

## **MODULE 5**

### **COMMUNICATION**

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## **I. Understanding The Process**

Communication is something everyone engages in, some with more skill than others. In much of our communication, the focus is on the content of conversations. We listen to what people are saying to us and attempt to respond. More often we listen only slightly to what the other person is saying while we are thinking of a response. Conversations may become a series of two monologues.

However, communication is a two-way street involving both receiving messages and giving messages; a two-way method utilizing both spoken words and nonverbal messages.

The communication process takes four steps to be complete.

1. A message is sent: Someone shares an idea or feeling with another person.
2. A message is received: The other person gives feedback, through words or signs, to indicate that a message has been received.
3. The sender receives feedback: The response of the receiver tells the sender if the message was understood.
4. Another message is sent: If the first message was not understood, the sender tries other ways to express the same idea or feeling. If the first message was understood, another message can be sent, and communication can proceed.

To be complete, a message must be given and received with a common understanding of what the message means. The sender is responsible for being sure the message is accurately received, for finding a way to express him/herself so that the receiver knows what the message means.

## **II. Setting The Stage For Communication**

There are some factors that can prepare the way for your interaction with another person and increase the chances that your communication will go the way you would like. This is especially true when working with nursing facility residents.

1. Always introduce yourself, name and role/affiliation, unless the resident knows you by name or recognition. Do not ask the resident, "You remember my name, don't you?" or a similar question. That type of question puts the resident on the spot, elevates the resident's stress level, and calls upon the resident to utilize short term memory, which normally is more difficult to use as a persons ages.
2. Greet the resident by Mr., Mrs., Miss, or Dr., and given name unless the resident asks you to use another name.
3. Always knock on the door to a resident's room before entering, even if the resident can't verbally respond or if the resident is watching you approach. Knocking acknowledges that the room is their "space" and home. It also conveys a sense of respect for their privacy and dignity.
4. Choose an appropriate place for the type of conversation or visit you plan to have with the resident. If you are just greeting people, a day room or porch setting is appropriate if that is where the residents are sitting. If you need to discuss personal information, find a

setting with privacy and quiet. The setting in which communication occurs directly impacts the nature of the interaction.

5. Cultivating friendly, trusting relationships takes time. Be patient in visiting. Allow residents to get to know you while you are learning about them. Rarely do people divulge their innermost thoughts or problems until a trusting relationship has been established.

6. Be dependable. Visit or check back when you said you would. Promise only what you can deliver/control.

7. Be honest. Avoid giving false hope or stating platitudes. It's OK to admit, "I don't know."

### **III. Verbal Communication**

The use of spoken words to send a message is called verbal communication. There are two key components of this type of communications: (1) voice tone and language usage; (2) the content of the message.

Voice tone can add meaning to the words that are uttered. The tone of one's voice often holds significant clues as to the underlying meaning of a statement. Voice tones certainly place emphasis where the speaker intends. Consider, for example, how the word "yes" can assume different meanings by varying the tone of expression. If it is said softly, it can mean friendliness; if said loudly, it can mean anger; if said sharply, it can mean annoyance; if said in a rising tone, it can mean a question.

Words are unique to humans. Depending on how they are used, words can create understanding or complete misunderstanding. Carefully chosen words bridge gaps and can also be used to mend fences. Be sure that the words you use have the same meaning for the person with whom you are speaking as they do for you.

For example, if you told an administrator that Mrs. Jones lost her purse, would the administrator think that the resident forgot where she placed her purse or would s/he think that Mrs. Jones's purse was stolen?

For example, if you asked Mr. Green how he spends his time, would he laugh at you and say, "I can't spend time! I can only spend money and I don't have any of that!"

### **IV. Nonverbal Communication**

Nonverbal communication involves the sending of messages without the use of words. It is a continuous process and is the principal means by which feelings and attitudes are conveyed. Awareness of nonverbal cues is necessary to assure that a mixed message is not sent, a contradiction between the verbal and the nonverbal message.

#### **A. Facial Expressions**

Seldom are we expressionless. Our faces portray a wide range of emotions and reactions, such as caring, disgust, inattention, or doubt. Facial expressions can be used to show that we understand or are in agreement (smiling or nodding) or can show we do not understand and need clarification (a quizzical look, eyebrow tightened). Appropriate facial expressions on the part of the ombudsman should match the resident's mood and expressed feelings.

