

**OBJECTIVES:**

- *General communication concepts
- *Communication beyond the spoken word

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References:

NCDHHS/DHSR/HCP
EC | Home Care Aide
Curriculum | July 2021
Module 11,
Communication

NC DHHS State-
approved Curriculum
Nurse Aide I Training
Program
MODULE T
Dementia and
Alzheimer's Disease

Good listening is essential to clear, effective communication.

COMMUNICATION

Communication is the process of exchanging information through sending and receiving messages using signs, symbols, words, drawings and pictures. Effective communication is essential in the day-to-day interaction between In-home aide's and their clients, client's families, and their supervisor(s). We are always communicating, even if we are not talking. We communicate messages that we may not even be aware. Communication is a two-way process of sending messages and receiving them. People may think you are communicating one thing when you really mean to communicate something else according to how the communication is interpreted.

Much of our communication happens with body language. Body language refers to our gestures, body movements, tone of voice, eye contact, touch, and not our words. For example, if someone welcomed you into their home with warm words but had their arms folded tightly across their chest and a frown on their face, the verbal and nonverbal messages do not match. Often the nonverbal message is the one that is remembered. The most important part of communicating with clients and families is ***listening. Not being listened to, or being listened to in an inattentive manner, feels hurtful and unhelpful.*** Good listening is essential to clear, effective communication. When people listen with their full attention, they remember and understand more of what is being communicated. Active Listening is listening to someone without interrupting, asking questions to make sure you understand what they are saying, repeating back to the person what you thought you heard them say and what you think they mean, eye contact (also consider cultural differences in which direct eye contact may not be desired) and paying attention without distractions. Listening is essential to the communication process. Good listening involves the use of eyes, ears, and feelings. It takes energy, concentration, and effort to be a good listener. You must decide you want to be a better listener to develop and improve your listening skills. Listening for feeling is also important. Being listened to attentively feels caring and helpful to a speaker. Not being listened to, or being listened to in an inattentive manner, feels hurtful and unhelpful.

Since people often respond to body language rather than to words, it is necessary to become aware of your own body language and learn to use this type of communication more effectively. When we communicate, we are constantly using body language and at times, the body language may not match the spoken word (example is someone saying they are not upset when they have a scowl on their face, roll their eyes and stand rigid with their arms folded). We use communication to pass along information and knowledge and to relate to each other as human beings. *What we say, how we say it, and what we mean has an impact on others that could be positive or negative.* An example could be a teacher of a young child, one teacher could be caring and use caring words, another could use harsh and demeaning words.

We cannot control other people or situations (external), but we can control how we communicate (internal) such as voice, body language, facial expression, eye contact and behavior towards other.

COMMUNICATION

There are several key factors that have a major impact on how we communicate including:

- Language barriers – what is your client's native language? If it is not the same as your own, you may not understand each other as well as you might think.
- Emotional influence – how a person is feeling at the time that he or she receives information can change the meaning of that information for the recipient. High emotions can interfere with rational thought. If the client has just received unwelcome news from his or her doctor, the client may be upset so they do not remember other parts of that same conversation.
- Health literacy – this refers to how well a client can understand, read, and comprehend health information.
- Culture – this has major influences on communication, especially eye contact, who does the speaking for the client/family, personal space, and how illness and/or death are perceived.
- Age - age can impact how comfortable a client is when discussing personal information. An older client may not be inclined to openly share personal information he/she considers embarrassing. The client may need help using words that he/she is uncomfortable using, or the client may use different words that the In-home aide might not understand.

Appropriate communication includes:

- o Use words that mean the same to the sender and receiver
- o Use words that are familiar
- o Be concise
- o State information in an organized, logical order
- o State facts and be specific

Build on the strengths of each client's communication style to better help the client.

The simplest form of communication is a three-way process:

- o Sender communicates the message
- o Receiver receives the message
- o Feedback allows sender and receiver to respond to each other in some way

Barriers to communication with clients include:

- Does the client hear you or understand what you are saying/asking? You may need to speak louder, lower, or slow down. Try to avoid a soft voice or whispering with your clients but remain pleasant. Do not scream at your clients. If they wear a hearing aide, check to make sure it is working properly.
- The client is hard to understand. You may not understand his or her accent or the way a client phrases things. Try to rephrase what the client has said to make sure you received the message properly.
- As an In-home aide, you may be used to certain terminology or abbreviations, but your client is not. Try to avoid using medical jargon or abbreviations when talking with your patient.
- Using closed-ended questions can be a barrier to effective communication. Closed-ended questions tend to limit a client's response to either a yes or no or a nod of the head. By only asking yes/no questions, you may not get a complete or accurate answer. Asking open-ended questions enables the In-home aide to receive more information and have more of a conversation with a client.
- Open ended questions allow for more information to be obtained and often begin with words such as how, when, how, who, what, or others.
- Listen to hear what your clients are saying and then respond appropriately. When you do not understand something, ask them to clarify what they mean. Make sure that you are really listening and not thinking about what else you need to do or what you want to say.

COMMUNICATION

Communication with co-workers and supervisors can be challenging, as most of an In-home aide's work is performed outside of the office, alone at a client's home. Your agency should have guidelines regarding communication within the agency, including frequency of contact with the supervisor and/or office staff. Communication with the office and your supervisors can occur in many ways. It can be face-to-face, by a phone call, text, or written communication. If you have a concern about a client or if you feel like your question or concern requires immediate attention, do not just document in the service notes, call the office. A supervisor should always be available to you during work hours and he/she should be able to assist you with any questions that you may have.

COMMUNICATION SCENARIOS

Which of these communication scenarios would be better at calming emotions and working towards information gathering and solutions?

The plan of care for Mrs. Smith is a joke.

or

The plan of care for Mrs. Smith is missing some tasks that she is asking to be completed.

It is nonsense that I must provide so much documentation for a visit.

or

The visit documentation is a lot to complete, are there other ways I can complete the visit note to be more streamlined?

Having a dress code to go on a home visit is ridiculous.

or

I do not understand why we need a certain dress code; is there a reason the agency requires it?

SPECIAL ASPECTS OF COMMUNICATION WITH A PERSON LIVING WITH DEMENTIA OR OTHERS:

Dementia gradually diminishes a person's ability to communicate and becomes more difficult during the progression of the disease and requires patience, understanding, and good listening skills. A person with Dementia may exhibit difficulty making wishes known and understanding spoken words. The method of communication is important and includes:

- Positive tone
- Medium volume
- Simple sentences
- Rapport-building conversations
- Open body language
- Avoidance of distractions
- Creative problem solving

When approaching a client, especially a client with Alzheimer's or other dementia, physical approach is especially important. You do not want to startle the person, and you always want to make sure they can see and hear you. If you have a client with Alzheimer's, ask for specific training on communication with a person with Dementia or Alzheimer's and keep in mind each person is unique.

There may be times when a person needs assistive devices for communication, such as person who has hearing loss and wears a hearing aid, or a person who has a language barrier, or other type of circumstances where the spoken word may need supplementing. Follow the plan of care for any special considerations with communication with any client who has additional instructions to following for communicating. A client may need visual cues, communication boards, interpreters, or other communication assistive devices. There are communication devices for a person who is deaf or hard of hearing than can convert words into a typed text. If your client uses any assistive devices, notify your supervisor and ask for information on how to assist client with the devices.