



APS 2025

INTRODUCTION TO

SOCIOLOGY

&

COMMUNICATION

HC & D1



Making life better

Online Class Etiquette

BE ON TIME

Be prepared.
Check your tech before class.



PRESENTATION



Check your surroundings.
Dress appropriately.

MUTE YOURSELF



Be sure to mute your microphone, when joining class.

HEADPHONES



Use headphones if you have them.

PARTICIPATION



Be focused.
Pay attention.
Be an active participant.

CHAT RESPONSIBLY



Ask/Post only class related questions and comments.

TECH TIPS 411

TechTips411.com

@apsitjen

Jennifer Hall, NBCT



WHAT IS SOCIOLOGY?

Sociology is a social science that focuses:

- Studying groups within society
- Human social behavior
- Humans are social beings
- Social interaction
- Individual interactions
- Patterns of social relationships
- Aspects of culture associated with everyday life



Can be defined as the study of societies, their component groups and individual interactions

Sociology is the study of the development, structure and function of human society

(Brooker p150 – p153)

WHY IS IT NECESSARY FOR A NURSE TO STUDY SOCIOLOGY?

SOCIAL DETERMINANTS



Why is sociology relevant to nursing?

No man is an island

HOW TO STUDY SOCIOLOGY

- Read, read, read
- Identify key words
- Know the definitions of key words
- Know how to elaborate on key concepts
- Apply sociological words into examples



EXAMPLE

- **What is the purpose of the family?**

- In human society, family (from Latin: familia) is a group of people related either by consanguinity (by recognized birth) or affinity (by marriage or other relationship). The purpose of families is to maintain the *well-being* of its members and of society. Ideally, families would offer *predictability, structure, and safety* as members mature and participate in the community.
- In most societies, it is within families that children acquire socialization for life outside the family, and acts as the primary source of *attachment, nurturing, and socialization* for humans. Additionally, as the basic unit for meeting the basic needs of its members, it provides a sense of boundaries for performing tasks in a safe environment, ideally builds a person into a *functional adult, transmits culture, and ensures continuity* of humankind with precedents of knowledge.