## **B. Eye Contact**

The eyes themselves can send several kinds of messages. Meeting someone's glance indicates a sign of involvement or of confidence. Looking away signals a desire to avoid contact. Establishing eye contact indicates an interest in what someone is communicating. Eye contact should be spontaneous, where the listener looks at the speaker but also lets the eye drift occasionally. A person's comfort level with direct or sustained eye contact is influenced by that individual's culture and background.

## **C. Touching**

Touching is an important type of nonverbal communication. Touch is particularly significant to the older person. As people age and become detached from the mainstream of society, and as they experience both personal and social losses, chances for personal contact decrease. Thus, touching becomes a meaningful contact.

Touching is especially effective with individuals who have sensory impairments or who are having difficulty concentrating. Sometimes a touch of the hand or a pat on the knee can help a resident focus on your conversation. At other times, that kind of touch serves to establish a bond, a link that precedes dialogue.

Touching can convey: warmth, caring, understanding, sympathy, compassion.

Touch expresses to the other person an acknowledgement of his/her existence. It says, "You are still a person with life and dignity."

However, it is important to remember that one's comfort with being touched is a very individualized characteristic. Some people like to be touched, but others don't. Be sensitive to each resident's response to touching. Get to know the resident and let him/her know you before you use this communication technique.

## **D. Distance/Personal Space**

The way people use space is also part of nonverbal communication. Each of us has a variable size of personal space. Personal space refers to the distance that we put between ourselves and others.

There are four distances that we use, depending on how we feel toward the person with whom we are communicating:

- Intimate distance is usually reserved for people with whom we feel emotionally close. The zone begins with skin contact and ranges out to about 18 inches.
- Personal distance can range from 18 inches to about 4 feet. Here again, the contact is rather close, but less personal than the intimate distance.
- Social distance, the third zone, ranges from 4 feet to 12 feet. This is the distance at which most business situations occur or ombudsmen deal with residents.
- Public distance runs outward from twelve feet. The closer range of public distance is the one most teachers use in the classroom.

As you seek to communicate effectively with others, you must be aware of their personal space. If you are trying to establish rapport, you will respect their comfort with various degrees of physical closeness.

## **E. Gestures and Movements**

Two other methods of conveying feeling and attitudes are gestures and movements. Gestures can be used to punctuate a statement -- for example, pointing to emphasize or signaling to get attention. Movements often indicate tension or boredom.

Shifting in one's seat, foot tapping, or finger drumming, all suggest inattention and should be restricted. By paying attention to these movements, you can tell when a resident is nervous, exhausted, ready to end your visit, or any one of a number of other messages. Gestures and movements do have meanings. To be skilled as a communicator, you need to be able to read their meanings and to effectively use gestures and movements to convey your messages.

## **F. Silence**

Sometimes the absence of words is the most effective form of communication. Words or movements are not always necessary to express a message. Silence has a number of uses. It can mean hostility, anger, depression. It can be soothing, showing an empathy. It can express concern and caring. It can provide time to organize one's thoughts, to defuse tensions, to offer time for consideration of ideas or for interpretation. It can provoke a response from the other person, be a controlling device or resistance to saying what should not be said.

Silence is a very powerful communication technique. Visitors should be comfortable with silence while visiting with residents. At times, the physical presence of another person is all the reassurance and comfort that a resident needs.

## **V. Communication Tips For Selected Groups**

The categories of individuals which follow are frequently encountered in a typical nursing facility. They also represent residents who may often receive minimal conversation due to their special needs. Some of these residents may seem almost invisible because of their inability to express themselves in an articulate manner. To communicate with these residents takes patience, practice, energy, and time, but the results are well worth the effort.

### **A. Hearing Impaired**

A discussion of hearing loss and some tips for communicating with hearing impaired individuals is included in Module 2, under "Biological Aspects of Aging." In addition to those tips, there are a few other reminders.

1. Find out if the resident has ever worn a hearing aid. If the resident has and the hearing aid isn't visible, find out if it is in the resident's room, at the nurses' desk, or somewhere else. Ask why the resident isn't wearing the hearing aid.

2. If the person wears a hearing aid and still has difficulty hearing, check to see if the hearing aid is in the person's ear. Also check to see if it is turned on, adjusted, and has a working battery. If these things seem to be fine and the resident still has difficulty hearing, find out when the resident last had a hearing evaluation.

3. Wait until you are directly in front of the person, you have that individual's attention, and you are close to the person before you begin speaking.

4. Be sure that the individual sees you approach; otherwise your presence may startle the person.

5. Face the hard of hearing person directly and be on the same level with him/her whenever possible.

6. If you are eating, chewing, or smoking while talking, your speech will be more difficult to understand.

7. Keep your hands away from your face while talking.

8. Recognize that hard of hearing people hear and understand less well when they are tired or ill.

9. Reduce or eliminate background noises as much as possible when carrying on conversations.

10. Speak in a normal fashion without shouting. See that the light is not shining in the eyes of the hearing impaired person.

