers won't come back

NB:

It is extremely important to make sure that all customer service measures that were discussed or promised to customer are in fact taken. It is not enough for the customer to experience a satisfactory telephone or face-to-face interaction. If nothing comes of the contact they will be even more frustrated and unhappy. Make sure you do whatever you have promised in a timely manner.

Initiative

 Initiative is the difference between adequate customer service and customer service that wins you a customer for life.

Examples of exceptional customer service**:** (i.e taking initiatives)

Taxi driver who opens the door for a customer or waits at night for customer to safely get into the destination.

Computer technician who does computer work and then calls back a week later to make sure your computer is functioning well.

Car salesperson that calls a month after you buy a car to make sure it is running well.

The petrol station attendant who washes your window or checks your oil after fuelling your vehicle .

The electric company who calls the customers and checks to make sure your service is working well and apologizes for any "brown outs" or "black outs."

These "goodwill initiatives" are **beyond the call of duty** and make the customer beyond satisfied. They make the customer remember the transaction or occasion.

Customer service traits to **copy:**

Be on time, open on time, deliver on time

Follow through and deliver your promises

Go an extra mile for customers

Offer you customer options

Express empathy to upset customers

Treat customers as the MOST important part of your job

Treat co-workers as if they are customers

Give customers your name and contact details

Benefits of good customer service :

Providers/employees

Higher income (more sales, repeat business, referred business)

Recognition

Personal satisfaction and fulfilment

Less stress

Higher self-awareness and self-control

Greater authenticity Happier life at work

Happier life outside work

Organizations

More repeat business

More referred business

Better reputation

Higher morale, happier employees

Lower employee turnover

Fewer complaints

Higher productivity

Better work environment

Higher inventory turnover

Higher profits

Golden rules of customer care

First golden rule

Ensure your services/products are of high quality

When there is not much difference between your product and the product of your competitor, there needs to be a BIG difference in the quality of service you provide to your customer.

Second golden rule

Hire people with good customer service skills

Third golden rule

Train your employees on store policies

Be the example for your employees to emulate.

Don't ask your employees to do something you wouldn't.

Examples to emulate from employe**r:**

No whispering

Thanking the customer no matter what

Fourth golden rule

Cross train your employees

➢ Provide opportunities for employees to learn.

➢ The kind of employees you want are the kind of those who want to learn.

➢ Good workers improve their skills in many areas of work and life.

> They can either do it on their own and be more inclined to go elsewhere for continued challenges and learning, or they can learn under your auspices/patronage/sponsorship and develop close ties to your organization while they do.

Communicate the task.

> Describe exactly what you want done, when you want it done and what end results you expect.

Furnish context for the task.

> Explain why the task needs to be done, its importance in the overall scheme of things and possible complications that may arise during its performance

Determine standards

> Agree on the standards that you will use to measure the success of a task's completion. These standards should be realistic and attainable.

Fifth golden rule

Train your employees how to build rapport with the customer

Teach your employees how to create excellent customer service through human interaction

> All customers are greeted politely and courteously.
> Create an atmosphere of friendliness throughout each customer interaction.
> Professionalism is displayed through word and deeds.
> Show empathy and understanding for a customer with a problem
> All customers are treated fairly in every interaction with the store
> Conduct yourself with tact

Sixth golden rule

Know your customers names and use them

NB:

> Stay away from personal sensitive subjects
> Everyone has an invisible sign/need that reads "**make me feel important,**" never forget this when working with people. One need to be shown that he/she matter

Seventh golden rule

Train your employees how to ask open ended questions

- ➢ Open-ended questions are questions that encourage people to talk about whatever is important to them.
- ➢ They help to establish rapport, gather information and increase understanding.
- ➢ They are the opposite of closed-ended questions that typically require a very simple brief response such "yes"or "no."

Examples of open-ended questions:

How can I be of help?

Would you tell me more about……?

Could you help me understand ……..?

What are the good things and the less good   things about………?

What do you think you will lose if you give up ___?

