

STUDENT NO 1601858

MODULE NO ECSS6001

Communication Leaflet Rationale

This leaflet is about communication and therefore needs to be accessible and straight forward and easy to digest and easy to keep. The aim of the leaflet was designed to focus on support workers and the importance of communication in their role. Additionally, it was considered important to provide evidence to demonstrate and convey to the Support Workers how valued they are. Subsequently, poor, and good morale have a diverse impact, on the support worker with the knock-on effect to patient led care. Furthermore, successful teamwork, and to making clear messages about communication and how critical it is for providing safe, high quality, patients led care, compared to the failures of communication often are extreme common cause of unintentional injury of a service user (Leonard, Graham & Bonacum, 2004).

Why is it important for staff to be valued? According to American Psychological Association a survey conducted in 2012 (American Psychological Association, 2012) by Harris Interactive, suggested 1,714 (93 percent) of adult employees who felt valued reported to be more motivated with increased better mental and physical health and well-being. Higher levels of job satisfaction and 88% of employees reported they felt engaged compared to 38 % of employees who did not feel valued by their employers American Psychological Association (2012). In addition, self-esteem and self-worth increase key concepts, according to Talentcultural (2015) to building morale, loyalty when employees feel most valued. Developing better communications, job satisfaction and working relationships, increase culture and efficiency. Often when employees feel valued and important, their efforts are proved vital that strives for growth and expansion as a team (Heaver 2015).

What is morale why is it important? Overall view of employee's morale are confidence, attitude and satisfaction often felt by the employees in their workplace. Morale is significant factor of effective communication according to (Ngambi, 2011).

Recent research from University of Warwick led by economist Professor Andrew Oswald, Dr Eugenio Proto and Dr Daniel Sgroi suggested, happiness increased productiveness in the workplace by 12% (Oswald, Proto & Sgroi, 2014). Various errors in the workplace are often instigated from poor morale of the employees with a negative attitude, according to Kelly Mills (2015) who suggested poor morale was less cost effective in the workplace. In addition, the risk-taking conduct by the employee goes against rules of compliance potentially creating injuries more frequently (Mills, 2015). Additionally, Finger (2005) cited in Ngambi (2011) stated that the relationship between leadership and employee morale in higher education was more influenced by starting

from the top (by management) than from the base up. Various related factors contribute to high or low morale such as environment, internal and external, including various changes led by leadership approach. Emphasising, morale is more than an individual matter, and often be seen as a group phenomenon (Ngambi, 2011).

The aim of the image on the front of the leaflet, is to convey a positive message about what effective communication should look like, between the support worker and the service user. The image suggests both parties look like they are communicating effectively (non- verbal) and seem to be happy, relaxed, and smiling. Furthermore, the support workers are assuring the service user with the touch of her hand conveys nonverbal communication (Mas Homecare, 2021).

What is communication and how do we effectively communicate? Effective communication is when an audience listens to the messages that are sent, understands, and communicates effectively back, often conveyed by two or more people. There are various components of effective communication between the support worker and service user such as, keep the message short and simple, accurate, relevant to the service user concerns, focused and effective where appropriate, participate and engage when asked according to, Effective Communications: Raising the profile of your archive service (The National Archives, 2013). Effective communication is essential, in relational connections Knapp (1972) additionally a key concept of conveyancing good quality patient centred care and patient outcomes Lambert et al., (1997).

The lack of this, suggested by Haran Ratna (2019) The Importance of Effective Communication in Healthcare Practice, will deter the quality of patients' healthcare, and increase healthcare costs. In a health care setting, there are various elements to effective communication such as cultural ability, language barriers and healthcare literacy. Effective communication is compromised if any of these three elements are not met (Ratna, 2019) The Cavendish Report (2013) recognised that often support workers are the first face of the organisation that service users meet, often devoting more time to the service users even by their bedside, more often than any other organisational members of staff. Communication and conversation take up a large amount of their support worker time. Therefore, crucial that support workers recognise the vital role they play, and to communicate effectively verbally or nonverbally in the most caring and effective way (The Cavendish Review, 2013).