11. If a person has difficulty understanding something, find a different way of saying the same thing, rather than repeating the original words over and over.

12. Use simple, short sentences to make your conversation easier to understand.

13. Write messages if necessary.

14. Allow ample time to converse with a hearing impaired person. Being in a rush will compound everyone's stress and create barriers to having a meaningful conversation.

## **B. Deaf**

Communicating with residents who are deaf is similar to communicating with the hearing impaired.

1. Ask staff how they communicate with the deaf resident.

2. Write messages if the resident can read.

3. Use a picturegram grid or other device with illustrations to facilitate communication.

4. Be concise with your statements and questions.

5. Utilize as many other methods of communication as possible to convey your message.

6. Allow sufficient time to visit with the resident without having to be rushed or under pressure.

## **C. Visually Impaired**

Although the visually impaired person can still hear, adaptive measures can aid communication. More information about visual impairments can be found in Module 2,

under the subsection, “Biological Aspects of Aging”. The following suggestions are ways to improve communication with a visually impaired person.

1. If you are entering a room with someone who is visually impaired, describe the room layout, other people who are in the room, and what is happening.
2. Tell the person if you are leaving. Let her know if others will remain in the room or is she will be alone.
3. Use whatever vision remains.
4. Allow the person to take your arm for guidance.
5. When you speak, let the person know whom you are addressing.
6. Ask how you may help: increasing the light, reading the menu, describing where things are, or in some other way.
7. Call out the person’s name before touching. Remember that touching lets a person know you are listening.
8. Allow the person to touch you.
9. Treat him/her like a sighted person as much as possible.
10. Use the words see and look normally.
11. Legal blindness is not necessarily total blindness. Use large movement, wide gestures and contrasting colors.
12. Explain what you are doing as you are doing it, for example: taking notes, looking for something, putting the wheelchair away.
13. Describe walks in routine places. Use sound and smell clues.
14. Encourage familiarity and independence whenever possible.
15. Leave things where they are unless the resident asks you to move something.

#### **D. Aphasics**

Aphasia is a total or partial loss of the power to use or understand words. It is often the result of a stroke or other brain damage. Expressive aphasics are able to understand what you say; receptive aphasics are not. Some victims may have a bit of both kinds of impediment. For expressive aphasics, trying to speak is like having a word “on the tip of your tongue” and not being able to call it forth. Some suggestions for communicating with individuals who have aphasia follow.

1. Be patient and allow plenty of time to communicate with a person with aphasia.
2. Be honest with the individual. Let him/her know if you can’t quite understand what s/he is telling you.
3. Ask the resident and the staff how best to communicate. What techniques or devices can be used to aid communications?

4. Allow the aphasic to try to complete her/his thoughts, to struggle with words. Avoid being too quick to guess what the person is trying to express.
5. Encourage the person to write the word s/he is trying to express and read it aloud.
6. Use gestures or pointing to objects if helpful in supplying words or in adding meaning.
7. A picturegram grid is sometimes used. These are useful for “fill-in” answers to requests such as, “I need” or “I want.” The resident merely points to the appropriate picture.
8. Use touch to aid in concentration, to establish another avenue of communication, and to offer reassurance and encouragement.

### **E. Persons with Alzheimer’s or Related Disorders**

A number of suggestions for communicating with confused residents are given in Module 2. There are a few additional tips for talking with someone who has Alzheimer’s or a related disorder.

1. Always approach the resident from the front, or within the resident’s line of vision, no surprise appearances.
2. Speak in a normal tone of voice and greet the resident as you would anyone.
3. Minimize hand movements that approach the other person.
4. Avoid a setting with a lot of sensory stimulation, like a big room where many people are sitting and talking, a high traffic area, or a very noisy place.
5. Be respectful of the person’s personal space and observant of his reaction as you move closer.
6. If the person is a pacer, walk with her, in step with her while you talk.
7. Use distraction if a situation looks like it might get out of hand -- for example, if a resident appears about to hit someone, or if a resident seems to be going outside of the nursing facility grounds.