What have you tried before?

What do you want to do next?

NB:

"To give real service you must add something which cannot be bought or measured with money and that is **sincerity and integrity**" (Donald A. Adams)

Eighth golden rule

Instil a sense of urgency in helping customers

Educate your employees on **five principles** of a good employee **:**

- ➢ Urgency
- ➢ Ownership
- ➢ Learn by doing
- ➢ Lifelong learning
- ➢ Motivation

NB:

Customers don't expect you to be perfect. But they do expect you to fix things when they go wrong

Ninth golden rule

➢ Train your employees how to handle angry customers

> Never argue with a customer.
>
> Listen and listen actively
>
> Close your mouth and listen and do the active listening
>
> When that doesn't work, Saying I'm sorry will often reduce anger.
>
> Apologies even if it was not your fault.

Defusing angry customers using the **LARSON** approach

L- Listen and let them vent. Empathize and take notes

A- Agree and find areas of agreement

R- Repeat/Restate that is, use the customers words for clarification of issue

S- Seek resolution and ask what can be done to resolve the problem

O- Offer a sincere apology, "We are sorry this happened and if were responsible we will make it right"

N- Now solve the problem immediately

Tenth golden rule

Don't let an angry customer leave your store angry

Some ways to build customer loyalt**y are:**

➢ Take ownership of your customer's problem. Even if you are not the cause of it.

➢ Follow up with every customer who was upset or had a difficult problem.

➢ Ask yourself with every customer interaction you have, "If this were me, what would I want?"

➢ Thank your customers and co-workers at every chance you get

➢ Fax articles or other materials to your customers if you think they can benefit from the information.

➢ Remember personal details about your customers such as birthdays, children's names and accomplishments.

➢ SMILE every time you are on the telephone.

➢ Look for ways to bend the rules and remove service obstacles.

➢ Time is a person's most precious commodity. Respect your customer's time and schedule

➢ Serve your customers with respect, friendliness and knowledge

NB:

We control our own destiny and we will get the results we want by working the golden rules

Customer satisfaction and customer loyalty

"Satisfaction" is an attitude, whereas loyalty is described as a behaviour

Several studies have proved that satisfaction and loyalty have the direct connection between one another. As satisfied customers are loyal and dissatisfied customers are a vendor (Heskett, 2011.)

Customer loyalty can be considered to be a by-product of customer satisfaction. The satisfaction of business customer leads to customer loyalty (Fornell, 1992.)

Customer loyalty will increase significantly when satisfaction accomplishes at a certain level and at the same time customer loyalty will decline automatically if the satisfaction level drops to a certain point.

Moreover, highly satisfied customers are tend to be more loyal than the customers who are merely satisfied. Overall, it is clear that there is a significant positive relationship between customer satisfaction and customer loyalty.

Customer loyalty leads to an increase in both sales and profitability (Chi , 2005.)

Factors influencing customer satisfaction

i) Cultural factors:

Culture is crucial when it comes to understanding the needs and behavior of an individual. The values, perceptions, behaviors and preferences are the factors basically learned at the very early stage of childhood from the people and the common behaviors of the culture. Norms and values are carried forward by generation from one entity to the other. Cultural factors represent the learned values and perceptions that define consumer wants and behaviors. Consumers are first influenced by the groups they belong to and also by the groups aspirational groups they wish to belong to.

ii) Social factors:

Human beings live in an environment surrounded by several people who have different buying behavior. A person's behavior is influenced by many small groups like family, friends, social networks and surrounding who have different buying behaviors. These groups form an environment in which an individual evolves and shape the personality. Hence, the social factor influences the buying behavior of an individual to a great extent.

iii) Personal factors:

The consumer behavior includes personal factors such as age, occupation, economic situation and lifestyle. Consumer changes the purchase of goods and services with the passage of time. Occupation and the economic situation also have a significant impact on buying behavior. On the other hand, a person with low income chooses to purchase inexpensive services. The lifestyle of customers is another crucial factor affecting the consumer buying behavior. Lifestyle refers to the way a person lives in a society and is expressed by the things in the surroundings.

