

Communications – Temporary Workers

Version Control Sheet

VERSION	DATE OF IMPLEMENTATION/REVIEW	IMPLEMENTED AND AUDITED BY	STATUS	COMMENTS
1	24.11.2022	William King	Active	Policy relates to Temporary Clinical Workers

Purpose

This Policy outlines the essential ingredients of effective communications with Clients, in order to achieve the most successful outcomes.

Statement

The Company provides important services to a wide variety of Clients. These Clients will have very diverse backgrounds and may not have English as their first language, and either through age, frailty or some other health condition may find communication with others difficult. The Company’s reputation within the community it serves is closely related to the quality of the care it provides. This quality of care is in itself closely linked to its ability to communicate effectively with Clients, employees, and other stakeholders important to the business, and understanding their needs.

Procedure and Guidance

Communication methods

Communication is about much more than the words we say. The tone of our voice when we speak, the attention we give to what the other person is saying, the messages we give out by the way we move and position our bodies and the accuracy and clarity of what we write are also key elements of good communication.

Listening and attending

Often unrecognised as such, listening is vital to good communication and is especially important in understanding the precise needs of our clients, together with their thoughts, opinions etc. Staff are encouraged to devote time to listening to Clients, paying careful attention to what is being said. Key ingredients to effective listening include:

- Remain quiet but encourage the Client to speak with gentle head nodding and, when appropriate, positive words (‘yes’, ‘do continue’) and simple questions (‘and how did that make you feel?’).
- As you listen, try to identify key words that might sum up how the person is feeling, words like:
 - frightened, or scared
 - lonely
 - fed up, or ‘a bit down’
 - pain, or discomfort
 - Worried.

- When the person has finished speaking, reflect back to him or her what you've understood.

Complaints

Listening and attending isn't important just when Clients are telling you something about their health, or when they're complimenting you for doing a good job. It's also very important that we listen and attend well when Clients or their families are unhappy about something or want to complain. It's never easy nor pleasant to be on the receiving end of a complaint, particularly if the person doing the complaining is upset, angry or even abusive. There are three important things we have to recognise in this situation:

- in all likelihood, the complaint is not about you: you just happen to be the person who is hearing it – do not take it personally.
- if the person is upset or angry, you becoming upset or angry will not help the situation – it could, in fact, make it worse; keep calm and composed.
- while it might not seem pleasant at the time, we can learn a great deal from complaints, giving us an opportunity not only to put whatever is wrong right for the Client or family member, but also to make sure that if possible, it doesn't happen again; complaints also help you to develop your own understanding and knowledge of what is important for Clients and families.

A simple mnemonic – **CALM** offers useful guidance as to how to respond when receiving a complaint.

- **C**ompose yourself: relax and remember about good body posture – keep good eye contact with the person, don't cross your arms in front of you or raise your eyes to the ceiling. Show by your posture that you're interested and ready to listen.
- **A**ttend: give the person your undivided attention. Don't be distracted by thoughts of the 20 other things you should be doing right now – this is important, so be there.
- **L**isten: really listen to what the person is saying. Try to identify the key words – angry, disappointed, disgusted, hurt – these emotional responses need to be addressed just as much as the initial situation that caused them. Don't interrupt or talk over the person – hold your response until the person has finished what he or she wants to say.
- **M**oving on: respond positively to what the person has told you and lay the foundations for moving on towards a solution. First and foremost, say you're sorry. That doesn't necessarily mean you're apologising for a failure of service – simply that you're sorry that whatever has happened has made the person so upset. If you can deal with the situation easily and quickly, by all means do so. If the situation is more complicated, explain to the person that you will let your manager/supervisor know as soon as possible so that he or she can take time to agree a way forward with the person to identify exactly what went wrong, whether there is any explanation for its occurrence, and what can be done to remedy it.

Non-verbal communication

Non-verbal communication is often described as 'body language'. Body language says a lot about our interest and engagement in the communication we're having. Even when we 'say the right things', the message can be lost if our body language suggests we're thinking something very different. From the minute we enter a person's environment, our body language communicates a great deal. What kind of message is this carer's body language sending?

Good communication

Think about the following four elements of body language in your communication with Clients.

- **Body posture (how we stand or sit):** we'll communicate much better when we bring our face to the same level as the other person and do not tower above them if he or she is in bed or a chair. We should be relaxed, not fidgety and impatient. And it's important that we adopt an 'open' stance, showing the person that we want to be there and are not desperate to rush away and do something else – standing well back from the person with your arms crossed and flicking your eyes constantly towards the door isn't exactly an encouragement to good communication!
- **Eye contact:** keep good eye contact with the person, but don't stare – and remember that for people from some cultures, (Asian for example) making eye contact can seem a bit rude. This emphasises the importance of knowing about the individuals we're caring for and learning how to approach them in the right way.
- **Facial expression:** so much of what we are thinking is given away by the expressions on our face. We may not even realise we are rolling our eyes, grimacing or stifling a yawn, none of which will encourage Clients to keep talking to us. We need to be aware of our facial expressions and control them at all times.
- **Touch:** touch is a very powerful means of communication. Lightly touching a person's hand can convey your concern and affection for them. But as with eye contact, the touch has to be appropriate and consensual, and there are important cultural issues around touch that need to be understood.

