

## Barriers to Communication

There are many potential barriers to communication that must be recognized by those involved—especially those in supervisory positions.

Possible Barriers:

**1. Symbols or words that have different meanings.**

Some words mean different things to people depending on background or culture. A large amount of terminology is used in the hospital and misunderstanding is often the cause of problems. (Example: A young radiologic technologist is unaware that supine abdomen x-rays were once called flat plate of the abdomen.)

**2. Different values within the group.**

Everyone has their own value system and many do not recognize the value of others. (Example: Supervisor may speak with staff about penalties for being late for work. Some students may not value the need to be on time, and may not actively listen to what the supervisor is talking about.)

**3. Different perceptions of the problem.**

Problems exist in all groups, organizations, and businesses. Problems differ depending on the individual's perception of the problem.

**4. Emphasis on status.**

If people in power or higher superiority in the organization consistently remind others of their station, communication will be stifled. Students may hesitate to tell you problems or concerns if you overemphasize your superiority and appear threatening.

**5. Conflict of interest.**

People may be fearful of change or worried that the change will take away their advantage or invade their territory. This fear may cause people to block communication.

**6. Lack of acceptance of differences in points of view, feelings, values, or purposes.**

Be aware that people have different opinions, feelings, and values. People must be allowed to express feelings and points of view. Accepting input from others promotes growth and cooperation.

**7. Feelings of personal insecurity.**

Be aware that it is difficult for people to admit feelings of inadequacy. People will not offer information for fear that they may appear ignorant, or they may be defensive when criticized. This may cause difficulty when trying to work with these individuals.

# Guidelines for Communicating with People with Disabilities

There are no strict rules or regulations regarding communicating with people who have disabilities. These guidelines are an attempt to help increase understanding and to clear up misconceptions.

## 1. Attitude

- X Your attitude matters! One of the greatest barriers people with disabilities face is negative attitudes and perceptions of those with disabilities.
- X Sometimes those attitudes are deep-rooted prejudices, based on ignorance and fear. Sometimes they are just unconscious misconceptions that result in impolite or thoughtless acts by otherwise well-meaning people.
- X Negative attitudes form an obstacle to acceptance and full participation in society for people with disabilities.

## 2. Disability

- X Most people think you are either disabled - or you're not. The truth is that disability is a continuum.
- X At one end are perfect people, and there aren't many of those around. On the other end are people with severe impairments.
- X Most of us fall somewhere in between, and all of us want to be treated with respect.

## 3. Assumptions

- X Don't assume that a person with a disability needs your help. Ask before you try to help.
- X Make eye contact and talk directly to the person in a normal speaking voice.
- X Avoid talking through a disabled person's companion.
- X Don't use words and actions that suggest the person should be treated differently.
- X It's OK to ask a person in a wheelchair to go for a walk or to ask a blind person if they see what you mean.
- X Treat people with disabilities with the same respect and consideration you should show all people.

## 4. Visual Impairment

- X When communicating with someone who is blind or visually impaired, be descriptive.
- X You may have to help orient people with visual impairments, and let them know what's coming up.
- X If they are walking, tell them if they have to step up or step down, and let them know if the door is to their right or left, and warn them of possible hazards.
- X You don't have to talk loudly to people with visual impairments. Most of them hear just fine.
- X Offer to read written information for a person with a visual impairment when appropriate.
- X If you are asked to guide a person who is visually impaired, offer them your arm instead of grabbing theirs.

## 5. Speech Impairment

- X Don't pretend you understand what a person with a speech disability says just to be polite. Listen patiently.
  - X Don't complete a person's sentence unless they look to you for help. Ask them to write a word if you're not sure of what they are saying.
6. **Hearing Impairment**
- X Face people with hearing impairments when you talk to them so that they can see your lips.
  - X Slow the rate at which you speak and increase the level of your voice when talking to someone who is hearing impaired.
  - X Communicate by writing if necessary.
7. **Mobility Impairment**
- X Sit or crouch down to the approximate height of a person in a wheelchair when you talk to them.
  - X Don't lean on someone's wheelchair unless you have their permission, and only give a push when asked or if you have been granted permission.
  - X Be aware of what is accessible and not-accessible to people in wheelchairs.
8. **Learning Disabilities**
- X Don't assume that you need to explain things to someone with a learning disability. They do not necessarily have a problem with general comprehension.
  - X Don't assume a person is not listening just because you get no verbal or visual feedback. Ask them if they understand or agree.
  - X Offer to read written material if necessary.
9. **Guide Dogs**
- X Many people with visual or mobility impairments and some deaf people use guide dogs to help them compensate for their disabilities. These dogs are workers and not pets, and they have jobs to do.
  - X Always ask permission before you interact with someone's dog. Do not pet the dog or divert it from its work.