iv) Psychological factor:

Many psychological factors like motivation, perception, learning and attitudes and beliefs play a crucial role in purchasing a particular product and services. To increase sales and encourage the consumer to purchase the service/product, the organization should try to create a conscious need in the consumer's mind which develops an interest in buying the service/product. Similarly, depending on the experiences of the costumer's experiences, beliefs and personal characteristics, an individual has a different perception from another. Attitudes allow the individual to develop a coherent behavior against the class of their personality. Through the experiences that the consumers acquire, the customer develops beliefs which will influence the buying behavior.

NB:

The factors that influence customer vary from people to people and by the culture of the people. Hence, to be a successful consumer oriented market service provider one should work as a psychologist to procure consumers. Keep in mind that influencing factors can be made favorable and goal of consumer satisfaction be achieved. The study of consumer buying behavior is gateway to success in the market. Overall the result shows that brand image and perceived value, price, health concern and quality influences customer satisfaction.

Factors influencing customer loyalty

There are two types of customer loyalty based on behavioral and emotional loyalty on the goods and services.

> ➢ Behavioral loyalty refers to frequent shopping in a particular retailer
> ➢ Emotional loyalty refers to the customers' concern towards certain retailer on the basis of past buying experience and attitude.

In this both behavioral and emotional loyalty model, increased satisfaction should increase customer loyalty. When customers are not satisfied, customers have the option to express the complaints going to the competitor.

a) Service quality

b) Product quality

c) Price strategy

d) Store attributes, and these are the **4** major **factors/variables** that influence customer loyalty.

Service is one of the most complex factors which do not exist before they are consumed. In order to develop the service management it is important to understand what customers are really looking for and what the customers evaluate. Customers expect the quality of service through retailers, so the service marketers have to assess how customers perceive the quality of the "services feature" implied by the perceived service quality framework.

> ➢ Service quality refers to the result of the comparison that the customer makes their expectation about the service and their perception of the way the service has been performed (Grönroos C. 2007).

Some types of loyal customers

When it comes to brand loyalty, we have different customer categories. Each category contains customers with unique characteristics that help you understand these customers, and how you can win them to become truly loyal.

Some are highly likely to jump ship if a competitor has a better offer even if it is in terms of price, while others are your die-hard fans

A) **Satisfied customers**

These customers are those who you would deem to be 'happy customers'. They do not have anything to complain about and they actually like your products/services too. These ones will stay because they like you without any extra incentives.

The problem with these customers is that they will very easily purchase from your competitors if they feel that your competitors have something better to offer. These customers are what could be called 'fair-weather friends' or 'butterflies'.

Despite the fact that they actually buy from you, and generate a significant amount of revenue, they simply are not there for the long time. They are just 'hanging around' waiting for the next deal.

B) Customers who are loyal to prices

These customers keep buying from you because you are probably offering the best-bargain. They will keep researching on the next lower price and will not be moved by brands or loyalty.

For as long as you can keep your prices low enough, they will stick around even if that means using a lower quality product for the time being. When a better deal shows up, they move on.

NB: Also is worth to note, that when you have the better deal again, they will come back.

C) Loyalty program 'loyals'

These customers are loyal, but not to your brand or its offer. Rather to the loyalty program that your brand offers. These ones after all the discounts, offers and whatever benefits that come with being active members of your loyalty program.

A good example here is airlines. There are customers who will only use the airline because they can get cheaper tickets, or even free ones, depending on accumulated loyalty points.

D) Convenience 'loyals'

These customers buy from you because it is convenient for them. E.g , it could be because your store or business is conveniently located. These customers are not usually price-sensitive. Convenience is their priority, and will not even mind paying more from it.

A great thing about these customers is that they can easily become truly loyal if you find a way to do it. It could be as simple as improving your customer service, saying Hallo to them, and asking them for feedback.

For instance, a simple statement like 'how did you like the coffee today?' could make such a big difference.