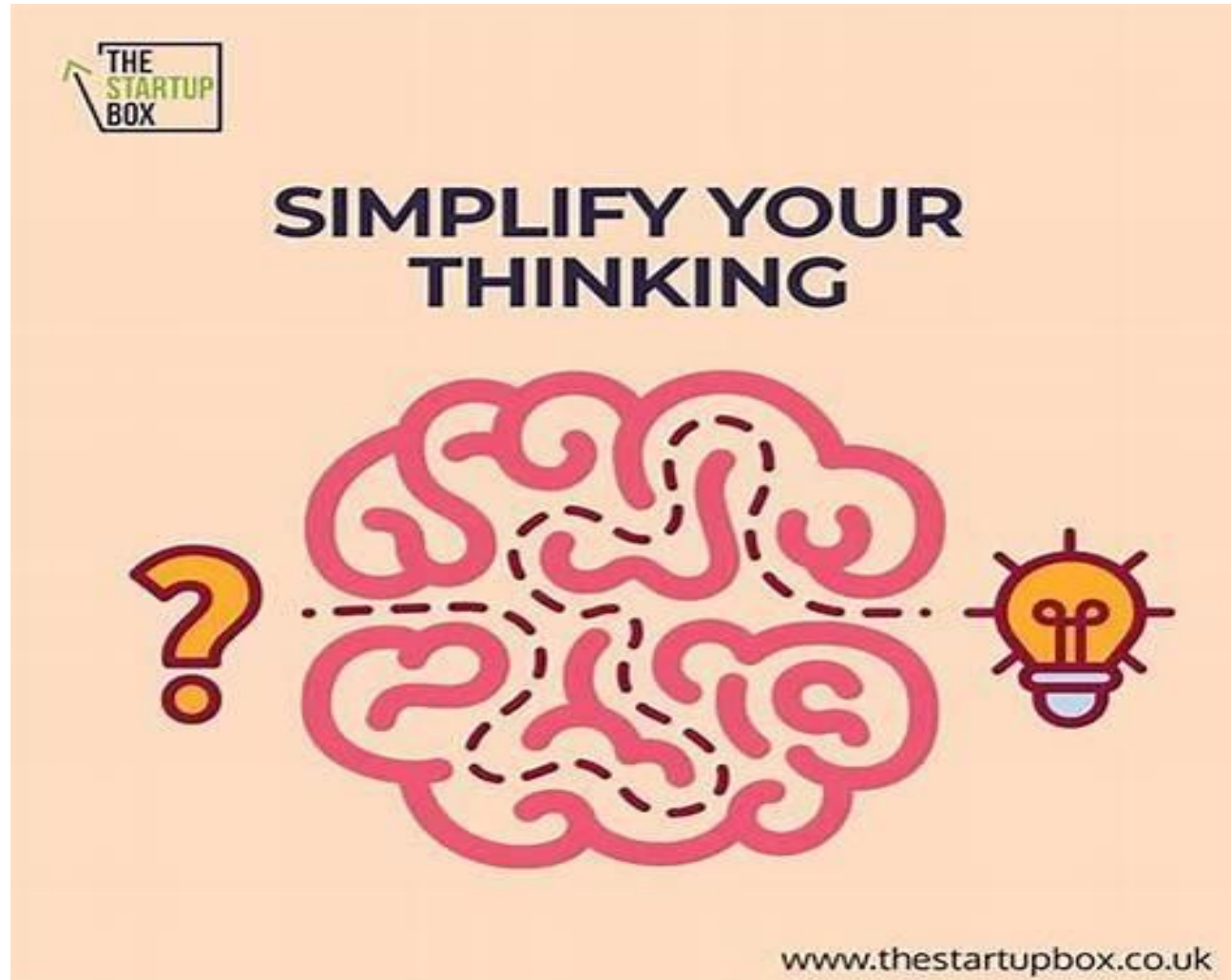
LEARNING OUTCOMES

- Describe communication skills
- Identify different forms of communication within a nursing unit
- Describe communication with persons with special needs or disabilities

INTRODUCTION

- Communication is a skill that you can learn.
- It's like learning to ride a bicycle or typing.
- If you're willing to work at it, you can rapidly improve the quality of every part of your life."

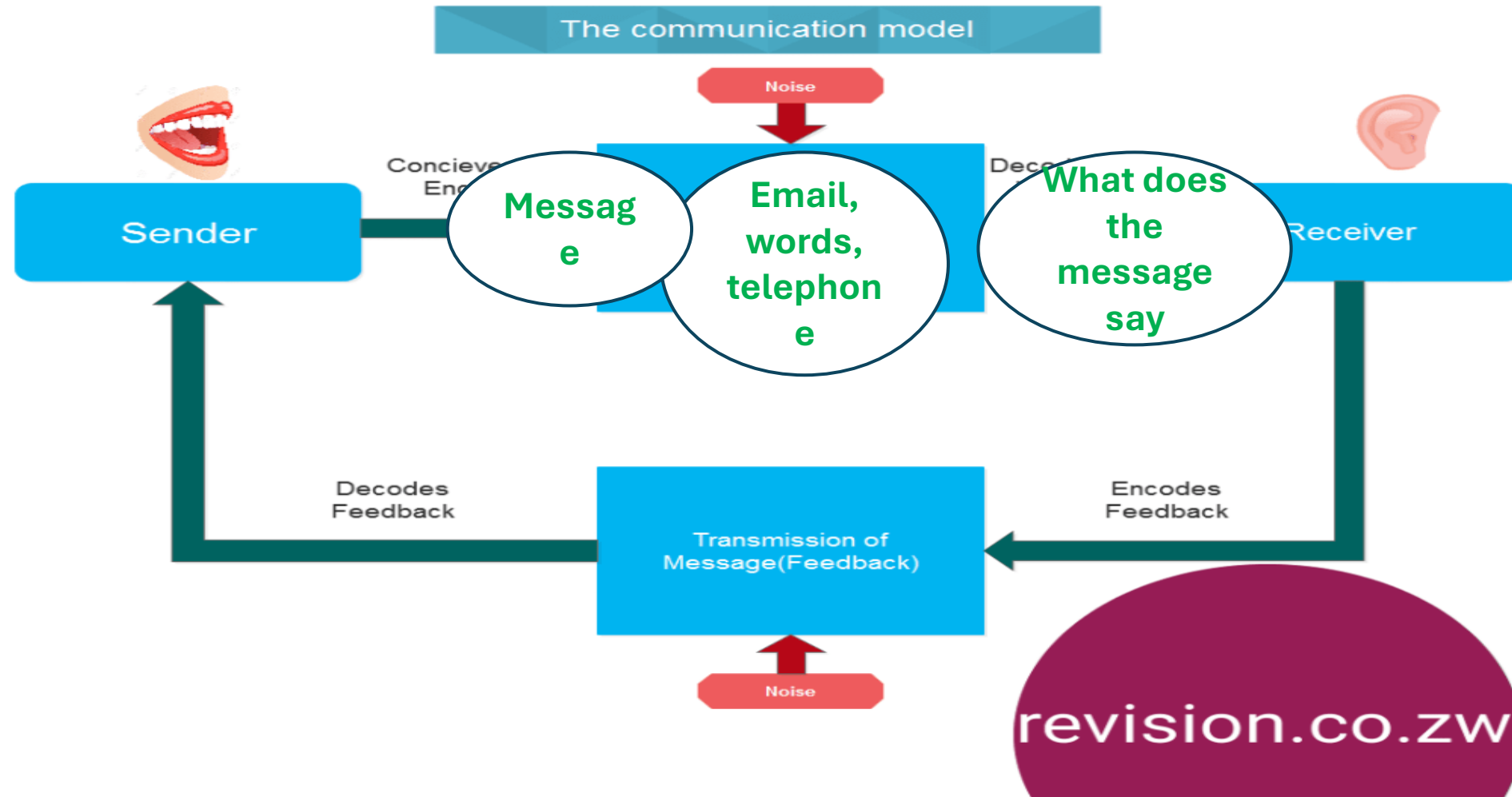
WHAT IS COMMUNICATION ?



