

**EXPLAIN FACTORS THAT CAN
INFLUENCE THE BUILDING OF
POSITIVE RELATIONSHIPS IN
HEALTH, SOCIAL CARE OR
CHILD CARE ENVIRONMENTS**

INTRODUCTION

- **Two types of communication, non-verbal and the other is verbal. 93% of communication is non-verbal and this breaks down into different categories with 55% being body language and 38% being tone of voice.**
- **Body language is way a person can communicate and convey messages using their bodies. People often do it without thinking but they can be constantly dropping hints (using their bodies) about what they are thinking. Tone of voice can determine how a person is feeling as how something is said can often reveal emotion like if a person is using a loud voice and were speaking in sharp snappy sentences we can infer that this person is angry also if a person is speaking softly and has a welcoming face we can infer that they are caring.**

VERBAL COMMUNICATION

- **Only 7% of communication is verbal. Verbal communication is way of conveying messages, ideas and feelings by using your mouth and this is called speaking and verbal communication can also include words and writing.**
- **Verbal communication is important as it allows you to clearly understand messages being conveyed which non-verbal communication sometimes can't do.**
- **For example if you want to create a relationship with someone you will not be able to do this with non-verbal communication and therefore verbal communication is vital.**

NON – VERBAL COMMUNICATION

- **On the other hand, Non-verbal communication can be done through body language, facial expression, gestures and eye contact.**
- **Non-verbal communication is important as it allows you to convey significant messages in a subtle way.**
- **For example if you want some to look to the left of them without making it too obvious you can motion your eyes slightly to the left and the person who you are trying to get look should hopefully look.**
- **Also non-verbal communication is extremely important when starting to build a positive relationship as eye contact across room is one of the main ways a relationship can start.**

COMMUNICATION FACTORS

- **Verbal:** Tone and pace: The tone of voice If you talk to someone in a loud voice with a fixed tone the person you are speaking to will think you are angry with them. On the other hand, if you speak calmly and quietly with a varying tone the other person will think you are being friendly and kind. So it is important to remember that it is not just what you say, but also the way in which you say it, that matters in building positive relationships.
- **Jargon and slang:** Jargon is subject specific vocabulary for example cardiologists would use words like defibrillator as this word is specific to their profession and therefore a person listening to the conversation could feel a bit alienated as they may not understand what is being said. Consequently professionals need to be aware that individuals may not know technical terms, therefore use more appropriate language when explaining ailments, this awareness ensures building positive relationships. Slang may be misinterpreted by different groups and therefore affect the relationship

WRITTEN COMMUNICATION:

- Health and social care workers need to be able to communicate well not only with individuals using the service but with other professionals, including multi-agency working teams. This method included writing a letter to refer a individual to a different service, making a written record of a person's condition and treatment, or a prescription note.
- On written forms it is essential to make their meaning accurate and clear (and readable) and structure the information well and in an appropriate manner. It is also important that the language used is appropriate for example no text language, a professional is better keeping to formal language so the information cannot be misinterpreted, such as starting with 'Dear Sir or Madam' or, 'Dear Mr/Mrs ...' .
- Consider the issues surrounding getting written communication wrong

SPECIAL METHODS *(Get Pictures)*

- **Braille-** Braille is a way for people who have limited vision/blind to be able to read by using several raised marks (dots) to form different letters and words. Braille is a way of using touch to communicate with others and also book can be done in braille making them accessible to the blind/limited vision. For example in hospitals all the signs have braille on them meaning people who are blind/limited vision can successfully find their way around the hospital.
- **British Sign Language-** British sign language is an official language for people who are deaf. It is compiled of many hand movements which represent different letters and words meaning people who are deaf can communicate successfully. A way British sign language can be used in a health and social care setting is if a deaf person has a doctor's appointment the doctor can bring in a British Sign Language translator who will successfully be able to sign what the doctor is saying to the deaf person and what the deaf person is signing to the doctor.
- **Signs and symbols –** Universal language, can be accessed by children, and those with communication difficulties.