E) Benefits 'loyals'

These customers are loyal to the benefits that they get from your business. They rarely make purchases and will rarely show up at your business.

Their revenue will not make any significant contribution to your business. If you sell coffee, they will probably only buy one cup of coffee. And sometimes they might not even buy the coffee because they like it, but because they can use your wifi or Washroom.

F) The 'just because loyals'

These customers stay with you because it's the lesser evil. They may not even like your brand, product/service, but choose to stay because it's less work on their behalf.

E.g someone who eats from a particular restaurant. He/she has been a customer for several years but does not like their food, prices, service, etc of the restaurant. He/she, however, has not found another restaurant that can suit him/her. The day that he/she finds a better option, he/she will simply leave.

G) The truly loyal customers

These customers are loyal to your brand, products, services and all that you have to offer. They make frequent purchases, making a significant contribution to your business' revenue.

They will talk about their great experiences for you and even bring in new customers. These are the ones that will sign up for your loyalty program.

If your company introduces new products or services, they will be the first to try them out and give you honest feedback. These ones are usually on your 'early release list'. Businesses should strive to have most of their customers in this category.

NB: However, some categories may end up being too costly to convince people to stay.

For example, the price-sensitive or those that see you as the lesser evil. It is not possible to keep lowering your price just to keep customers around. It may also be difficult to convince the 'lesser-evil' category, and sometimes, it is better for customers in this category to leave, especially if they are vocal on social media, or go telling others about their 'bad experienc**e'** with your brand.

First impressions

Making a good first impression

> Every person even those outside the sales world knows the importance of making a positive first impression. So when it comes to sale persons it therefore mean everything to them.
>
> Sales people know their success and livelihood will depend on how their potential customer perceives them in the first 30 seconds of interaction.
>
> Good salespeople develop an almost instantaneous rapport with potential customers.
>
> Customers like them, follow their advice and then buy their product.
>
> The reality is that we prefer doing business with those we like and trust.
>
> Impressions are the key to developing trust and confidence in the customer.

NB:

As the saying goes, "You will never get a second chance to make a first impression." This is why the first impression is extremely important and can set the tone for all future transactions.

Here are some ways of creating **positive impressions:**

> Thoughtfulness in meeting the customer's/client's needs / problems
>
> Personal responsibility for a customer/ client
>
> Quick problem solving for customer/client
>
> Offering immediate assistance if possible or refer
>
> Friendliness
>
> Using customer's name in a conversation, avoid phrases like "you"
>
> Use of pleasant voice tone

Being polite and courteous to customers and even colleagues

Neatness i.e appearance

A genuine smile , i.e a hearty smile

Making use of words like 'please', 'thank you', 'would you '

Firm handshake

Here are some factors that create a **negative impression**:

Making the customer wait

Not answering the phone promptly

Not saying "please" and/or "thank you"

Speaking loudly or condescendingly to customers or colleagues

Making faces, frowning, acting distant, not smiling

Looking dishevelled or like you do not care about your appearance

A poor handshake

Focusing on another task while addressing or servicing a customer.

NB:

Impressions stay with those you meet, especially customers and once registered, it never go away

Negative impressions are difficult to overcome.

Some major **Do's and Don'ts** of Customer service

Every day customer service representatives face situations that they say, they either make or break a service interaction.

Phrases like **NEVER** should not be used because they frustrate and anger customers. Others are lik**e:**

"No."

"I don't know."

"That's not my job./That's not my department."

"You are right – that is bad"

"Calm down."

"I'm busy right now."

"Call me back."

"That's not my fault."

"You need to talk to my supervisor."

"You want it by when?"

No:

Everyone hates the word "no". It is demotivating, discouraging and disinteresting. "No" is easy, cheap, unproductive and negative but it means failure. Unfortunately, "no" is the word we most often hear when a new idea, request or concept is introduced. Admittedly, there are times when you will have to say "no," but focus on what you can do for the customer to portray positive attitude and not the negatives of the situation. Better to say "What I can do is…" and demonstrate that you care and want to provide quality service despite your current limitations.