COMMUNICATION

- **Communication** is the process of sharing information, ideas, thoughts, feelings, or messages between individuals or groups.
- It can happen through various means, including spoken words (verbal communication), written text (written communication), body language (non-verbal communication), visual images, and even technology like emails or social media.
- **Social:** process whereby people meet survival needs, build relationships and experience emotions.
- **Therapeutic/Helping:** promotes understanding and help to establish a constructive relationship between nurse and patient.
- It is goal and client directed and express caring and comfort.

COMMUNICATION PROCESS



VERBAL COMMUNICATION

- Verbal: Interchange of information between two or more people- talking, listening, writing, reading.



NON-VERBAL COMMUNICATION

- Non-verbal: Painting, dancing, storytelling, body language



PURPOSE OF COMMUNICATION

- To influence others
- To gain information
- For nurses to collect data
- To initiate interventions
- To promote health
- To prevent safety and legal issues

BRAINSTORM DIFFERENT RESPONSES

- Scenarios:
 - You are standing in line at the check-out and two salespeople are engrossed in a deep conversation ignoring you.
 - Your Educator graded a paper that you feel should have received a higher mark.
 - Someone calls you a name that is hurtful.

EFFECTIVE VERBAL COMMUNICATION

- Pace and intonation.
- Simplicity.
- Clarity (simple and direct).
- Brevity (using the fewest words necessary).
- Timing and relevance.
- Adaptability (to modify way of speaking so that it is fitting to situation).
- Credibility.
- Humor.

EFFECTIVE NON-VERBAL COMMUNICATION

- Personal appearance
- Posture and gait
- Facial expressions
- Gestures

NON-VERBAL COMMUNICATION

- 70% is non-verbal.
- Eye contact.
- Personal space.
- Posture.
- Finger pointing, arms folded, hands on hips.
- Tone of voice.
- Physical appearance and dress.

IDENTIFY THE NON-VERBAL COMMUNICATION



COMMUNICATION PROCESS FACTORS

- Values, attitudes and beliefs
- Culture or religion
- Personal space
- Congruence: Language, spoken and body
- Social status
- Gender
- Territoriality

COMMUNICATION PROCESS FACTORS CONT.