Verbal communication

It almost goes without saying that we have to give clear attention to what we say to Clients. We need to ensure that what we say is:

- Clear
- Accurate
- Honest
- Appropriate (to the person's age, language/culture and level of understanding - jargon and complex terminology should be avoided at all times)

But just as important is how we say it. At all times we must be:

- Courteous and respectful: we need to make sure we address Clients as they wish to be addressed. Some may prefer you to call them by their first names, while others might want a more formal address. The key thing is to find out what is right for each individual. And generally, 'pet' names – 'love', 'dear', 'doll' – shouldn't be used, as these are perceived as patronising and unprofessional.
- Encouraging: we should try to prompt Clients to communicate with us by saying encouraging things to them – 'yes, do go on', 'can you tell me a bit more about that? Using open questions'

Your tone of voice is also important. Clients don't like to feel they're holding you back from other duties, but they can get that feeling if your tone of voice is irritated or impatient. You might be rushed off your feet but try not to let that seep into your voice – try to stay calm and focused on the Client in front of you. With practice, you'll be able to perfect this vital skill.

Barriers to communication.

Some clients may have a condition that makes their communication skills difficult, or unclear. i.e.

- A client who has cognitive impairment
- A client who has had a stroke could possibly suffer from expressive dysphasia, (finding it difficult to verbalise what they want to say) although mentally aware of what they wish to say. This can also lead to frustration for the client, and can be expressed by what would appear as angry outbursts.
- Mixed unclear communication, if client delusional or hallucinating.
- In ability to communicate clearly do to a surgical intervention, i.e. oral cancer, or simply dental work.

Staff should attempt to utilise all means of communication to assist the client and prevent them becoming frustrated and upset. Clients who struggle to verbalise their needs can be provided with paper and a pen to write their wishes. If appropriate use family, friends, or spouse, to ascertain likes and dislikes and document these within the clients care plan, this makes these available for other staff and the client, and hence again prevents frustration. Information made into Que cards to allow the client to read in their own time a question, rather than needing to process it when spoken. Pictorial Ques can be utilised also, it is important to make them dignified, and appropriate to the clients age, gender and culture.

Questioning

There are two kinds of questions we can use to help us understand what Clients want and need:

- Closed questions

We use closed questions when we need a simple 'yes' or 'no' answer or confirmation of something.

- Open questions

Open questions encourage the Client to speak in more depth about something. They are open because they invite the person to open up. The best example of an open question in health care is: 'How do you feel?' The Client can respond briefly by saying 'fine', but if he or she says, 'not great', or 'awful', it means we can begin to ask some more open questions to find out what is going on – 'what do you feel is wrong?' Asking one open question often leads to asking another.

Similarly, if the Client responds with 'well, funnily, I've had quite a bit on my mind recently', or some other indication that things aren't quite right, we can begin to ask more open questions to help us identify the problem.

Written communication

Health services need to keep good written records of the care given to Clients for three main reasons:

- To make sure the care and treatment can continue to be given safely no matter which staff are on duty.
- To record the care that has been given to the Client.
- To make sure there is an accurate record to be used as 'evidence' when there is a complaint from a Client about the care they have received.

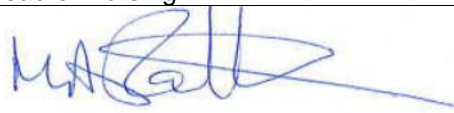
The principles of good written communication are that you should:

- Write as near as possible to the time you've delivered the care.
- Write simply and clearly.
- Write legibly (if hand-written) and as error-free as possible if keyed into a computer.
- Insert dates and times as accurately as possible when specific events and circumstances occurred.
- Avoid giving personal opinions.

- Avoid writing anything judgemental or which may seem personally abusive or insulting. Report factually what you have observed.
- If handwriting notes black ink should only be used, this is for ease of photocopying in case of investigation, or needed for a court of law.

As part of the healthcare team, you have a responsibility to make sure that anything you write about a Client (or that any other member of staff writes, for that matter) remains confidential and cannot be accessed by any unauthorised person.

Next Review

Reviewed by:	Miriam Palk presented to Clinical & Corporate Governance and Risk Management Committee for renewed approval
Title:	Head of Nursing
Signed:	
Last Review Date:	24.11.2022
Actions:	QR Code and link to Temporary Workers Hand book

Date Approved by Clinical & Corporate Governance and Risk Management Committee:

Next Review Date: November 2023