THEORIES OF COMMUNICATION

Gerald Egan developed a theory of communication that is helpful in one-to-one and group communication. SOLER is an acronym which breaks down into five different components which all help to improve communication.

S - Sit attentively at an angle

- It is important to sit attentively at an angle to the person who uses the service. This means that you can look at the person directly and shows that you are listening to the person seated beside you and that you are conveying interest.

O - Open posture

- It is important for a practitioner to have an open posture. This means not sitting or standing with your arms folded across your chest as this can sometimes signal that you are defensive or that you are anxious. If a practitioner has an open posture the person may be more inclined to elaborate on their concerns.

L - Leaning forward

- Also it is important that the practitioner leans forward towards the individual. This shows that you are interested in what the person is talking about. It is also possible that the person may be talking about personal issues and so may speak in a lower or quieter tone of voice. In addition you may want to convey a message in a lower or quieter tone of voice if you are seated in a public environment.

E - Eye contact

- Eye contact is important as this demonstrates that practitioners are interested and focused on the message that the person using the service is conveying. You can also develop a sense of the person's emotional state by making eye contact, therefore, enabling you to judge the extent to which the person may be experiencing difficulty.

R - Relaxed body language

- It is important to have a relaxed body language as this conveys to the person using the service that you are not in a rush. This will enable the person to develop their responses to questions in their own time.

EXAMPLE OF WHERE THE SOLER

- **Between a drug abuser and a care worker.** In this instance we can presume that the drug abuser will be very vulnerable and very erratic meaning the care worker must do their best not to alert or displease the drug abuser.
- **Therefore the care worker must follow all of the SOLER steps** like making sure to keep eye contact which will show that they care and find what the drug abuser has to say important.
- **Also it is vital that the care worker sits attentively at an angle, has relaxed body language, leans forward and has an open posture** as all these steps help relax the drug abuser making them feel welcome and comfortable.

THEORIES OF COMMUNICATION

Argyle- One-to-One situation

Michael Argyle is a social psychologist who focused on one-to-one communication and interpersonal. He performed several experiments testing communication and was able to come up with a communication cycle:

- **An idea occurs-** This is very self-explanatory, a person will think of an idea that they wish to communicate.
- **Message Coded-** You think of how you're going to communicate, what methods e.g. sign language, verbally etc.
- **Message Sent-** You then communicate through whatever method you have chosen e.g. sign language, verbally etc.
- **Message Received-** The person you are communicating with receives your message.
- **Message Decoded-** The other person then has to decode what has been said to them using their own knowledge
- **Message Understood-** The other person understands your message and interprets the information correctly.

ARGYLE'S ONE-TO-ONE COMMUNICATION CYCLE EXAMPLE

- An example of where Argyle's one-to-one communication cycle could be used in a health and social care setting could be between a care worker and a patient.
- A patient who is elderly could be meeting with their care worker might have a sore throat and the idea will occur for them to ask for a glass of water which will then be coded in their heads and the patient will then speak the idea sending the message to the care worker.
- The care worker will then receive the message, decode it and understand it and proceed to get the patient a glass of water.

CULTURAL FACTORS

- For example a Jewish individual may observe dietary requirements, such as kosher food, but choose not to observe traditions and weekly rituals like the Sabbath or Shabbat. Therefore it is important in health, social care and child care environments to understand this as a requirement and ensure kosher food is made available in these settings if requested.
- Additionally an individual may prefer to communicate in a language other than English for important discussions relating to their care, such as when discussing treatment options, this is when a translator may need to be brought in.
- Furthermore being knowledgeable about rights and laws that relate to cultural factors is so important to ensure effective relationships, such as the Race Relations Act, (unit 2).