- Boundaries
- Age or developmental level
- Roles and relationships
- Environment
- Physical problems
- Interpersonal attitudes

Barriers of communication

- Language Barriers
- Physical barriers
- Emotional barriers
- Cultural Barriers
- Technological barriers
- Organizational Structure Barriers
- Nonverbal attitude Barriers
- Not listening actively and assumption Barriers
- Physiological Barriers
- Using jargons/abbreviations/technical terms

BARRIERS TO COMMUNICATION

TABLE 16.2 Barriers to Communication

Technique	Description	Examples
Stereotyping	Offering generalized and oversimplified beliefs about groups of people that are based on experiences too limited to be valid. These responses categorize clients and negate their uniqueness as individuals.	<p>"Two-year-olds are brats."</p> <p>"Women are complainers."</p> <p>"Men don't cry."</p> <p>"Most people don't have any pain after this type of surgery."</p>
Agreeing and disagreeing	Similar to judgmental responses, agreeing and disagreeing imply that the client is either right or wrong and that the nurse is in a position to judge this. These responses deter clients from thinking through their position and may cause a client to become defensive.	<p>Client: "I don't think Dr. Broad is a very good doctor. He doesn't seem interested in his clients."</p> <p>Nurse: "Dr. Broad is head of the department of surgery and is an excellent surgeon."</p>
Being defensive	Attempting to protect an individual or healthcare services from negative comments. These responses prevent the client from expressing true concerns. The nurse is saying, "You have no right to complain." Defensive responses protect the nurse from admitting weaknesses in healthcare services, including personal weaknesses.	<p>Client: "Those night nurses must just sit around and talk all night. They didn't answer my light for over an hour."</p> <p>Nurse: "I'll have you know we literally run around on nights. You're not the only client, you know."</p>
Challenging	Giving a response that makes clients prove their statement or point of view. These responses indicate that the nurse is failing to consider the client's feelings, making the client feel it is necessary to defend a position.	<p>Client: "I felt nauseated after that red pill."</p> <p>Nurse: "Surely you don't think I gave you the wrong pill?"</p> <p>Client: "I feel as if I am dying."</p> <p>Nurse: "How can you feel that way when your pulse is 60?"</p> <p>Client: "I believe my husband doesn't love me."</p> <p>Nurse: "You can't say that; why, he visits you every day."</p>
Probing	Asking for information chiefly out of curiosity rather than with the intent to assist the client. These responses are considered prying and violate the client's privacy. Asking "why" is often probing and places the client in a defensive position.	<p>Client: "I was speeding along the street and didn't see the stop sign."</p> <p>Nurse: "Why were you speeding?"</p> <p>Client: "I didn't ask the doctor when he was here."</p> <p>Nurse: "Why didn't you?"</p>

BARRIERS TO COMMUNICATION

TABLE 16.2 Barriers to Communication — *continued*

Technique	Description	Examples
Testing	Asking questions that make the client admit to something. These responses permit the client only limited answers and often meet the nurse's need rather than the client's.	"Who do you think you are?" (forces people to admit their status is only that of client) "Do you think I am not busy?" (forces the client to admit that the nurse really is busy)
Rejecting	Refusing to discuss certain topics with the client. These responses often make clients feel that the nurse is rejecting not only their communication but also the clients themselves.	"I don't want to discuss that. Let's talk about . . ." "Let's discuss other areas of interest to you rather than the two problems you keep mentioning."
Changing topics and subjects	Directing the communication into areas of self-interest rather than considering the client's concerns is often a self-protective response to a topic that causes anxiety. These responses imply that what the nurse considers important will be discussed and that clients should not discuss certain topics.	"I can't talk now. I'm on my way for a coffee break." Client: "I'm separated from my wife. Do you think I should have sexual relations with another woman?" Nurse: "I see that you're 36 and that you like gardening. This sunshine is good for my roses. I have a beautiful rose garden."
Unwarranted reassurance	Using clichés or comforting statements of advice as a means to reassure the client. These responses block the fears, feelings, and other thoughts of the client.	"You'll feel better soon." "I'm sure everything will turn out all right." "Don't worry."
Passing judgment	Giving opinions and approving or disapproving responses, moralizing, or implying one's own values. These responses imply that the client must think as the nurse thinks, fostering client dependence.	"That's good (bad)." "You shouldn't do that." "That's not good enough." "What you did was wrong (right)."
Giving common advice	Telling the client what to do. These responses deny the client's right to be an equal partner. Note that giving expert rather than common advice is therapeutic.	Client: "Should I move from my home to a nursing home?" Nurse: "If I were you, I'd go to a nursing home, where you'll get your meals cooked for you."

CLASS ACTIVITY

- How would you apply culturally sensitive communication in clinical practice?