### **F. Unresponsive or Withdrawn Residents**

Communicating with unresponsive residents is usually very difficult for most people because they receive no feedback. You don’t know if your message has been received or what the other person’s reaction to it is. Unresponsive residents are individuals who seem incapable of giving a verbal or nonverbal response. These may be residents who are comatose or seem that way; who are withdrawn and don’t acknowledge your presence; who seem to be completely in a world of their own; or for whom no effective method of communication has been found. Sometimes unresponsive residents have shocked their visitors by saying a few words or by giving a clear response after weeks of no obvious response. Although there is no one, correct way to visit with these residents, there are a few tips to remember.

1. Be sure to visit unresponsive residents. If a resident is difficult for you to visit, other people may not visit that resident either for the same reasons you have difficulty. These residents are often the least visited, and receive the least stimulation, of all the resident population. Thus, they may be among those individuals most in need of a visit.



. Be present for the resident on a routine basis. If possible, hold the resident's hand or give a pat on the arm while verbally introducing yourself.

3. The visit may be short. You may only state your name, the purpose of your visit, and stay for a few minutes of silent companionship.

4. While visiting the resident, observe the resident's appearance. What kind of care does it seem the resident is receiving? Do you notice any changes in the resident's appearance from one visit to the next?

5. If appropriate, try different kinds of sensory stimulation as well as different conversational topics to see if something "strikes a chord" of responsiveness in the resident. You might bring music, a feather, a carpet square, or a bright picture to try.

### **G. Language Differences**

With the rich diversity of languages and cultures the United States has attracted, it comes as no surprise that ombudsmen frequently face communicating with older persons who speak a foreign language. Unless the Ombudsman happens to speak that particular foreign language, an interpreter will be needed to help translate. Resources for interpreters include members of the resident's church, members of an ethnic social club, foreign language department at the university, and foreign students attending a university.

If you use an interpreter:

1. Review rules of confidentiality with them.
2. Inform them that they must translate word for word—do not put into own words.
3. Inform them that they may be called to testify in a hearing, if necessary.
4. Remind them they must remain neutral.
5. Consider tape recording for second interpreter, if necessary.
6. If taping, make sure to get the resident's expressed permission on tape.

### **H. Care Providers**

Much of an ombudsman's work is spent communicating with residents of nursing facilities. An ombudsman also needs to communicate effectively with care providers. When communicating with care providers, remember the tips that follow.

1. Clearly explain the nature of your role: why you are there, what you'll be doing, what they can expect from you.
2. Be sure to acknowledge the good work that providers do.
3. Remember that care providers are very busy. Be respectful of the demands on their time. Be concise with your communication.

## **VI. Listening**

What is verbalized in communication is only one side of the coin. The other side is listening. Concentrate on improving your listening skills as you become an experienced

ombudsman. You will experience many rewards from developing this skill as well as obtain better information on which to judge situations.

Active listening is the act of hearing and responding both to the content and to the feeling of what is being said. Words are often a cover up of what people feel. Most of us have learned to use words to protect ourselves. Learn to listen for the feelings that are behind those words.

For example, in the statement: “I don’t want my dinner,” the content is simply the information stated about the speaker not wanting dinner. The feeling could be that the speaker is not happy about something, dislikes the food, or wishes to register a protest about something by not eating dinner.

Employing an active listening strategy, one would respond to the emotional content of the message. For example, one could respond to the feeling behind what was said by saying something like, “It sounds as if you’re not happy with the food here,” or “You must be upset about something.”

A second aspect of active listening is feedback. With this listening strategy, you are making statements that confirm that you are listening and encouraging the speaker to go on. Feedback is an excellent way to confirm that the information you are receiving is an accurate representation of what the sender of the information intend you to receive.

Some useful phrases for building understanding and receiving feedback are: “You seem really...” (identify the feeling); “From your point of view...”; “If I understand what you’re saying...”; “I’m not sure I understood you, you mean...?”; “How do you feel about...?”; “Do you mean...?”

Active listening is a very effective communication tool. Using this listening strategy is helpful when you wish to convey that you are interested in what is being said, show that you understand what the other person is saying and feeling (not necessarily that you agree but that you hear and understand), help the speaker explore all angles and come up with her/his own answers, and encourage the other person to keep talking.

However, active listening is not always appropriate. For instance, you would not use it when you don’t have time to listen or when seeking specific information. If the speaker is only imparting or asking for information, there is no. need for active listening.

## **VII. Barriers To Communication**

No one likes to hear bad news, sad news. Sometimes a remark or information about situation is personally threatening to the ombudsman because of the memories or fears they evoke. Nevertheless, the ombudsman role means that you will sometimes hear residents discuss all of the above. Your response can erect a barrier to communication or it can open the door to understanding and trust. It can mean the difference in being effective as an ombudsman or being ineffective. In fact, the way you respond will make the difference in whether or not residents confide in you. Some barriers to communication and examples follow.