I don't know:

Good service means never to say, "I don't know." When a customer hears "I don't know," they understand as , "I don't feel like finding the information you need." Better to say, "I'll find out" or "Let me look into this and get back to you as soon as possible."

That's not my job/That's not my department:

When a customer asks you to do something that you do not know how to do or do not have the authority to do, be of help by leading the customer to the person or department that can help him/her solve the problem. Better to say, "Let me transfer to the person who can immediately help you, will this be a problem?."

You're right, that is bad:

Many inexperienced customer service representatives think by sympathizing with the customer's plight, he/she will win over the customer rather than actually doing something to solve the customer's problem. If a customer expresses annoyance or frustration, do not make it worse by commiserating(expressing sympathy/ condoling) with him/her. Empathize with the customer but seek to solve the problem.

NB: Likewise, it does not do your company or organization any good to criticize co-workers or other departments within the company to the customers. All interested parties end up looking unprofessional and inept (clumsy). Rather try your best to accommodate the customer. Do not promise anything you cannot deliver but do try to serve the customer well. Better to say, "I understand your frustration, let's see how we can solve this problem."

Calm down:

When customers are upset or angry let them vent (within reason) and they will eventually calm down. Telling them to "calm down" is belittling and often serves only to infuriate them further. Better to say, "I'm sorry." This is one of the ideal phrases for customer service, it helps to placate the angriest of customers and allows you to begin the process of solving a customer complaint or request

NB: Apologizing does not mean you agree with the customer but it is a means to empathize and move beyond the emotion of the moment and negative impact.

I'm busy right now:

It is not easy to juggle customers. You are often helping one customer when another calls or visits your service area. Asking a customer to be patient or politely asking them to wait is very different than putting them off and saying you are too busy to help. Leaving them standing there or on hold is said to be a great sins of customer service.

"Being too busy" is tantamount to saying that you do not care and they are not important. Let the customer know they are important and you are aware of their presence. Better to say, "I'll be with you in one moment" or "Please hold and I'll be right with you."

Call me back:

This expression conveys little interest on the part of the customer relation's employee for the needs and wants of the customer. You should always call the customer back because you want their business and are responsive to their requests. Being proactive is part of good customer service.

That's not my fault:

If an angry customer accuses you of creating a problem, rightly or wrongly, the natural reaction is to defend oneself. However, this is not the best course of action. The customer has a problem that needs to be solved. By resisting the need to defend yourself and focusing on the needs of the customer, you can resolve the problem faster and with less stress and confrontation. Better to say, "Let's see what we can do about this problem."

You need to talk to my supervisor:

This cliché of bad customer service has angered and frustrated many customers for years. Customers often ask for things outside the scope of your work or authority, maybe even outside the services/products provided by your company. While passing off these requests to your manager is a tempting option, it is better if you attempt to solve the problem yourself or directly go to the supervisor yourself and get a solution. You become a service hero for the customer and the supervisor. Better to say, "Let me find that out for you."

You want it by when?:

Customers often make unrealistic demands, especially when it comes to time. Your first reaction may be annoyance and you may want to make a mocking or sarcastic comment. However, the best approach is to hold off on displaying a negative attitude and making a poor impression. Better to say, "I will call you right back after I find out if that is feasible."

RATER model of customer service

RATER model is derived from SERVQUAL (service quality) developed by Parsu Parasuraman, Valarie Zeithaml, and Leonard Berry.

The RATER model was published in their book "**Delivering Quality Service: Balancing Customer Perceptions and Expectations**" in 1990.

The RATER model is used to measure customer expectations and it highlights **5** dimensions that customers consider when using a service. It is a condensed version of the original SERVQUAL instrument had 10 dimensions namely**: tangibles, reliability, responsiveness, competence, courtesy, credibility, security, access, communication and understanding** the customer..