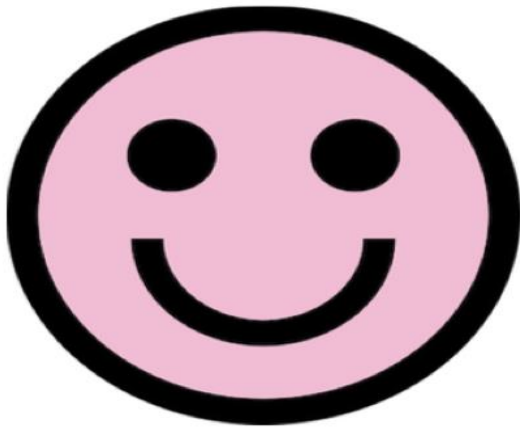


FORMS OF COMMUNICATION WITHIN A NURSING UNIT

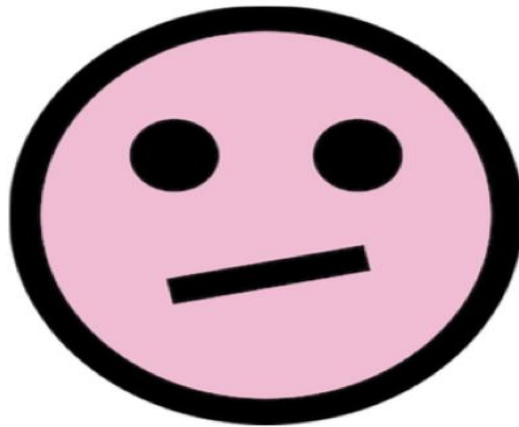
- Lines of communication
- Handover
- Phone etiquette
- Communicating with a colleague and members of the multidisciplinary team
- Patient progress report
- Notice boards
- Impilo boards

CLASS PARTICIPATION

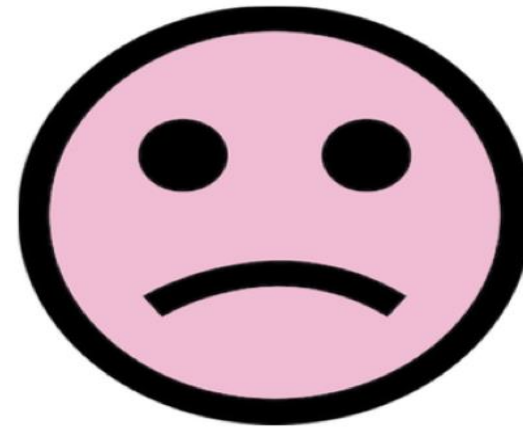
- What do you understand by the concept “THERAPEUTIC USE OF SELF”



“I think I’ve got it.”



“I’m working it out.”



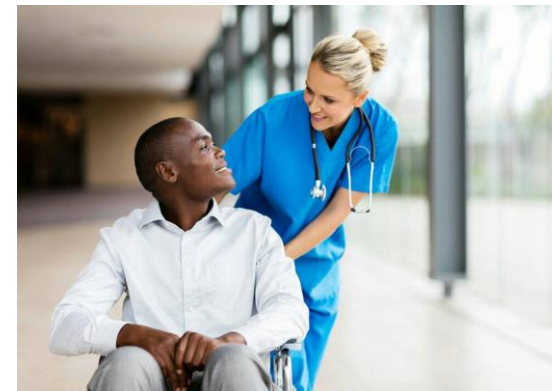
“I’m struggling.”

THERAPEUTIC COMMUNICATION

- Introduce yourself properly.
- Ask open-ended questions.
- Listen actively:
 - L- Look patient fully in the eye.
 - O- Open posture.
 - L- Lean slightly forward showing attention and interest.
 - E- Eye contact.
 - R- Relaxed approach.
- Show empathy.
- Handle emotion.

THERAPEUTIC COMMUNICATION

- Constructive
- Specific goal
- Attentive to verbal and non-verbal communication
- Dealing with physical needs and emotions



THERAPEUTIC COMMUNICATION

- Using silence.
- Lead discussion: “tell me how you feel about it”.
- Be specific: Do you have pain”.
- Open-ended questions “tell me about...”
- Using appropriate touch.
- Restate or paraphrase.
- Clarify reality-time and sequence.
- Giving information.