ENVIRONMENTAL FACTORS

- **Space:** In a good situation the use of space within a room will have been taken into consideration. For example in a doctor's office it is important that the doctor and the individual are not sat too far away from each other. This allows for effective communication as what is being communicated can be heard easily. Also in many doctors' offices nowadays the doctor will often place their desk against a wall and then have the chairs for individual to sit on to the side of the desk. This ensures that there is not a big divide between doctor and individual. In a bad situation we could assume that in a doctor's office the individual and doctor are separated by a big desk. Although the desk does not prohibit communication exactly, it can make it quite ineffective as it can be perceived by the individual that the doctor sees themselves as 'high and mighty' and therefore may not want to communicate as much as they would with an office that was set out like the way describe in our good situation. Also a doctor sitting behind a big desk can appear quite intimidating which could easily worsen the situation of being told that you have a serious illness.
- **Time:** In a doctors practice there will be a timed schedule of appointments that the doctor must adhere to. In a situation like this the doctor should take into account that the individual will probably need a lot of time to process the information which could involve uncontrollable crying and complete shock in which the patient can't even move. Therefore in a good situation the doctor should make sure to not schedule any immediate appointments and allow the patient to have time to deal and cope with the information before they leave the office. In a bad situation the doctor won't take into account that the individual will most definitely need a considerable amount of time to process the information. Therefore they might continue to schedule immediate appointments and then there could be a time where the doctor has to ask the individual to leave their office as there next appointment is already running 20 minutes late.

ENVIRONMENTAL FACTORS

- An individual's experience, education and background can all affect the social environment when building positive relationships. The individuals that work or access health, social care and child care settings have diverse backgrounds, experiences and education levels as we are all different. This will affect how they interact and build relationships with others.
- For example, a health care worker who has completed their training in a hospital will learn that providing individualised care to individuals involves being kind, caring, respectful and professional (care values), this will be implemented into their own practice (education).
- An individual who has been diagnosed with depression and who has had experience of caring for another family member with depression may have developed an awareness of the importance of seeking help immediately from others and they may also be more open to participating in talking therapies and self-help techniques (experience).

SPIRITUAL FACTORS

- A person will often centre how they live their life from the values and beliefs that they have established. This shapes how they think other people should live their lives. Individuals will get their values and beliefs passed down from their family and then they will surround themselves with friends who generally share the same values and beliefs.
- Although, there can sometimes be a difference of beliefs and values and this is where problems can arise. Many times people will just presume that a person shares the same values and beliefs as they do so misunderstandings can be caused and in worse case scenarios arguments and conflicts can be caused over disagreements about who beliefs and values are the right ones.
- Overcoming the problem of different values and beliefs as a professional is vital therefore being open minded and understanding of the fact that the individual may not share the same beliefs and values is a necessity in building positive relationships not only with those that use the service but also with colleagues. Furthermore it is important that professionals don't impose their own beliefs and values onto other, this way effective communication is able to take place with conflicts avoided. In a health and social care environment such as a hospital nurses could be visiting the patients.
- When the nurses are walking around checking on and talking to patients if they are having a conversation with a patient they should try and not bring up their own beliefs and values and if the patient brings up their own (which contrasts with the nurses) the nurse should try not take offence from them and simply smile and agree to not cause any frustration or arguments.

SPIRITUAL FACTORS

- It is important to avoid assumptions and stereotyping people. This can be achieved by celebrating differences, recognising the value they bring to our lives and avoiding making assumptions and using stereotypes that can impact significantly and negatively on building positive relationships is also important. *For example it is important in a school setting to celebrate and educate the children about Diwali, Eid as well as Easter and Hanukkah.*
- Another example, a common stereotype is that people with mental health problems are dangerous therefore making it difficult for individuals to be part of their community as well as build relationships. Therefore care professionals must not stereotype individuals when in their care as well not make assumptions about their care or needs.
- Making assumptions may lead to the individual receiving care feeling patronised or belittled i.e. telling an elderly gentleman who has just moved into a care home, not to pour hot water from the kettle, as he looks frail, even though he is more than capable.