### **1. Changing the subject when the topic is uncomfortable for you:**

If a resident wants to talk about death and dying or about how much he misses his wife, don’t change the subject because you find the topic morbid or depressing.

If a resident wants to express her anger towards her daughter and hearing this makes you uncomfortable because you know the daughter, your role as an ombudsman is to listen and hear the resident's position. You ARE NOT in a position to defend the daughter. If ever you have a case where you cannot maintain an objective perspective, refer the case to someone else and excuse yourself.

## 2. Offering false hope, reassurances, or platitudes.

When a resident says she hopes her doctor (son, daughter, etc.) comes soon, refrain from saying, "I'm sure he will." Be positive about the statement you make before you open your lips.

A resident tells you, "I hope I get over this problem soon; I don't know what I will do!" Don't say, "I'm sure everything will work out fine." Also avoid statements like, "Don't think about things like that."

## 3. Glossing over information the resident shares with you about the facility or about her treatment. Avoid "tuning out" or selectively hearing problem statements.

If a resident says, "they don't treat me very well, but I'm managing to take it one day at a time." Don't respond, "Well, you know they have a big job to do and can't please everyone."

If a resident says, "I never get bathed and dressed in time for the morning craft class." Don't reply with a statement like, "I'm sure the nursing assistants work as fast as they can. This is a big facility and someone has to be at the end of the schedule." Such a statement might impart a sense of futility to the resident.

## 4. Assuming the role of "neighborhood friend" when the resident is revealing personal information

If a resident describes her physical problems, do not say, "My grandmother had that and ..." (discuss your grandmother's condition).

If a resident confides in you, do not respond, "I know what you're talking about," and proceed to tell the resident all about your situation. That kind of response does not pick up on what is important to the resident; instead, it shifts the focus of the conversation to you and consumes valuable time in the nursing facility.

## 5. Letting the administrator or staff monopolize your time:

Although cultivating a good, working relationship with the administrator and staff is very important, you are in the facility to visit the residents. Nursing facility personnel can, either consciously or unconsciously, consume much of your time. Be sure your visits with personnel are purposeful, not just friendly chat sessions unrelated to your mission in that facility, to avoid severely limiting the amount of time you have with the residents.

One or more of these five barriers may be very natural and easy to slip into without being aware of what you are doing. Some of these represent ways we have of protecting

ourselves or of controlling the conversation. They may also be representative of the way you typically visit with a friend. These can work in friendship relationships but are not appropriate for your role as an ombudsman. Employ active listening and/or some of the nonverbal techniques, especially touch and silence, to respond to situations like the above examples.

As an ombudsman, your visits are to be purposeful with the resident as the focus. Your communication skills will either act as a barrier to working with residents or your skills will greatly facilitate that work.

As you listen to residents and observe their care, be very attentive, sensitive to what you see and hear. As an ombudsman you are in a unique position to educate residents regarding their rights and services to which they are entitled. You also have a responsibility to observe the overall care that the facility provides. To do this requires: having the rapport of a good friend with residents, using active listening skills and remaining alert to clues you see and hear. Here are some examples of listening for clues that may point to an underlying problem/concern or for opportunities to provide information.

In the course of a conversation, a resident says, "I used to complain about always having cold coffee, but I don't anymore. That's something I'll have to learn to live with. I guess I really shouldn't expect the service here to be like a restaurant."

An ombudsman might ask: "What happened when you complained about having cold coffee?" This might be a time to explore: the coffee service, the way the facility responds to complaints, and underlying concerns the resident might have regarding the quality of services in general.

As you visit, you notice that a resident seems unusually tired. She says that she was up most of the night, giving her bedbound roommate water, calming her fears, and trying to get her to sleep. She says she doesn't know what would happen to her roommate if she didn't take care of her.

As an ombudsman, you could inquire about the nursing service at night, the resident's sense of responsibility for her roommate, the resident's desire to transfer to another room where she might get more sleep, any underlying concerns the resident might have regarding the care she would receive if she were bedbound.

If a resident tells you a story, listen carefully and try to determine why the resident chose this time to tell you. Is the resident merely sharing a bit more of herself with you? Is the resident trying to draw a parallel to some aspect of nursing facility, life? Remember to solicit feedback before you reach any conclusions about the purpose of the story!

As an ombudsman, make a conscious effort to continually LISTEN and OBSERVE while you are inside the nursing facility. These skills take time, energy and practice, but they make a critical difference in your effectiveness as an ombudsman.