According to the RATER framework/scale, your customers evaluate your business based on 5 dimensions/ metrics either consciously or unconsciously. These include:

Reliability

This is the ability to provide dependable services, accurately, regularly and on time. Reliability is the most important service dimension in the RATER model.

For instance,

> When you don't offer services to your customers as they expect, your company won't be reliable for them.
> When you can't deliver products on time, when your product doesn't offer what it claims etc. This is when your customers will clearly say that your company/organization is not reliable.

The service that your organization deliver should be communicated clearly. You need to create customer expectations based on what service you will offer them with.

How to improve service reliability:

> ➢ Communicate with your customers. The more you talk to them, the better
> ➢ Be clear and transparent
> ➢ Take customer feedback and see what they think of your business
> ➢ Ensure marketing team does not create too much hype
> ➢ Keep expectations low and deliver more. Do not raise the bar too high in terms of building customer expectations.

Assurance

This is the dimension that deals with trust and credibility. That is competence of the staff such that their expertise inspires confidence and trust.

> Meeting customer expectations get easier when you can show them that you are trustworthy and know what you are doing.
> This includes answering customer queries and concerns effectively and professionally.

How to make your customers trust you

➢ Answer customer queries and concerns proactively and accurately

➢ Train your staff (customer support and sales staff)

➢ Educate your customers by addressing their common issues

➢ Be honest and transparent

➢ Use trust symbols(visual signals) and indicators on your website

Tangibles

It refers to the physical aspect of your service such as website, office, staff, equipment, etc. E.g Does the physical environment of your business look appealing?

Tangibles do not always mean something that has a physical appearance rather it refers to the image of your business., for example if you have an ecommerce store, the tangibles will include your website, online store, product photos, website layout, product descriptions, payment methods that you allow, online customer support, etc. If you own a local travel agency, tangibles will include your office, vehicles, staff uniform, etc.

NB: A poorly designed website or a mismanaged office will turn potential customers away, the customers to be will be put off

How to improve tangibles:

➢ Have a well-designed website

➢ The staff needs to be well-dressed/groomed

➢ Office and equipment should be clean, tidy and well arranged

➢ All customer touch points should deliver a superior customer experience

 Empathy

This refers to your employee's relationship with the customers.

Does your customer support team empathise with customers? Your staff should do so empathic and your customers should experience this feeling.

.The basic rule of empathising is listening to the problem, apologizing, offering assistance, and letting the customer know that you are working on the solution.

How to ensure empathy:

> ➢ Listen to your customers
> ➢ Apologize
> ➢ Train your customer support agents/team
> ➢ Update customers on the progress of their complains
> ➢ A short call-back can do wonders

Responsiveness

This refers to the ability and willingness to offer timely and quality services to the customers. i.e how effectively you respond to your customers and how fast you do it.

How to be responsive:

> ➢ Be available across all the channels/media where your customers are
> ➢ Train your staff
> ➢ Use software and tools to boost responsiveness
> ➢ Try responding to customer queries within 24 hours
> ➢ Set up automatic replies
> ➢ Be active on social media 24/7 to instantly respond to customer queries

Public relations

Definition of terms

Public relation (PR):

i) Public relations is "the management of communication between an organization and its publics "Grunig and Hunt (1984), p. 4.

ii) "Public Relations is the deliberate, planned and sustained effort to establish and maintain mutual understanding between on organization and its publics." (Institute of Public Relations, USA)

iii) Public Relations is the planned effort to influence opinion through good character and responsible performance, based upon mutually satisfactory two-way communications.

NB: PR creates an image(mental impression) of the company, products, service etc

Communication:

Not only sending a message to a receiver but also understanding the messages of others through listening and dialogue.

Organization:

Any group organized with a common purpose, in most cases, it is a business, a corporation, a governmental agency, or a non-profit group.

