**1.5 Barriers to communication and quality care**

Candidates should understand the different barriers that could affect communication

and the quality of care provided.

**Barriers related to the care workers**

**Attitude and prejudice**

This involves: discrimination, stereotyping, and labelling; how carers feel about the individual; have they made assumptions and pre-judgements about the individual (for example, if caring for an individual with AIDS)?

A care worker may have expectations of themselves or of the individual or of other care workers. They may not live up to those expectations and the care given may be affected, for example, an individual that is unable to maintain personal hygiene may have a strong body odour. The care worker may not like the odour and display their dislike by ignoring the individual or spending less time with them. They may make sarcastic comments to the individual. The care worker may show lack of respect, may not trust others or value others’ contributions to conversations or discussions, for example, an elderly individual may repeat the same story time and time again. The care worker shows lack of interest. A care worker may disregard an individual’s contribution to the conversation because the individual has a mental illness.

**Stereotypes** are assumed characteristics based on a large group of individuals whose beliefs, habits, and actions are perceived to be similar, for example, young people do not have a wide experience so their opinions and concerns are not important. Some care workers may have this attitude and may not listen to the concerns of the young individual so a deterioration of health and well-being may be missed.

**Lack of motivation**

Carers sometimes lack motivation for doing the job. This means that they lack interest in the work and may not have the driving force to give their best when carrying out their work. They may be wondering if they have a choice. Caring may not have been their first choice of occupation, but they may not have acquired sufficient qualifications to do a different job. The care worker may not be interested as they are only there for the wage at the end of the week. They may be poorly paid or have to work unsociable hours. They may not be able to empathise with the individual and therefore may not provide the correct attention to detail to provide effective care and may not be as thorough as they should be to ensure proper care is provided.

**Conformity to workplace norms**

This means that care workers accept the routines of the workplace which may not be in the best interest of the individual. This could be cutting corners such as not washing hands between each patient or after taking an individual to the toilet, or before feeding individuals; re-using equipment without thorough sterilisation. This may be due to lack of time as too many individuals need assistance. The care worker is encouraged to rush to assist another individual. Not maintaining hand hygiene can lead to MRSA and gastrointestinal illnesses.

**Lack of skill**

This means that the care worker may not be properly qualified for the tasks they have been given and may carry out a procedure incorrectly and may cause harm to the individual. If a care worker lacks skill they may lack confidence and give poor care. For example, if a care worker has not had safe handling training they may injure themselves and/or the individual.

**Preoccupation with own needs**

This is about the care workers themselves and not the individual. It is about how the care worker is feeling, their attitude and their expectations. The care worker may be focussing on their own concerns and not concentrating on their work, for example, the care worker may have a party to go to and is more concerned about what she is going to wear, or they may have other concerns such as worrying about an ill child. Therefore they may provide inadequate care as they are not concentrating on the individual and may make mistakes or forget to provide the necessary care or treatment.

**Ethical dilemmas**

An ethical dilemma is a situation where there is a conflict of what is the right action to take. It is usually a conflict between an individual’s rights and the principles of care. Care workers have to look at the wider picture. They look at long-term and short-term effects and at the effect on others as well as the individual.

Care workers encounter ethical dilemmas every day. They have to weigh up the benefits and risks of various actions and strategies. Some examples of these may be:

* Does a health professional give a patient all the information or do they refrain and miss some important elements out, for example, how long they have to live, that the illness is terminal, they are not going to improve, they will continuously deteriorate?
* Privacy – when an individual is showering and wants to be left alone, a care worker will want to give the individual privacy but they may stand up from shower seat and slip. Should the care worker leave them?
* Confidentiality is not absolute. A medical professional may need to consult with another professional; they may need to pass notes on to a nurse so they can take measurements. An individual may have asked for the family not to be told of their health condition but they may be at risk – does the care worker inform the family or not?

**Stress and physical strain**

Stress and strain may result in incompetence, poor care and could put the individual at risk. Stress may be caused by heavy workload, having too many individuals to care for, paperwork to do.

Lack of time can mean a task is rushed and incorrectly completed, for example, rushing a bed bath and not washing the individual completely.

Past experiences can cause stress. For example, perhaps the last time a carer gave an injection it hurt the individual, or the last individual in a particular bed died.

