

Communication Barriers

There are many reasons why interpersonal communications may fail. In many communications, the message (what is said) may not be received exactly the way the sender intended. It is, therefore, important that the communicator seeks feedback to check that their message is clearly understood.

The skills of Active Listening, Clarification and Reflection may help but the skilled communicator also needs to be aware of the barriers to effective communication and how to avoid or overcome them. **There are many barriers to communication and these may occur at any stage in the communication process. Barriers may lead to your message becoming distorted and you therefore risk wasting both time and/or money by causing confusion and misunderstanding.**

Effective communication involves overcoming these barriers and conveying a clear and concise message.

Common Barriers to Effective Communication:

- **The use of jargon.** Over-complicated, unfamiliar and/or technical terms.
- **Emotional barriers and taboos.** Some people may find it difficult to express their emotions and some topics may be completely 'off-limits' or taboo. Taboo or difficult topics may include, but are not limited to, politics, religion, disabilities (mental and physical), sexuality and sex, racism and any opinion that may be unpopular.
- **Lack of attention, interest, distractions, or irrelevance to the receiver.**
- **Differences in perception and viewpoint.**
- **Physical disabilities such as hearing problems or speech difficulties.**
- **Physical barriers to non-verbal communication.** Not being able to see the non-verbal cues, gestures, posture and general body language can make communication less effective. Phone calls, text messages and other communication methods that rely on technology are often less effective than face-to-face communication.
- **Language differences and the difficulty in understanding unfamiliar accents.**
- **Expectations and prejudices which may lead to false assumptions or stereotyping.** People often hear what they expect to hear rather than what is said and jump to incorrect conclusions.

- **Cultural differences.** The norms of social interaction vary greatly in different cultures, as do the way in which emotions are expressed. For example, the concept of personal space varies between cultures and between different social settings

A skilled communicator must be aware of these barriers and try to reduce their impact by continually checking understanding and by offering appropriate feedback.

A Categorization of Barriers to Communication

Language Barriers

Language and linguistic ability may act as a barrier to communication.

However, even when communicating in the same language, the terminology used in a message may act as a barrier if it is not fully understood by the receiver(s). For example, a message that includes a lot of specialist jargon and abbreviations will not be understood by a receiver who is not familiar with the terminology used.

Regional colloquialisms and expressions may be misinterpreted or even considered offensive.

Psychological Barriers

The psychological state of the communicators will influence how the message is sent, received and perceived.

For example:

If someone is **stressed** they may be preoccupied by personal concerns and not as receptive to the message as if they were not stressed.

Stress management is an important personal skill that affects our interpersonal relationships.

Anger is another example of a psychological barrier to communication. When we are angry it is easy to say things that we may later regret, and to misinterpret what others are saying.

More generally people with **low self-esteem** may be less assertive and therefore may not feel comfortable communicating - they may feel shy or embarrassed about saying how they really feel or read unintended negative sub-texts in messages they hear.

Physiological Barriers

Physiological barriers to communication may result from the receiver's physical state.

For example, a receiver with reduced hearing may not fully grasp the content of a spoken conversation especially if there is significant background noise.

Physical Barriers

An example of a physical barrier to communication is geographic distance between the sender and receiver(s).

Communication is generally easier over shorter distances as more communication channels are available and less technology is required. The ideal communication is face-to-face.

Although modern technology often helps to reduce the impact of physical barriers, the advantages and disadvantages of each communication channel should be understood so that an appropriate channel can be used to overcome the physical barriers.

Systematic Barriers

Systematic barriers to communication may exist in structures and organizations where there are inefficient or inappropriate information systems and communication channels, or where there is a lack of understanding of the roles and responsibilities for communication. In such organizations, people may be unclear of their role in the communication process and therefore not know what is expected of them.

Attitudinal Barriers

Attitudinal barriers are behaviors or perceptions that prevent people from communicating effectively.

Attitudinal barriers to communication may result from personality conflicts, poor management, resistance to change or a lack of motivation. To be an effective receiver of messages you should attempt to overcome your own attitudinal barriers to help ensure more effective communication.

To improve your overall communication skills, you need to be aware of, and attempt to minimize, any barriers to communication that are present.

By developing your emotional intelligence you will become more aware of how to communicate with others in the most appropriate and effective ways.

FACILITATING COMMUNICATION
Policy No. 2-040.1**PURPOSE**

To assure that patients, visitors, and personnel with speech, vision, or hearing impairments, as well as those who have a limited command of the English language, have access to appropriate interpretive assistance and other aids at no cost to patient(s) being served. This is in compliance with Section 504 of the Rehabilitation Act of 1973 and Title VI of the Civil Rights Act of 1964 and Section 1557 of the Affordable Care Act (ACA) of 2010.

POLICY

Community Choice Home Care, Inc. does not discriminate against any person because of language or sensory impediments. Personnel will treat all patients with respect and dignity and will use forms of communication appropriate to meet the patient's needs.

Written materials will be made available in the recognized major languages in the area and state where the organization does business. Written materials will contain the telephone number of the local TDD telephone relay number. Organization personnel will consistently and clearly communicate with patients in a language or form they can reasonably understand. The organization will facilitate communication by using special devices, interpreters or other communication aides.