Public:

i)   Any group(s) of people held together by a common interest. They differ from audiences in that they often self-organize and do not have to attune to messages, publics differ from stakeholders in that they do not necessarily have a financial stake tying them to specific goals or consequences of the organization.

ii)   A group of similar individuals, an assortment of persons having the same interests, problems, circumstances

Targeted audiences:

Are publics / population who receive a specifically targeted message that is tailored to their interests

Propaganda:

Propaganda is the manipulation of symbols to transmit accepted attitudes and skills. It describes political application of publicity and advertising, also on a large scale, to the end of selling an idea cause `or candidate or all three.

Goodwill

A concept used to refer to the ability of an individual / business to exert influence within a community or market

Campaigns:

These consist of concerted, single-purpose publicity programme, usually on a more or less elaborate scale, employing coordinated publicity through a variety of media,

aimed, at a number of targets, but focussed on specific objectives. A campaign objective may be the election of a candidate, the promotion of political cause or issue, the reaching of a sales goal, or the raising of a quota of funds.

Lobbying:

It entails the exertion of influence, smooth and measured pressure on other, exercise of persuasion cum-pressure. In essence, it means a group putting its points of view forward in an attempt to win the other groups support.

Publicity

Disseminating planned messages through selected media to further an organization's interests

Publicity enhances the reputation of your organization

Origin of public relations

Thomas Jefferson (1807) used the phrase "Public relations" in the place of "State of thought" while writing his seventh address to the US Congress.

In India, Great Indian Peninsular Railway Company Limited (GIP Railways) carried on publicity in Public Relations campaign in England to promote tourism in India through mass media and pamphlets.

During the time of First World War a central publicity board was set up at Bombay (now Mumbai) for disseminating war news to the public and press.

After Second World War the Public Relations activity gained importance both privates as well as Government started Public Relations campaigns.

Public relation's purpose

To identify, build and sustain mutually beneficial relationships

Need for public relations

Investing on Public relations will help the organisation to achieve its objective effectively and smoothly.

Effective Public relations campaign is needed for attracting and motivating the public concerning product or service or towards the purpose of the programme.

It does not only encourage the involvement of the public but also result in better image.

An effective Public Relations can create and build up the image of an individual or an organisation or a nation.

At the time of adverse publicity or when the organisation is under crisis an effective Public relations can remove the "misunderstanding" and can create mutual understanding between the organisation and the public.

Functions of public relations

Public relations is establishing a relationship among two groups E.g organisation and public.

Art or Science of developing reciprocal understanding and goodwill

It analyses the public perception and attitude, identifies the organisation policy with public interest and then executes the programmes for communication with the public.

Elements of public relations

A planned effort or management function

The relationship between an organisation and its publics

Evaluation of public attitudes and opinions

An organisation's policies, procedures and actions as they relate to said

organisation's publics

Steps taken to ensure that said policies, procedures and actions are in the public interest and socially responsible.

Execution of an action and/ or communication programme

Development of rapport, goodwill, understanding and acceptance as the chief end result sought by public relations activities (Columbus, O. Grid, 1980), pp 9, 11

How to build and sustain a positive image

Practice good management

Practice sound relations reflecting harmony and job satisfaction for staff

Proper understanding and use of media as channel for achieving positive publicity

Qualities required of a PR practitioner

Ability to communicate

Ability to understand and get on with people E.g being courteous, humble,

Ability to organize

Personal integrity

Imagination/ being creative

Some possibilities that would call for public relations

Promotional opportunity:

To inform of the new service / policy which call for Public Relations to make wider publicity.

Competitive:

To overcome the resistance (pre-set mind condition).

Controversy:

To eliminate the contradictory conditions in between the organisation and the public.

Adverse publicity:

To inform the truth or correct issues and thereby removing the misunderstanding.

Catastrophe:

Announcement of any unfavourable issues.

Crisis:

Whenever threats arises.

The **practice of public relations**

Public relations is a large discipline that can be subdivided into many types of functions. There are **4** primary areas of functional responsibility or different locales in which we can categorize the profession of public relations and these are**:**

Corporate public relations

Agency public relations

Government/public affairs

Non-profit/NGO/activist public relations

The **function of public relations**

Public relations helps our complex, pluralistic society to reach decisions and function more effectively by contributing to mutual understanding among groups and institutions. It serves to bring private and public policies into harmony.