What are the different types of effective communication? What is Active listening and why is it important? One of many major factors that contribute to effective communication, by a practitioner is active listening which is illustrated on the leaflet. Often by speaking less and listen more, being more observant and involved

in others, withhold from over speaking and interrupting, and reflect on the conversation of nonverbal communication. By empowering the service user to voice their opinion and to be heard (habitsforwellbeing, no date). A response from active listening, is to convey sympathy and create confidence by signifying complete respect and by becoming aware of what the other person has endure. Some studies suggest, the likelihood that various people favour guidance over active listening on their first exchanges of effective communication between themselves or others (Weger, Bell, Minei & Robinson, 2014). Actively listening builds trust according to The Importance of Making Time to Really Listen to Your Patients (2017) by conveying to service users with high regard for their wisdom and any information they may hold. In addition, it conveys trust between the support worker and the service user, assumed by the Doctor of Medicine. In addition, Doctor of Medicine and patients can co-create by sharing reliable information to promote Patient centred care plan (Rana, Awdish & Berry, 2017).

What is nonverbal communication and why is it important? Non-verbal conduct can show vital feelings, and this may be significant to what people say. Practitioners' observations are essential where individuals are less capable to communicate directly or verbally e.g., Individuals with severe learning difficulties, mental illness, dementia, and children who do not pose cognitive or vocabulary skills to explain feelings and thoughts. To understand non-verbal communication good observation skills are needed by individuals to obtain effective communication (Lambert, Street, Cegala. et al, 2008). According to, the nonverbal Communication and Body Language and Help Guide (2020) a person's reaction, by observing, a person's movements and a person's listening by nonverbally communicating to the other person indicates that you are listening, if you are truthful, and whether you care. Significantly, uncertainty, conflict and distrust occur when nonverbal indications do not add up with the verbal communication, additionally when they do, they develop simplicity, belief and understanding by the individuals (Segal et al., 2020). In healthcare nonverbal communication is significant to communicating with the service user. According to Communication Disorders in Multicultural and Global Society 4th Edition (2012) nonverbal communication is conveyed by means rather than verbal communication. In addition, numerous actions are involved such as, eye contact, kinesics, and proxemics silence, paralanguage, and directness. Proxemics which varies from culture to culture, while communicating, the distance between conversations and personal space and the use of it (Battle, 2012).

According to Sushy and Holdnack (2013) stated there are two key concepts of nonverbal communication such as Situational and Paralinguistic. Additionally, Paralinguistic conveys two concept of nonverbal communication such as sensitive tone (e.g., exhilaration, sorrow, and distress) and sociable modalities Furthermore, situational is approachable mode, only one concept of a nonverbal communication. It states a persons' capability to realise intricate social circumstances such as, their environment and the interaction

.amongst several people or amongst several people and their social settings Significantly, Paralinguistic communication basic concepts are learned, while others appear to be natural (Suchy and Holdnack, 2013).

Unfortunately, with the increased use of PPE including full-body protection and masks elements of non-verbal communication are lost in a healthcare setting. Similarly, haptics, communicating by touch, offering your hand for someone to hold, is also hampered by use of PPE and concerns about infectious illnesses, for example. This loss is significant in healthcare settings as holding a patient's hand is an important type of non-verbal communication which is a reassuring gesture for patients in distress (Deafblind Information Australia, 2021). "Touch is essential to our embodied existence. It is communicative, receptive, expressive, and empathic," (Paterson, 2009, p.50-56). According to, Dr Ritta Lahtinen, and Russ Palmer touch is the earliest, increasing, and prolonged developments of our senses. Furthermore, the communication between two people or more in a social setting, applying the sense of touch to another person to express a message is widely described as Social Haptic (Deafblind Information Australia, 2021). In addition, stated by haptics may include various information conveyed between persons either through reaction, and emotion and relating to other information such as audio and visibility. Social Haptics is widely developed and understood across a variety of users of nonverbal communication through different communities and cultures (Foley, Gentile, 2010).

Furthermore, facemasks have always been used but now are used more than ever and they influence non-verbal communication. Therefore, the use of images was considered to make people aware and think about the impact on the patients. According to Pure Presentations (2011) images are effective in getting a message across because it is the way in which information is effectively processed by the brain. Images can be accessed, kept, and remembered by the audience. Imagery allows the audience to have an emotional connection. They could provoke a change in a person's actions. This will balance with the rational communication elements of the leaflet which was to supply written facts (Pure Presentations, 2011). My aim of the leaflet is to convey to the audience the impact this has on effective communication with various face masks and how it affects the support workers and service user's ability to convey nonverbal communication between each other. Furthermore, I illustrated a clear shielded mask (Thompson, 2020) compared to the total covering face mask to identify the barriers of communicating (Smith, 2020).