**Barriers related to the individual**

These include:

* lack of status
* social exclusion
* physical impairment
* concealing problems
* attention seeking
* hostile behaviour
* feelings of frustration and isolation
* communication barriers
* poor access to services and resources

**Lack of status**

An individual may not feel important and may feel in the way; because of this they may not ask for the help they need.

**Social exclusion**

An individual may not be able to be involved socially due to inability, being ignored, or an inappropriate activity.

**Physical impairment**

This is when an individual has a physical disability which may cause them difficulty with daily living tasks. For example, a lack of mobility may result in lack of control over their care, e.g. a missing limb may result in being unable to comply with instructions, not being able to get to the service they need.

**Concealing problems**

This occurs when individuals do not give all the information needed to care workers. They may not tell anyone their problems. This will result in lack of appropriate care. This is often linked to lack of status, not wanting to be a nuisance or being afraid to say what is wrong in case they have to have further treatment.

**Attention seeking**

Some individuals may display extreme inappropriate behaviour to gain attention. They may make up or exaggerate problems to get extra attention.

**Hostile behaviour**

This is when individuals display unacceptable behaviour which may be aggressive or violent, which could result in care workers being injured and not being able to give the care required. The hostile behaviour could be physical or verbal. Some examples of such behaviour could be:

* yelling, shouting or screaming
* physical outbursts against the care worker or others (e.g. kicking, punching, hitting)
* verbal outbursts against the care worker or others (e.g. shouts, insults)
* causing injury to themselves
* physically or verbally threatening the carer or others
* resisting and refusing assistance

**Feelings of frustration and isolation**

Some individuals do not respond to care due to being isolated and frustrated with their situation. This may be because of their lack of understanding, lack of status or inability to communicate with others.

**Communication barriers**

These may arise because of sensory impairments, learning disabilities or language barriers which can result in an individual being unable to explain their problem.

*How do you think that* ***communication barriers*** *can pose a barrier to effective communication and quality of care?*

**Poor access to services and resources**

Barriers which result in reduced access to appropriate services include:

* physical
* psychological
* financial
* lack of information
* geographical
* cultural and language

Physical – this could be lack of ramps, narrow doors, inability to travel on their own, etc.

Psychological – fear or dislike of services – possibly being afraid of diagnosis.

Financial – unable to pay for the services or treatment they need

Lack of information – people do not know what services are available due to lack of publicity, or inability to find out about services.

Geographical – this relates to distances to travel to get to services; not all areas have the same services and some people may have difficulty accessing services due to distance and transport problems.

Cultural – this relates to differences in beliefs about treatment, traditions, etc. For example, some cultures/religions will only allow females to be treated by female doctors. In some situations this is not always possible so the female will not get the care they need.

Language – difficulties understanding care workers or individuals due to differences in their ‘mother tongue’

**Strategies to overcome the barriers related to care workers**

These include:

* clear and effective policies and codes of practice
* training
* advice and support within the workplace
* appraisal

**Clear and effective policies and codes of practice**

**Codes of practice** are based on the principles of care and are supported by relevant legislation. They apply to everyone working in the social care sector. They describe the standard of conduct expected of social care workers. They are for employees and employers to ensure that staff and management do their job well. These codes of practice are there to ensure and measure the quality of care.

Below is an extract from the Nursing and Midwifery code of conduct.

**The Code: Standards of conduct, performance and ethics for nurses and midwives**

The people in your care must be able to trust you with their health and well-being. To justify that trust, you must:

* make the care of people your first concern, treating them as individuals and respecting their dignity
* work with others to protect and promote the health and well-being of those in your care, their families and carers, and the wider community
* provide a high standard of practice and care at all times
* be open and honest, act with integrity and uphold the reputation of your profession

Can you recognise any principles of care in this introduction?

Look for examples of other codes of practice from other regulatory bodies.

**Policies** are documents that set out the aims or the approaches to be used within organisations. Policies are based on sections or parts of the codes of practice. A policy applies to a particular care setting or group of care settings. It tells the care worker how to approach specific tasks. The policies affect and influence procedures that are carried out in care settings – they explain how things should be done. Within care settings there are many policies which cover all aspects of the work done, for example: admissions; equal opportunities; child protection; health and safety; safe disposal of needles. See how many others you can find.

**Training**

Training provides knowledge and skills for a job. It can be from a basic level, induction training, to a higher qualification, medical degree. Training ensures that the care worker knows how to do their job properly and safely. It updates the care worker’s skills and knowledge and helps them progress through their chosen occupation. Training helps carers make decisions that respect the service user’s rights.

