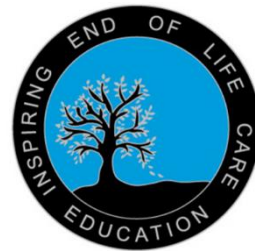


Raising Awareness of Communication Skills in End of Life Care



Learner Resource

NAME:

WORKBASE:

DATE:

Communication Skills in End of Life Care Learning Outcomes Awareness Level

- Understand how to communicate with people, on day-to-day matters, in a timely and appropriate manner
- Understand the process that leads to effective listening and information giving, including the importance of non-verbal communication
- Understand how to reduce barriers to effective communication, including environmental, personal and social factors
- Recognise how culture and ethnicity can influence communication styles, expectations and preference
- Understand the emotional impact on people and their families who are living with a life-limiting illness and how that influences communication
- Understand how to accurately report and/or record work activities according to organisational procedures
- Understand the importance of confidentiality, knowing how/when to disclose information to colleagues, patients and their families
- Reflect on their limitations with regard to communication and involve appropriate colleagues as necessary

Introduction

The importance of effective communication is generally recognised in all health and social care settings and relationships – it is part of everyday practice but has special significance in caring for people at the end of their lives.

Evidence shows that poor communication in end of life care can leave individuals feeling distressed, have a negative effect on symptom control and often lead to complaints about the quality of care. Additionally insufficient training and lack of confidence when communicating with people in our care and their families can contribute to stress, lack of job satisfaction and emotional burnout in health and social care workers.

When a person is living with a serious or life-threatening illness and is nearing the end of life, good communication skills are key to giving support, discussing their situation and conveying information about treatment options, including palliative care. Good communication can help ease pain and distress and can also help discussions regarding treatment and future wishes. Good communication can also convey respect, empathy and genuineness.

This workbook may be used as a stand-alone resource or to consolidate knowledge, prior to undertaking taught sessions at introductory and/or intermediate level, as outlined in the End of Life/Palliative Care Communication Skills Framework for Cornwall.

Definitions

Communication is the way in which we connect and interact with those around us - it is a two-way process, involving the exchange of information between two or more people. There are many different ways in which people communicate with each other for example: face-to-face, telephone, email. Being able to communicate effectively with individuals in our care, their families and our professional colleagues is an important skill in palliative and end of life care.

Palliative Care is an approach that improves the quality of life of individuals, their families and friends, as they face the problems associated with life threatening illness or very old age. By early intervention and high quality assessment, suffering, whether physical, psychological, or spiritual, is prevented, reduced or relieved. It:

- Provides relief from pain and other distressing symptoms
- Affirms life and regards dying as a normal process
- Intends neither to hasten or postpone death
- Integrates the psychological and spiritual aspects of patient care
- Offers a support system to help patients live as actively as possible until death
- Offers a support system to help the family cope during the patient's illness and in their own bereavement
- Uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated
- Will enhance quality of life and may also positively influence the course of the illness
- Is applicable early in the course of the illness in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better manage distressing clinical complications

(World Health Organisation 2002)

End of life care (EoLC) includes all elements of support to people approaching the end of their lives. In addition to the highly-skilled and focussed care and support that may be provided by those working as palliative care specialists, all the other significant support that is given needs to take on a different focus and perspective to accommodate this stage of life. It encompasses the management of all symptoms and provides psychological, social, spiritual, and practical support.

Communication Skills in End of Life Care

Although the benefits of good communication may seem obvious, health and social care workers often describe talking to people about death, the dying process and other sensitive issues as difficult, awkward or uncomfortable. There are many possible reasons for this – some common ones include:

- The subject can be taboo and not normally talked about
- Fear of dealing with strong emotions
- Fear of saying the ‘wrong thing’ or upsetting the person
- Not knowing enough
- The finality of the subject matter
- What is communicated is often ‘bad news’
- The role can be unfamiliar to the worker

Providing care and support to people at the end of their lives can be hard for health and social care workers - those in our care may be very ill, weak or tired and have high levels of distress. Often just being there for the person and their family is enough – demonstrating that we have time to listen, that we value them as individuals and want to try and help.