What are the barriers of communicating effectively? There are various barriers to effectively communicating such as fatigue and pain, time limits and environment concerns privacy and noise, value and beliefs and the use of jargon and anxiety and embarrassment with information overload (Impact Factory, 2020). A survey by Care Quality Commission in 2016 suggested in all hospitals 38% of all patients with concerns could find an individual to convey their concerns with. In addition, all patients felt anxious and fearful about their well-being, in hospital setting which is perfectly rational (Nursing Times, 2017). Furthermore, a communication

barrier the services user could endure is their medical condition such as, suffering a stroke, affecting their communication, and any infection that may cause disorientation or taking of medication initiating severe side effects. Additionally, in all instances by identifying the barriers of effective communication by reducing the effects things need to be put in place Stonehouse, (2014). One critical barrier is environment, often areas of medical settings are loud and busy. The prospect of a discreet conversation is often prohibited by environmental noise. The support worker should avoid disturbances and interferences, by conveying the service user to a private room to restrict the noise of the environment. Often shutting the screen around the service user bed provides visual confidentiality conveying no audio privacy (Nursing Times. (2017).

In 1957 Humphry Osmond a medical practitioner in a psychiatric hospital began studying the effects of communications of patients where the environment has change. The research recognised two key concepts such as Sociopetal Space (radial) inspires communication and conveys people together in addition, to Sociofugal Space (gridlike) subsequently repressing communication while keeping individuals apart (Howard, 2008). To endorse this service users and their families would be better adapted in a sociopetal seating in a medical environment, subsequently the outspread environment would stimulate eye contact and communication. Contrary to sociofugal setting which restricts space in the waiting areas. It is suggested that sociofugal inhibits human communication. In addition, it is unlikely in a sociofugal environment with strangers sat next to each other that anyone would make eye contact or even turn around to stimulate effective communication (Samad, Ibrahim & Harun, 2010).

To endorse the importance of all staff working to a unified standard The Code of Conduct for Healthcare Support Workers in Wales it was highlighted and suggested that support workers must effectively communicate to promote service users and support workers wellbeing. In addition, support workers should communicate effectively in a polite, truthful, and open and sincere way providing confidentiality at all times. To communicate effectively and discuss where appropriate with other member of staff (walesnhs,n.d.).

To further emphasise the importance of effective communication and the importance of staff, I chose to include details of a case study to illustrate the consequences of what can occur when there is poor communication. Additionally, I considered this important because it provided a real-life scenario. Specifically, real life content can, according to Taslimi (2015), make the information more notable, the readers can relate and engage with the content because they are connected to it and then they can quickly put into practice the advice on the leaflet. This is endorsed by Solomon (2006) stated that case studies should provide information of situations which others might find themselves experiencing.

The leaflet was illustrated by assorted colours and font sizes aimed to inspire the service user to display what effective communication looks like, and how we are affected, behave and how we feel about colour. A study by Fonts and Colours for the Retail, Healthcare, and Financial Industries (2019) suggested, a unique colour palette is recognised in the medical and health care settings. Frequently, green and blue are selected to convey honesty, reliability, and competence. Colours such as red and orange may be presented to support the feelings of cheerfulness, warmth, and delight. I emphasised orange and red and displayed this in the leaflet to create cheerfulness and warmth. Furthermore, brown is suggested to be unpopular and lacking in style inside the industry (Sunarto, 2019). Compared to the key colours of NHS Palette to communicate and support, service users and inspire services of the organisation, blue and white are the main domains used in the NHS. Additionally, the use of highlights to draw attention, are often used sparingly (nhs.co.uk, 2015). The font used in the leaflet is Source Sans Pro, and according to, a study by Paul D. Hunt it was suggested The Source Sans Pro font is well known in the modern industry, looks stylish and brightens up any leaflet or booklet published for any medical information (The Print Authority, 2019).