Definitions

1. ***Hearing Impaired:*** A hearing impaired individual has difficulty hearing or discriminating verbal conversation either in a face to face situation or over the telephone. An individual with this impairment may require a hearing aid, telephone amplifier, TDD or sign language interpreter.
2. ***Communicatively Impaired:*** A communicatively impaired individual has expressive or receptive language deficits that may be present after an illness or injury. This may include individuals with voice disorders, laryngectomy, glossectomy or cognitive disorders.
3. ***Limited English Proficiency (LEP):*** A person with Limited English Proficiency is one whose command of the English language is not sufficient to promote meaningful interaction for service.
4. ***Telecommunication Device for the Deaf (TDD):*** A TDD is a small, typewriter-style instrument that allows a person to make or receive a telephone call directly without using another person to interpret.

PROCEDURE

1. The initial assessment will determine the patient's communication ability. If there is any question regarding the patient's ability to communicate properly, the assessment should stop and an interpreter should be secured.
 - A. If the patient refuses offered communication assistance, the clinician will document the refusal in the patient's clinical record.
2. All patient related forms, such as Consent for Services, Complaint/Grievance Process, etc., will be available in English, and other languages as appropriate. If there is a need to translate these forms to another language, an interpreter will be secured. (The patient will also sign an English language version in the event that the authorization needs to be forwarded to another organization.) For all other patients speaking languages other than English, Community Choice Home Care, Inc. will secure an interpreter to interpret all organization policies and procedures of Community Choice Home Care, Inc. relevant to the care of the patient. (See "Organization List of Interpreters" Addendum 2-040.A for listing.)
3. For visually impaired patients:
 - A. The admitting clinician will read aloud all documents normally provided to the patient and ascertain that the person has heard and understands what was read. The admitting clinician documents this in the clinical/service record.
 - B. A clinician will make available large print patient information that may be available applicable to the disease process, i.e., colostomy, diabetic care, heart disease.
4. For hearing impaired patients:
 - A. The admitting clinician ascertains the patient's preferred methods of communication, i.e., paper and pencil, lip reading, or sign language.
 - B. If the preferred method is sign language, the admitting clinician will contact the resource providing a sign language interpreter and establishes a plan for ongoing communications. (See "Organization List of Interpreters" Addendum 2-040.A.)
 - C. Obtaining the use of a TDD:
 1. Hearing or communicatively impaired individuals who have access to a TDD instrument can call the Relay Service to enable them to communicate with personnel of the organization.
 2. In the event it becomes necessary for organization personnel to initiate telephone communication with an individual who is hearing or communicatively impaired, Relay Service can be utilized.
 3. Direct Access to a TDD instrument will be available.
 4. Local TDD Number: 1-800-750-0750.

5. For patients who has limited English proficiency (LEP) and/or requires an interpreter:
 - A. The organization will maintain a list for assistance in facilitating communication. (See "Organization List of Interpreters" Addendum 2-040.A to assign an interpreter.
 - B. If an interpreter in the required language is not available, a telephone interpreting service may be used. Directions for the use of this service can be accessed by calling that service.
 - C. Face-to-face interactions with the patient who is hearing or communicatively impaired, may be facilitated by utilizing sign language, as listed under "American Sign."
 - D. If a certified sign language interpreter is required, the resource list should be consulted. As much advance notice as possible is preferred.
 - E. Family members or friends of the patient will not be used as interpreters unless specifically requested by the individual and after the patient has understood that an offer of an interpreter at no charge has been made. Such an offer and response will be documented in the patient's record. If the patient chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided to the patient. Children will not be used to interpret, in order to ensure confidentiality of information and accurate communication.
 - F. Document all language assisted care in the patient's clinical record.
 - G. If applicable, a copy of the telephone utilization report from the interpreting service will be maintained to substantiate the use of the interpreting service.
6. For communicatively impaired patients:
 - A. Patients with speech, expressive or receptive language deficits should have a consult with a speech therapist to determine appropriate, effective use of assistive devices such as flash cards, communication board, etc.
 - B. Physician approval for the consultation will be obtained.
7. For patients with different cultural, beliefs, backgrounds, and religions that may impact the patient's lifestyle, habits, view of health, healing, terminal illness, dying and bereavement:
 - A. During orientation: care of the individual with different cultural/beliefs/religions will be discussed.
 - B. Annual staff education: new emerging cultures/beliefs and access to organization interpreters will be discussed.

ATTACHMENT 2-040.A

Organization List of Interpreters

1. AT&T USA Direct Language Assistance
831-648-7582

2. Bureau of Services for the Visually Impaired
8940 Ohio River Rd.
Wheelersburg, OH 45694
740-354-7951 (phone)
740-353-2789 (fax)
800-637-9341 (toll free)

3. Deaf Services Center
1835 Oakland Ave.
Portsmouth, OH 45662
740-356-7200

4. Language Access Solutions
800-752-6096
www.languageline.com

5. Telecommunication Device for the Deaf
800-750-0750