Activity 1 – Reflecting on Effective Communication

Make a list of all the different types or groups of people that you communicate with in your work place

Try to think of an occasion when you have felt misunderstood or not listened to – what went wrong – how could it be improved?

Try to think of an occasion when your message has been understood – how did you feel – what made communication effective?

First Impressions

It may be a cliché but first impressions do count - they can influence the relationship we have with people and can be very difficult to change - people form an opinion of us within 10 seconds of meeting us – this is based on the image we present, a combination our appearance and behaviour. The first impression that a person has of you will also reflect on the organisation you work for and other colleagues the person may have contact with.

6 QuickTips for making a great first impression...

- Smile
- Greet the person immediately and by name, if you know it
- Ask “how can I help?” or “is someone looking after you?”
- Acknowledge emotion
- Pay attention
- Give eye contact

Activity 2 – How would you feel?

You are attending an out-patient appointment in an unfamiliar clinic. You approach the Reception Desk which is behind a glass screen – there are two women who are talking to each other – they appear to see you waiting but carry on their conversation. You clear your throat and say ‘excuse me, I’m here for the out-patient clinic’. Without looking at you one of the women says ‘which doctor?’ You reply ‘Dr Brown, I think’. The woman gestures to her left and says ‘third door on the right’ and carries on her conversation.

How does this scenario make you feel?

What would you do handle this situation if it were your workplace?

Would you feel confident to challenge colleagues behaving in this way in your workplace?

Turning the negative into positive...

Creating a negative impression	Creating a positive impression
"I don't know"	"Let me find out for you"
"I'm new here"	"Although I'm new, I'll get someone to help you"
"I just got here"	"How may I help you?"
"we haven't got it"	"If I can't help you, I'll find someone who can"
"I don't think I can do that"	"I'll do what I can to help"
"There's nothing I can do – it's policy"	"The policy is designed to protect your privacy/safety, but here's what I can do to help"
"I don't have anything to do with your problem"	"here's what I can do to resolve your problem"

Barriers to effective communication skills in End of Life Care

Barriers to communication may be defined as aspects or conditions that interfere with the successful exchange of thoughts or ideas – when caring for or supporting individuals at the end of their life we need to learn how to recognise barriers and wherever possible minimise them. Some of the barriers to communication are fairly easy to overcome once we are aware of them, others will present more of a challenge in a busy workplace.

These barriers may be specifically related to an individual's illness – often in degenerative or terminal illness giving and receiving information becomes more of a challenge, especially during long conversations – issues may include pain, nausea, poor concentration or sheer exhaustion. The person may have conditions that affected their communication prior to becoming ill, such as hearing impairment or learning difficulties. Other issues that can make communicating with the individuals we support include language barriers – which may be not speaking the same language and having differences in understanding – care should be taken not to patronise or confuse the person we are talking to, so it is important that we are aware of their current level of understanding and ability to communicate.

As health and social care workers there will be times when we unintentionally (or intentionally) put up barriers to communication – it is important to recognise limitations to your confidence and competence. There are times in our own lives when we feel more vulnerable and in need of support ourselves – self-awareness and seeking support from our colleagues when we need it are necessary skills too.

Our physical environment can also be a barrier to communication – individuals and their families may feel inhibited by a clinical environment, there may be background noise or interruptions that make effective communication difficult. We cannot control all aspects of our working environments, but being mindful of the small things we can change will make a big difference.

Some common barriers to communication are listed below – what others can you add?

Patients & Families	Health & Social Care Workers
<ul style="list-style-type: none"> • Misunderstandings • Tiredness/fatigue • Biases • Lack of knowledge about death • Changes to family roles • Lack of support/coping mechanisms • Physical & emotional depletion • Strong emotions • Differences in values, beliefs & cultures 	<ul style="list-style-type: none"> • Personal/professional experiences with illness and death • Fatigue, psychological and emotional stress • Fears of own mortality • Lack of education • Fear of emotion – own & others • Personal beliefs • Fears of being the ‘messenger’ • Unrealistic expectations • Inconsistent approach – mixed messages • Depth of relationship with person being cared for • Fears and uncertainty of diagnosis/prognosis
Environmental	
<ul style="list-style-type: none"> • Time constraints • Staff shortage • Lack of privacy • Interruptions 	

Activity 3 – Overcoming Barriers to Effective Communication

What barriers to effective communication can you identify in your workplace

What steps can you personally take to overcome or minimise the impact of them?