Overall, the aim of the leaflet design is a memory aid, a quick glance and to be user friendly and designed to attract the eye. The leaflet illustrates the importance of the support workers and the effectiveness of excellent communication. It mentions the various forms of communication such as verbal or non-verbal. It was illustrated with various images and literature in line with the ways of communicating effectively and aimed for the leaflet to be modern, and self-explanatory. To convey the message of what can go wrong in a healthcare setting and the impact of the service user of poor communication, therefore, a case study was used to identify this negative impact (Pure Presentations, 2011).

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Barriers to Communication

Environment - noisy, lack of privacy in setting.

Time or lack of it - patient feels rushed and anxious.

Language - language barriers, hearing and/or speech impairment (Nursing Times, 2017).

Patients medical condition—stroke, dementia.

Use of medical jargon -this can be bewildering for patients.

Pain and fatigue- can reduce concentration (Amoah, Anokye, Boakye, 2019).

Embarrassment and anxiety-having to undress for examinations

Values and beliefs - do not make assumptions based on culture and be aware patients can make assumptions about staff e.g. a man cannot be a midwife (Nursing times, 2017).

Code of Conduct

For Healthcare Support Workers and Adult Social Care Workers in Wales Section 4- communicate in an open and effective way to promote the health, safety and wellbeing of people who use health and care services and their carers' and 'communicate in a respectful way, being effective, accurate, open, and straightforward—while maintaining confidentiality' (wales nhs, No Date).

Impacts of Poor Communication

A Case Study Mid-Staffordshire NHS Foundation Trust Public Inquiry. Robert Francis QC Inquiry Chairman (2013) identified the 'appalling suffering of many patients' mostly due to 'a serious failure' of the Trust Board who not only failed to 'listen sufficiently to its patients and staff but failed to correct inadequacies brought to their attention (Francis, 2013). According to, While (2015) It was suggested The Trust Board had failed to 'tackle an insidious negative culture', 'tolerance of poor standards' and disengaged from 'managerial and leadership responsibilities'. Pursuing 'national access targets', achieving financial balance and seeking foundation trust status' was put above 'delivering acceptable standards of care' (While, 2015).

VERBAL AND NON-VERBAL COMMUNICATION OF SUPPORT WORKERS FOR SERVICE USERS



(Mas Homecare, 2018)

As a support worker you spend the most face-to-face time with a patient.

Your role is vital to patient care

(Stonehouse, 2014)

It is important that you communicate in a patient-centred way.

Be aware of patients needs

(Levinson, 2011)

Always maintain respect.

Protect the dignity of the patient

(Kennedy, 2016)

COMMUNICATION

- C** – clear speaking
- O** – open body language non-threatening
- M** – mindful of culture
- M** – maintaining confidentiality
- U** – understanding of patient's symptoms
- N** – non-judgemental
- I** – insight of patient's needs
- C** – closeness - personal space
- A** – aware of language barriers
- T** – take time to listen effectively
- I** – importance of gaining patient trust
- O** – overload of information
- N** – noise of setting can be unsettling

(Adapted from: (Communitycare, 2008, to Stonehouse, 2014)

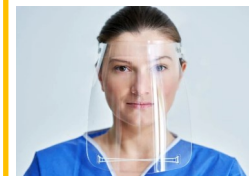
Types of Communication

Verbal Communication– Refers to, actual words conveyed between two people or more. In addition verbal communication can be applied to convey verbal messages from the service user to the support worker to provide support and check that all information is correct for patient centred care (Stonehouse, 2014)

Non-verbal—non-verbal conduct can disclose vital feelings, and this may be significant to what people say. Practitioners observations are essential where individuals are less capable to communicate directly or verbally e.g. Individuals with severe learning difficulties, mental illness, dementia and children who do not pose cognitive or vocabulary skills to explain feelings and thoughts. To understand non-verbal communication good observation skills are needed (Community Care, 2008)

Para Language—Studies suggest, nonverbal communication is used 90 per more , than verbal communication. Individuals in a health care setting find it easier to receive messages and convey information though body language, (touch) facial expression (smile) and through the tone of voice (Nordquist, 2019). Furthermore, this is crucial for effective interaction between the support worker and service user to provide positive expectations, emotional provision and document the patient's support and treatment (Friedman,1979).

Active Listening—comprises of repeating a persons message, when appropriate, and provide modest to high nonverbal informal participation ((Weger, Bell, Minei & Robinson, 2014).



(Thompson, 2020)

Which face covering allows for the best communication?



(Smith, 2020).