ATTENTIVE LISTENING

- Mindfulness
- Attentive listening-active and involved, words and emotions
- Convey attitude of caring and compassion
- Don't interrupt
- Be careful in how you respond (shocked, laughing)
- Be careful when you close the discussion
- Be aware of own bias
- Um, go on, I see what you mean, tell me more, Mmm
- Eye contact
- Leaning towards patient
- Open body posture



BASIS OF A HELPING RELATIONSHIP

- Respect
- Genuineness
- Concreteness
- Confrontation-point out discrepancies but not judgmental

EMPATHY

- An intellectual process that involves understanding correctly another person's emotional state and point of view.
- Empathetic listening: being with the patient to understand well.
- This must lead to empathetic response in a helping relationship.

HELPING RELATIONSHIP CHARACTERISTICS

- Intellectual and emotional bond between nurse and patient.
- Focus on patient.
- Participation in decision making.
- Consider ethnic and cultural differences.
- Consider family and relationship values.
- Confidentiality.
- Trust, respect and dignity.



DEVELOPING A HELPING RELATIONSHIP

- Listen
- Identify what person is feeling.
- Put yourself in patients' shoes.
- Be honest.
- Be genuine and credible.
- Focus on patients' needs
- Confidentiality.
- Know your role and limitations

GENUINENESS

- Do not over emphasize your role.
- Be spontaneous.
- Be non-defensive.
- Be consistent in what you feel and show.
- You must be capable to share when appropriate.

HEALTHCARE PROFESSIONALS

- Written communication.
- Patient records.
- Personnel records.
- Financial records.
- Births and deaths.
- Communicable diseases.
- Incident reports.
- Telephonic prescriptions.

PRINCIPLES OF WRITTEN COMMUNICATION

- Clear
- Concise
- Comprehensive
- Legible
- Permanent
- Easily available
- Confidential

HEARING IMPAIRMENT



 **A**  **B**  **C**  **D**  **E**  **F**

 **G**  **H**  **I**  **J**  **K**

 **L**  **M**  **N**  **O**  **P**

 **Q**  **R**  **S**  **T**  **U**

 **V**  **W**  **X**  **Y**  **Z**

HEARING IMPAIRMENT

- Get the persons attention by raising a arm or hand.
- Touching.
- Talk with light on your face.
- Face the person.
- Speak clearly but normal, slower.
- Focus on the better ear.



HEARING IMPAIRMENT

- Write if a person do not understand.
- Do not smile or chew gum while talking.
- Do not cover your mouth.
- Do not show irritation if a person do not understand.
- Keep on repeating the important part of a conversation.

HEARING IMPAIRMENT

- Do not avoid conversation with a person with a hearing problem.
- Avoid a noisy background.
- Give time for adjustment to hearing aid.
- Do not prolong conversation.
- Explain situation to staff when changing shifts.

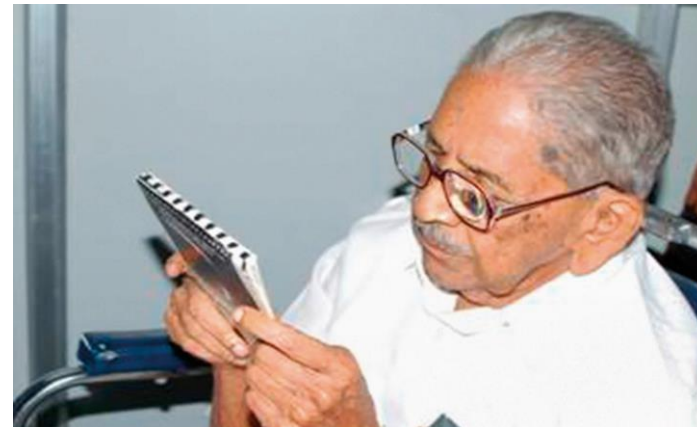
SPEECH DISABILITIES

- Stutter or cleft palate
- Be patient
- Listen
- Write



VISUAL IMPAIRMENT

- Talk in a normal tone of voice-they are blind, not stupid.
- Do not try to avoid normal phrases like “ see what I mean”.
- Introduce yourself every time you meet.
- Explain why you are in the room.
- Announce when you are leaving so that the blind person does not talk while you have left already.



VISUAL IMPAIRMENT

- Keep in mind that a blind person can not see your non-verbal communication.
- Make sure to be very clear on what you say.
- Soft touch can be very reassuring.
- Warning above bed.
- Explain to next shift.
- Consider limitation in movement/spatial problems.