Non-Verbal Communication

Non-verbal communication or body language is a vital form of communication – when we interact with others, we continuously give and receive countless messages and impressions without using words. The non-verbal messages we send either produce a sense of interest and trust – or they can they generate disinterest, mistrust and confusion. We can learn to give positive messages through our body and it is important that the messages we give with our bodies match the messages we are giving with our words. All our non-verbal behaviours – the gestures we make, the way we sit, how fast or loud we talk, how close we stand, how much eye contact we give – send strong messages. The way we listen, look, move and react tells the other person whether or not we care and how well we're listening.

Activity 4 – What we don't say

Write down all the methods of non-verbal communication that you can think of

What non-verbal signs may a person give if they want a conversation to end?

S	sit down	The general rule is to keep our eyes level with those of the person we are talking to – this will often mean sitting down next to the person – standing over someone may appear to be authoritarian, threatening or confrontational.
O	open posture	Try to appear relaxed – crossing your arms or legs may be seen as 'closing off' our mind as well as our body
F	forward leaning	This demonstrates involvement and interest – don't over do it though!
T	territory – personal space	One metre is generally accepted as a 'comfortable' distance – closer than this may make the person feel 'trapped' especially if they are in bed or unable to move away – further away than this may seem impersonal or too formal - this will vary according to the situation
E	eye contact	Keep it appropriate – staring can seem aggressive or threatening – frequently looking away or looking down can give the impression that we are bored or anxious
N	nod – acknowledgement and/or agreement	This shows that you are paying attention, following the conversation and prompts further discussion

Active Listening

One of the most important elements of communication is listening. Remember, there is more to listening than just not talking – we need to actually hear what is being said and try to understand the meaning or emotion behind the words. Active listening is not easy, but is a skill that can be learnt and developed – like any skill it gets better by practising it!

Activity 5 - Listening Awareness Check

To see how effective you think you are in practicing good listening techniques, answer these questions about yourself within your workplace – remember be ruthlessly honest with yourself!!

	ALWAYS	USUALLY	SOMETIMES	NEVER
Do you let people finish what they're trying to say before you speak?	4	3	2	1
If the person hesitates, do you try to encourage him/her, rather than start your reply?	4	3	2	1
Do you withhold judgement about the person's idea until he/she has finished?	4	3	2	1
Can you listen fully even though you think you know what they are going to say?	4	3	2	1
Can you listen non-judgementally even if you don't like the person you are talking to?	4	3	2	1
Do you stop what you are doing and give your full attention when listening?	4	3	2	1
Do you give the person appropriate eye-contact, head-nods and non-verbal cues to indicate that you are listening?	4	3	2	1
Do you listen regardless of the person's manner of speaking (i.e. grammar, accent, choice of words)?	4	3	2	1
Do you ask questions to clarify the person's meaning?	4	3	2	1
Do you repeat or paraphrase what the person has said and ask if you've got it right?	4	3	2	1

TOTAL SCORE:

36 – 40	Outstanding Listener	30 – 35	Good Listener – keep your attention focussed
26 – 29	Need some work - concentrate on areas for improvement	0 – 25	Improvement needed

What we actually say

One of the most important things to remember is, that it is often not **what** we say, but **how** we say it that has the greatest impact on the person we are communicating with – studies show that the actual words and content of what we say accounts for less than 10% of the impact of our communication with others.

7 QuickTips

- Try to establish what the person knows
- Use empathy
- Acknowledge emotion
- Be aware of blocking
- Avoid jumping to conclusions or making hasty judgements
- Resist feeling that you have to solve the problem – refer on if necessary
- Avoid misleading reassurances
- Be prepared to repeat yourself...