## **Barriers to Communication**

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Communication barrier – Anything that gets in the way of clear communication.

3 common barriers:

- ◆ Physical disabilities
- ◆ Psychological attitudes and prejudice
- ◆ Cultural diversity

**PHYSICAL DISABILITIES** may include:

- Deafness or hearing loss
- Blindness or impaired vision
- Aphasia or speech disabilities

To improve communication with the hearing impaired:

1. Use body language such as gestures and signs.
2. Speak clearly in short sentences.
3. Face the individual to facilitate lip reading.
4. Write messages if necessary.
5. Make sure hearing aids are working properly.

To improve communication with the visually impaired:

1. Use a soft tone of voice.
2. Describe events that are occurring.
3. Announce your presence as you enter a room.
4. Explain sounds or noises.
5. Use touch when appropriate.

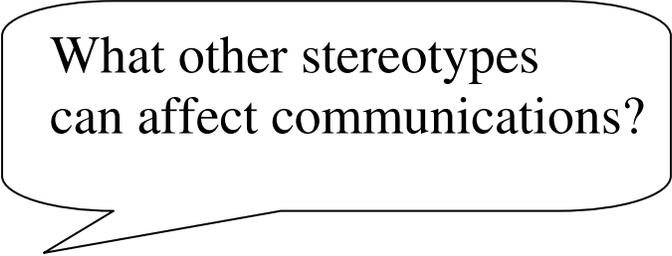
What about someone with aphasia or speech impairments?

- They have difficulty remembering the correct words, may not be able to pronounce certain words, and may have slurred speech.
- The health care worker must be patient
- Allow them to try and speak
- Encourage them to take their time
- Repeat message to assure accuracy
- Encourage them to use gestures or point to objects
- Provide pen and paper if they can write
- Use pictures with key messages to communicate

PSYCHOLOGICAL barriers are often caused by:

1. Prejudice
2. Attitudes
3. Personality

Stereotypes such as “dumb blonde” or “fat slob” cause us to make snap judgements about others that affect the communication process.



What other stereotypes can affect communications?

*Health care workers must learn to put prejudice aside and show respect for all individuals. Is that possible?*

Do ALL patients have the right to quality health care?

Health care workers should:

- Allow patients to express their fears or anger
- Encourage them to talk about their feelings
- Avoid arguing
- Remain calm
- Talk in a non-threatening tone of voice
- Provide quality care

**CULTURAL BARRIERS**

- Each cultural group has beliefs and practices regarding health and illness
- Some cultures believe the body needs balance – if the body is cold, they eat hot foods.
- Some cultures believe illness is due to demons and evil spirits
- Some cultures believe health is a reward from God, and illness is punishment from God

Cultural beliefs must be respected.

Patients may practice their cultural remedies in addition to modern healthcare techniques.

Cultural diversity may interfere with communication in other ways:

1. Language differences – people who don't speak English may have a difficult time communicating. You should:
  - a. Speak slowly
  - b. Use nonverbal communication (smile)
  - c. Avoid tendency to speak louder
  - d. Find an interpreter
2. Eye contact – in some cultures, it's not acceptable, and looking down is a sign of respect
3. Terminal illness – in some cultures, the patient is NOT told his/her prognosis, and family members are responsible for making care decisions

4. Touch – in some cultures, it is wrong to touch someone on the head
5. Personal care – in some cultures, only family members provide personal care

**Respect and acceptance of cultural diversity is essential for any health care worker.**

## Recording and Reporting

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Health care workers must listen carefully AND make observations.

They use their senses to:

- See
  - Color of skin, swelling or edema
  - Presence of rash or sore
  - Color of urine or stool
  - Amount of food eaten
  
- Smell
  - Body odor
  - Unusual odors of breath, wounds, urine or stool
  
- Touch
  - Pulse
  - Dryness or temperature of skin
  - Perspiration
  - Swelling
  
- Hearing
  - Respirations
  - Abnormal body sounds
  - Coughs
  - Speech

Observations should be reported accurately – use facts and report what you saw, not the reasons.

NOT – “Mr. Ruiz is in pain.”

INSTEAD – “Mr. Ruiz is moaning and holding his side.”

Observations on a patient’s health record (chart) should be accurate, concise, and complete.

Objective observations – what was seen.

DO NOT record what you feel or think.

If a patient’s statement is recorded, use the patient’s words and use quotation marks.

Sign entries with name and title of the person recording the information.

Cross out errors neatly with a straight line, write error, and initial error.