DISORIENTATION PATIENT

- Touch for communication.
- Talk calm, quiet.
- Talk slow in short sentences.
- Face patient while talking.
- Explain procedures.
- Introduce yourself to patient.
- Consistency in staff allocation.
- Promote orientation e.g. time, date, things in the news or weather.



COGNITIVE IMPAIRMENT

- Eye contact
- Talk directly
- Ask questions to determine level of impairment.
- Always treat with respect.
- Involve family if you are unable to communicate.

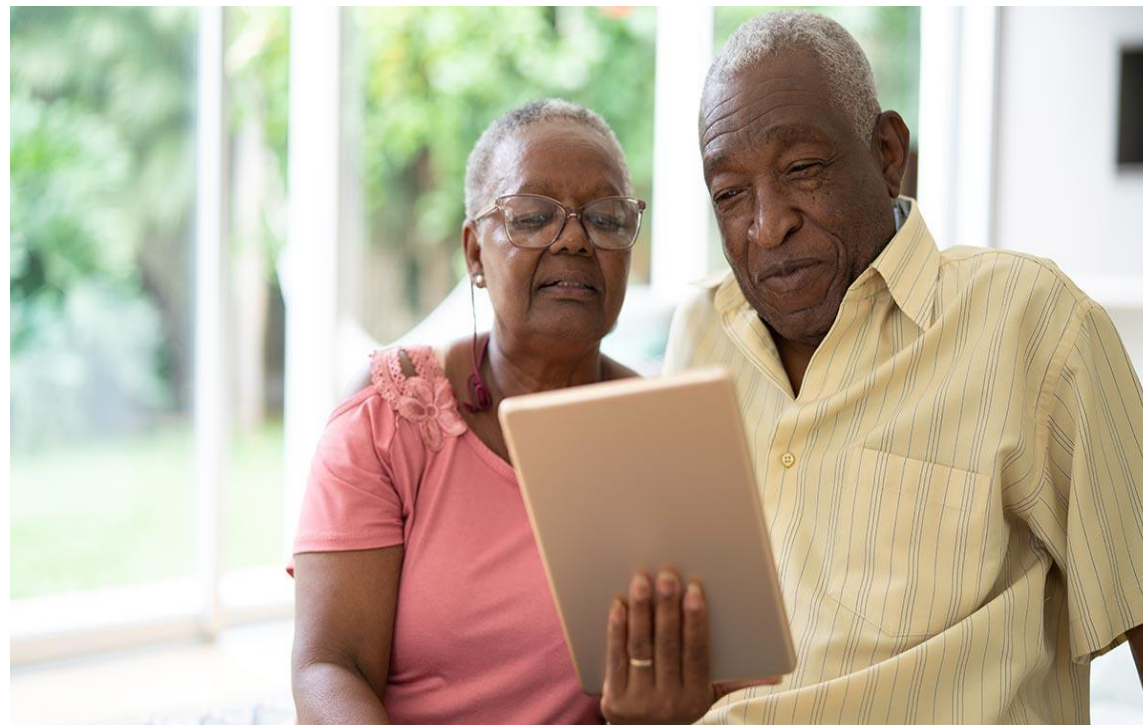
DISRUPTIVE BEHAVIOR: DISCUSSION

- Incivility
- Bullying
- Workplace violence.
- What can be done to prevent the effects of disruptive behavior?

ELDERLY PATIENTS

- Loss of hearing.
- Loss of eyesight.
- Memory loss.
- Slowed reflexes.
- Takes longer to respond.
- Weakening of interneuron connections.

ELDERLY



ELDERLY PATIENTS

- Confusion
- Change in sleep patterns
- Isolation, frustration, apathy
- Loss of self-worth and independence
- Financial problems

COMMUNICATING THE ELDERLY

- Use name and introduce yourself by full name.
- Explain in simple step by step instructions.
- Speak slowly and clearly.
- Use a lot of touch and reassurance.
- If the patient has difficulty in understanding, show her what to do.

ELDERLY

- Be patient and friendly.
- Listen to what they have to say.
- Repeat information if needed.
- Assess for loss of hearing and eyesight.
- Make sure that your body gives the same message as your lips.

CHILDREN



CHILDREN

- Go down to their level.
- Check your own emotional status-they are very sensitive.
- Talk in a language they can understand.
- Play is the language of choice.
- Explain clearly and truthfully.



ADOLESCENT?





Thank
you