Public relations serves a wide variety of institutions in society such as businesses, trade unions, government agencies, voluntary associations, foundations, hospitals, schools, colleges and religious institutions. To achieve their goals, these institutions must develop effective relationships with many different audiences or publics such as employees, members, customers, local communities, shareholders and other institutions, and with society at large.

The public relations practitioner acts as a counselor to management and as a mediator, helping to translate private aims into reasonable, publicly acceptable policy and action. The managements of institutions need to understand the attitudes and values of their publics in order to achieve institutional goals. The goals themselves are shaped by the external environment (Public Relations Society of America 2009a).

Public relations helps an organization and its publics adapt mutually to each other" (Public Relations Society of America, 2009b)

NB:

The unique management function of public relations is critical to the success of any organization that engages people in its operation, whether they are shareholders, employees, or customers.

Public relations is even difficult to define. Is it spin or truth telling? Either way, the public relations function is prevalent and growing, the fragmentation of media and growth of multiple message sources means that public relations is on the ascent while traditional forms of mass communication (such as newspapers) are on the decline.

You can find public relations in virtually every industry, government, and non-profit organization. Its broad scope makes it impossible to understand without some attention to the taxonomy of this diverse and dynamic profession.

Public relations process

The first phase of Public Relations process is identifying and listing out the information or message to be communicated.

The second phase of Public Relations is process to ascertain the existing image or awareness level about the issue in the target group or common public.

The third phase of Public Relations is developing of communication objectives and priorities.

The fourth phase of Public Relations is developing the message and choosing the media to transit it.

The fifth phase of Public Relations is the implementation of the message and media, coordination or the dissemination of message.

The sixth phase of Public Relations is communication process to check whether message reached properly and the expected action or behaviour or knowledge on image factors.

The seventh phase of Public Relations, in case the message did not reach properly, identify the reason for the ineffectiveness and do the rectification of the same and disseminate the revised message.

The above phases of the process in details:

1. Listing and prioritising of information is to be disseminated**:**

May wish to inform the public:

> The new policy of the Government or organisation
>
> The change in the existing policy
>
> The new scheme promoted
>
> The change in the existing scheme

Public Relations activity starts with identifying the message to be disseminated and prioritised.

2. Ascertaining the existing knowledge level or understanding the perceptions of the public**:**

The organisation can check a quick survey among the target group of the public to ascertain the knowledge level of the issue for which the organisation is planning to initiate Public

Relations process and in case of the image it is essential to know whether the image is positive, neutral or negative in terms of the assessment or in terms of the organisation or both.

3. Communication objectives and prioritise**:**

Based on the knowledge level or image factor, communication objectives is to be

established which is possible to evaluate and the top management approval is required. For example, communication objective instead of using the term increasing awareness level about the scheme, it should be specific "By 2005, in the number of families where of the scheme be at least one lakh" so that we can evaluate the impact.

4. Message and Media**:**

After choosing the objective, the content of the message need to be developed.

While developing the message we should keep in mind the media in which we are going to use for disseminating that message. TV/Visual media may be effective for showing the demonstrating awareness. Training media may be effective whether the recipient may wish to keep the gap or further reference.

5. Implementation of message and medi**a:**

Based on the expected reaching level and target group, the budget is to be prepared and message is transmitted through the appropriate media's.

6. Impact assessment**:**

After release of the message, it is essential to study the impact at interval by interacting with the target group.

7. Message redesigned**:**

In case, the interaction of the target group reveals the message did not reach as expected the modification in message or media need to be done and the revised message should be disseminated.

NB:

ASSIGNMENT

1.Read and make notes on:

       How to implement Student Centred Learning (SCL)

       Problem solving skills

       Transferences and counter-transferences in counselling

       Reflection skills

       Reflective writing

2. Describe the essentials of customer care and public relation

3. Describe the components and tools of public relations

4. Describe behavioural and emotional loyalty model