

Effective Team Working and Communication in Workplace

CertHealth and Social Care Level 4

BMSW4002

Dr Nandish Patel

Margaret Oyinlola Adams

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INTRODUCTION

This assignment provides an overview on effective communication in the workplace. It also analyses the models of communication, communication skills and poor communication in the workplace before coming to a conclusion on what can be done to improve this.

DEFINITION OF EFFECTIVE COMMUNICATION

Effective communication can be defined as; 'Passing important info, in a manner and shape that is plainly clear, to the correct individual at the appropriate time.' Abstract: We are a society assembled and packed with people around that we live together, we speak with each other. In our individual lives, we want others to communicate and discuss our views, solve difficulties, we want them for relationship, reassurance, passion and safety, and at the workplace in order to accomplish our targets and objectives. To achieve these goals, we need to communicate with each other. This is the super glue that keeps a high society all together. The safer we are at communication, the more effective we are at attaining our plans and wishes (Alessandra, Hunsaker, 1993).

(Ellison, 2014). Indicates that growing students' knowledge and insight of the position of efficient interaction in nursing care. The editorial will be able to apply to assist students to create a further sensible type of interaction, although improving their self-confidence and skill to see and answer to patient signals.

This editorial emphasizes the significance of efficient communication skills designed for nurses. It aims on basic communication skills, their meanings as well as the encouraging results that affect while used to perform. Effective communication is vital to the requirement of caring, high-value treatment of care. This also restores and improves current understanding and awareness of effective communication skills.

This article will urge nurses to create a further sensible way of speaking with patients and carers, along with the intention of enhancing health results and patient approval.

MODELS OF COMMUNICATION

According to the knowledge gain in class which highlights that there are three most well-known models of communications are:

Shannon and Weaver Model 1949

- Linear
- Interactional Model
- Transactional Model

Shannon established that dependable communication on top of a distant remembrance-less channel is likely if the communication for a linear channel degraded by additive pale Gaussian noise, the optimum pattern in cycle and quadrature sections of the visual field.

Linear Model

(Shannon and Weaver, 1949) indicated that through the mid-20th century, this model is possibly very easy. Its limits are easy to see if you stop to pretend and believe about communication, or statements, produced in this model. This model believes that communication only works in a single direction. Therefore, an individual may be able to be a source or recipient, but not both. This is difficult because communication in working is more active than the linear model suggests.

Communication involves the senders and receivers in which the listeners are not simply reflexive containers for a sender's message. This model is similarly restricted since it offers one channel for just one message.

Interactional Model

This model is the area of knowledge. It describes just how nature, skills, society, and even inheritances can control how a sender produces a message. Think about an individual with a distinctive pitch of knowledge to communication. Similarly, each communication interaction is distinctive. Whilst the interactional model is more exciting than the linear model, it still has some limitations.

Transactional Model

This model also places additional importance on the field of knowledge. Whilst each speaker possesses a distinctive field of knowledge, they must also dominate a shared field of knowledge. In other words, speakers must contribute to at least some degree of similarity in society, dialect, or natural environment, if individuals are to communicate at all. Transactional models also acknowledge that communication will impact the reaction, or subsequent

messages, created in the communication interaction. This implies that messages do not stand alone, instead they are interconnected.

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CASE STUDY: MARIA AND PEDRO

Pedro works on a building site and Maria is his wife. One day Maria phoned Pedro

Why do you think Pedro misunderstands the message?

According to Maria and Pedro's case study, (Maria) the sender sent a message to her husband (Pedro) the receiver mis-understood the message because there was NOISE at the building site. The source was the Message then through a Channel to the Receiver.

Whose model of communication explains this confusion, and why?

I will explore Linear's model of communication invented by (Shannon and Weaver, 1949):

1. The source wants to communicate a message.
2. Then the message is programmed_to the Receiver.
3. The message is passed through a CHANNEL.
4. The sign is received by Receiver and INTERPRETED.
5. The communication gets to the receiver.
6. But NOISE gets into the information channel and disrupts the message and it does not get to the destination as expected.

How could this have been prevented?

This could have been prevented if Maria had sent a text message to Pedro or call him back before he get home. Berlo's model of communication (1960) described how communication mistake might have been avoided by giving feedback.

Meuter, R.F., et al described Berlo's model of communication is summarized interested in six steps: the communications resource, the setting of the communication, the communication, the supply process of the communication, the translating of the communication, and the communication official receiver. Corresponding to Maslow's Hierarchy of Needs, when lesser degree demands need have been fulfilled, they turn out to be ineffectual such as a persuader and greater must get all over.

What are the examples of poor communication?

Example one: A nurse who was handing over the shift to the morning staff, handed over that a particular patient has an appointment at the eye hospital tomorrow at 9am and that a taxi has been booked for the journey.

When the driver came to pick the patient and the escort staff up for the appointment, he met the nurse who took the handover, and the nurse told the driver that the appointment is tomorrow, because she mis-understood the message, and when she was handing over, she realized that she had given the wrong information.

The message was communicated well because the day nurse told the night nurse that the appointment was indeed tomorrow, but the receiver, which was the night handed the message to the day nurse that the appointment was tomorrow instead of saying today and that a cab has been booked for 9am.

Example two: A ward doctor spoke to a nurse on the phone to give a patient 500mg of a medication and the medication comes in 500 mcg, so the nurse heard 500 and not the rest of the message. Poor communication concerning patients' medication usage could simply happen once patients cross over care stages.

Example three: On discharge wrong medication was given to a patient to take home, fortunately the patient checked the name on the box of the medication and realised that his name was not on the medication box. The patient was very upset because he must wait before it was sorted out.

Example four: The wrong person was invited to a patient's (CPA) Care Programme Approach meeting of a patient, and this actually disrupted meeting on that schedule time and day because the patient wanted only his next of kin to attend the meeting, because he does not want the needs of his care to be discussed with any other member of his family, rather than his next of kin, in which he has told the nurse a week before the meeting and the nurse did not document or hand it over to other member of staff

Example five: A mother on a psychiatric ward told the staff that if her husband brought milk or nappies for her baby, staff should not use it for her infant. This was documented in her care plan, but an agency nurse who did not read the care plan and it was not handed over this to the agency nurse so took milk, opened it and fed the baby. The patient was very upset when she heard that her baby had been fed with the milk and did not touch or carry the baby throughout that day because she was paranoid that her husband had been contaminated and she did not want him to contaminate her baby.

Miscommunication in the healthcare setting might be dangerous. The increasing number of immigrant patients and overseas-qualified workers indicates that message mistakes among a health care physician and patient while some are talking in another language are progressively more. Nevertheless, there is a partial study that focuses on this problem methodically. This protocol outlines a hospital-based study assessing relations among health care physicians and their patients who also contribute or do not contribute to a single foreign language. Of certain importance and the life and effectiveness of interaction in speech-conflicting discussions, and the extent to which danger is transmitted. The goal is to recognize language obstacles and miscommunication that can arise in health care locations among patients and their physicians, particularly where at least some of the presenters are utilizing another (lower) foreign language.

According to the lecture that I received from my lecturer and in classroom activities, I understand that there are different Channels a person can Receive a message through: hearing, seeing, touching, smelling and tasting.

CONCLUSION

In conclusion, this assignment has demonstrated my understanding of effective communication in the workplace, its definition, the communication skills, and different models of communication and highlighted the examples of poor communication in my workplace. The disadvantages of poor communication, also the barriers that could hinder good communication between both physicians and patients.

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