UNDER THE INFLUENCE

- When communicating with an individual who is under the influence of drugs and alcohol there are a few ways of overcoming this barrier and allowing successful communication. Firstly the professional needs to be sure that they speak clearly and slowly, this way the individual has a chance of processing what is being said to them and maybe understanding. Also be sure to give them lots of time to understand, don't just keep going from point to point and then try to keep referring back to what was said to see if they understood.
- Furthermore as they are under the influence of drugs and/or alcohol they won't be thinking clearly and can easily misinterpret non-verbal signs this makes it difficult to maintain relationships therefore it is important not to use any non-verbal communication which could appear as threatening as the individual might become quite scared or quite aggressive, thinking they are in danger. An example in a health and social care environment could be that there is individual being treated for an injury and the doctor is consulting him about it.
- When consulting him the doctor should sit down instead of standing over the individuals bed as this can appear as intimidating which can cause the individual to become either aggressive or submissive. Also the doctor should speak clearly and slowly so they avoid confusing the individual and hopefully allowing them to understand what is being communicated to them a little better. Additionally prescribed medications can affect how an individual thinks, feels and acts which again may change the individuals normal behaviour such as they may not want to interact with others again it is important to be aware of this in order to try to main positive relationships with those under the influence.

PHYSICAL FACTORS

- Conditions such as dementia or other mental ill health issue can change how an individual thinks and acts and others may misinterpret this and become upset (linking to assumptions above). This means that Mental ill health can make an individual not want to interact with other people which hinders building positive relationships, professionals just need to be indulgent and take their time building relationships additionally pain can be another factor as it can make an individual feel irritable, depressed and withdraw from relationships.
- An individual who has sensory impairments whether it is hearing or sight is understandably going to struggle when it comes to effective communication. This can be for various reasons such as a person with a hearing impairment would have to use lip reading or sign language which could easily be misinterpreted (especially lip reading.) Also as misunderstanding with effective communication can happen quite easily an individual with a hearing impairment would probably have to rely on the non-verbal communication as well which can be difficult when trying to focus on the professionals lips or hands. An individual with a visual impairment has the opposite problem when it comes to effective communication and building positive relationships. Although they will be able to clearly hear what is being conversed to them they still won't be able to sight any non-verbal communication meaning any subliminal meanings conveyed non-verbally will go unnoticed which again can cause misunderstandings hindering the relationship.

PHYSICAL FACTORS

- Before communication can even start with someone who has sensory impairments the professional will need to do an assessment of the individual communication ability and their needs this will build a positive relationship, as it is keeping the individual at the centre of the care. After this is completed they can see what the best way of communicating is and which methods should be avoided. The professional may ask the individual which method(s) of communication they would prefer by either writing it down (hearing impairment) or verbally asking (visual impairment.) For a visually impaired individual this could be verbal conversation, making sure to be clear with what is being said and not ambiguous. For a hearing impaired individual this could be sign language, lip reading or a combination of the two. An example in a health and social care environment could be carer on a routine visit to someone who is visually impaired. They will have already established the individual's preferred method of communication so it is up to the carer to maintain that chosen method. In this instance it will be verbal communication spoken clearly and without ambiguity.
- Use of alcohol and drugs. An individual who is under the influence of drugs and alcohol will certainly be unable to communicate effectively. This is because the drugs and alcohol impair a person's ability to think properly and also impairs a person's ability to understand what is being said to them. In many situations where drugs and/ or alcohol is present there will often be misunderstanding, frustration, anger and even sometimes conflicts can happen.

PHYSICAL FACTORS

- Physical disability such as an individual who uses a wheelchair, possibly due to becoming paralysed from a car crash, or having to have a limb amputated due to the crash. As this is a sudden change to the individual's body, they may be experiencing depression due to their change in image, and may not want to build relationships as they feel self-conscious. Furthermore the individual who has paralysis may need help moving and feel like a burden on others and this may change their interactions with others, again hindering positive relationships.
- Language and perception needs such as those diagnosed with autism, or those who speak English as a second language, or may experience learning disabilities can all hinder the development of effective positive relationships. A person who has autism may feel frustrated and have difficulty developing relationships with others this may be due to the fact they do not understand communication norms, such as making eye contact. Those individuals who speak English as a second language can affect how they express their thoughts and feelings, leading to misunderstandings. Moreover a person with a learning disability may feel frustrated and embarrassed about being treated like a child, due to previous experience of those making assumptions.