Our speech also contains non-verbal elements known as 'para-language' – this refers to the tone, pitch and pacing of our voice, as well as voice quality, emotion and speaking style – studies show that accounts for around 40% of what is communicated to someone. The words we say can carry an entirely different meaning from the emphasis we put on certain words and our tone of voice.

Activity 6 – I didn't say you were stupid!

How does the emphasis change the meaning of this statement – can you identify 3 other meanings by changing the emphasis?

"I didn't **SAY** you were stupid."
"I didn't say **YOU** were stupid."
"I didn't say you were **STUPID**."

3 QuickTips

- When we are angry or excited, our speech tends to become more rapid or higher pitched
- When we are feeling bored or unhappy our speech tends to slow down or become less expressive in quality
- When we are feeling defensive or anxious our speech tends to become abrupt

Silence plays an important role in the way we communicate – sometimes knowing when **not** to say anything is as significant as what we say and how we say it. A prolonged silence can make us feel uncomfortable, but it is often an opportunity for us and the person we are communicating with to think – try to avoid the temptation to fill silences with small talk. Allowing time for quiet reflection and just being with a person gives a powerful message – especially in a busy workplace or schedule. If you need to break the silence, a useful approach may be to ask the person what they were thinking about – but there is no rush!

There are no hard and fast rules – there isn't a 'right' set of words, approaches or attitudes that will work in every situation - every person needs to be treated individually, which means exercising sensitivity, as well as being open and courageous in exploring the best approach for that situation.

Some helpful phrases	Some less helpful phrases
I'm sorry... I'm sad for you How are you coping with all this? I don't know why it happened What can I do for you? Please tell me what you are feeling What's the hardest part It isn't fair, is it? Take all the time you need Thanks for sharing your feelings	I understand how you feel It was God's will You're still young At least you have your other ... You can always remarry It's time to put it behind you now He/she has led a full life You ought to feel better by now You should be grateful for... You can always get another...

The importance of confidentiality

Family and friends may assume that you will pass information on to them – it is essential that we do not make assumptions about what they know already or have been told. Although it is important that families feel included and well-informed, always ensure that you have gained the person's consent before any information is shared. If the person does not give consent, their right to confidentiality must be respected – always remember to document conversations and report any concerns you may have to your supervisor or line manager.

The consideration of culture in communication

In this context a useful definition of culture may be:

'The system of shared beliefs, values, customs, symbols and behaviours that members of a society use to cope with their world and with one another, and that are transmitted from generation to generation through learning'

Our cultural beliefs and practices affect the way in which we experience significant life events including birth, marriage, illness and death. Appreciating and recognising any cultural differences will make life easier for the person you are supporting, their family and you, as a health or social care worker. Getting the basics right may include understanding how a person's cultural beliefs affect their perception of gender roles and the way in which we address them. Our culture may affect the way that we interpret touch and contact from others, eye-contact and proximity – what is appropriate to us, may be deemed inappropriate or offensive in some cultures.

In summary...

The principles of effective communication may be summarised as follows:

- Introduction and appropriate greeting
- Mutual respect
- Listening
- Giving each other space
- Avoiding distractions and interruptions
- Maintaining appropriate eye contact
- Setting – right place, right time, right people present
- Consideration for privacy, dignity, confidentiality & cultural diversity

Activity 7 - Your role and the individuals you care for and support

What skills do you need to be able to listen to people talking about sensitive issues?

What skills do you need to talk about difficult issues?

How do you give a person the opportunity to talk about things – to show you are listening?

Inevitably there will be occasions when we don't know what to say and there will be questions that we're not sure how to answer. It is difficult to listen to someone else's pain and distress – it can raise strong emotions or fears in us as health or social care workers. The ideal scenario is where we feel able to create the conditions where a person feels at ease to open up and where we feel better about handling difficult or sensitive situations.

6 Quick Tips in summary...

- Be yourself
- Listen to what is being said
- Acknowledge the pain – 'it must be very difficult for you'
- Be sensitive
- Be self-aware and don't be afraid of seeking support from colleagues
- You may think you haven't done much – but often people just feel better for talking

If you need clarification on how this resource applies to you and/or your work role, please discuss with your line manager or supervisor