**Advice and support within the workplace**

The workplace should have mentors and other care workers that can offer advice and support to the care worker. It should not be detrimental to the care worker to seek advice. Strategies should be in place if a care worker is finding some aspects of their work difficult. Strategies may be to observe a more senior or experienced care worker.

**Appraisal, continuing professional development procedures**

Appraisal is the process by which the care worker can identify their strengths, weaknesses and future development. It is a way of monitoring the care provided by care workers to make sure they are doing their job effectively. It helps managers identify training needs and a career plan for the care worker.

Some ways that care workers can be monitored:

* External inspection – a professional body inspects the work place and the people who work there. They measure the institution by using recognised criteria. The individuals being cared for have their point of view is taken into consideration. The inspectorate makes recommendations for improvement and will rate the current provision.
* Internal evaluation of individual care workers – the same as an external inspection except it is carried out by senior personnel in the institution.
* Peer reviews – fellow workers will appraise others through observation and discussion.
* Individual appraisal – care workers discuss their work role and their future with their named mentor. Training needs will be identified for the individual to do the job better and to move along a chosen career path.

**Strategies to overcome the barriers related to individuals**

These include:

* British Sign Language, Makaton, Braille, Widgit
* equipment
* use of an advocate
* support groups
* interpreter
* facilitating access
* adapted equipment and facilities
* anger management/assertiveness training

**British Sign Language, Makaton, Braille, Widgit**

British Sign Language (BSL) is a visual language that has its own grammatical rules which are completely different to English. It uses hand shapes, hand movements and facial expressions.

[Home symbol](http://www.makaton.org/)Makaton combines signs from BSL and adds pictures. It assists those with communication difficulties to communicate effectively and assists with writing words. Most symbols are black and white, illustrating the meaning of words. Makaton uses speech, gesture, facial expression, eye contact, body language and symbols.

Braille is a system of raised dots which individuals read by feeling with their fingertips. This is used by people with severe sight impairments. Braille is a code, rather than a new language. The code represents words, numbers, punctuation, mathematical and scientific symbols, computer languages and music. Any language can be translated into Braille for the blind. This means it is universal. Many public places have a Braille code to give information, for example, on public convenience doors, and in lifts on the floor buttons.

Widgit is a computer software programme. It is a scheme that has symbols for words. It is particularly useful for children with language difficulties. They see pictures and then associate those with the words that are spoken and written.

**Use of an advocate**: this is where someone is appointed to represent the views of the individual. It can be a relative, volunteer or a professional. It is used when an individual is unable to communicate or is seriously ill. A volunteer may know an individual very well and is able to represent the individual’s interest.

**Support groups**: support group are groups of individuals who have similar problems and experiences. They are voluntary and offer advice through their own personal experience.

**Interpreter**: an individual that will interpret into the first language of an individual.

**Facilitating access:**  for example, ramps to gain access to building/part of buildings. Access to services may be made easier by ramps, rails, lifts, automatic doors, public transport, financial support, Braille on doors, lifts, etc.

**Adapted equipment and facilities**:

Hearing aids amplify sound so that the hard of hearing can hear more clearly. Most are battery operated and fit in or around the ear. They improve an individual’s quality of life by enabling them to hear everyday sounds such as the telephone. It also helps when talking to others and increases confidence as the individual can join in the conversation. They are much improved and not as visible. Digital hearing aids can cut out surround noise and can be programmed.

Adapted computers can have voice recognition features, large keys and have specialised programmes uploaded for the individual.

Electronic voice output (like Stephen Hawking’s).

Pendant call systems are activated by the individual pulling the pendant. This connects to a call centre which takes appropriate action. The pendant allows individuals to move freely about their home or complex.

There is a wide range of equipment from specialised shops to help individuals to be more independent. There are aids for feeding, toileting, washing, dressing, for all aspects of an individual’s life. Some are provided by occupational therapists and others have to be paid for.

**Anger management/assertiveness training**: some individuals have personal problems. When they are under pressure they may become angry. There are anger management courses that individuals can be referred to. They help an individual to express their feelings and still show respect for others. Other individuals do not project themselves and allow others to decide for them. They are classed as being submissive. This is not always in the individual’s best interest. There are courses available for assertiveness training which encourage individuals to express themselves and put over their point of view.

<http://www.angermanage.co.uk/how-to-control-anger/keep-cool.html>