

# Communication Style: Self-Assessment and Reflection

## Assessment 2

Subject: Communication for Health Professionals  
(HLTH 103)

Subject Co-ordinator: Dr Judy Humphries

University of New England

Armidale, NSW

Submitted By: Nikita Karki

Student No: 220207116

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## Introduction

In a literature review, Valentina et al. (2019) defines communication as a basic human skill that is cornerstone to patient safety making it the centre of education in health field regardless of any post or role. Also, Effective communication within health professionals lead to good team work and less errors which play important role in patient satisfaction, safety, compliance and recovery (Im & Aaronson, 2020). As a nurse, I want my personal communication to be clear and understandable so that I can relate more with my patient and work effectively in a team. Understanding own communication style is important to work as a health care worker so I am using self-assessment tool by Casse (1981) to evaluate my actual communication style. Further, this essay will be focused on analysis of my communication style and reflection on importance of communication style in health care.

## Discussion

### Self-Assessment of Communication Style

- My dominant style and strengths

I followed the self-assessment tool of communication style by Casse (1981). The detailed result of my communication style is shown in Figure 1.

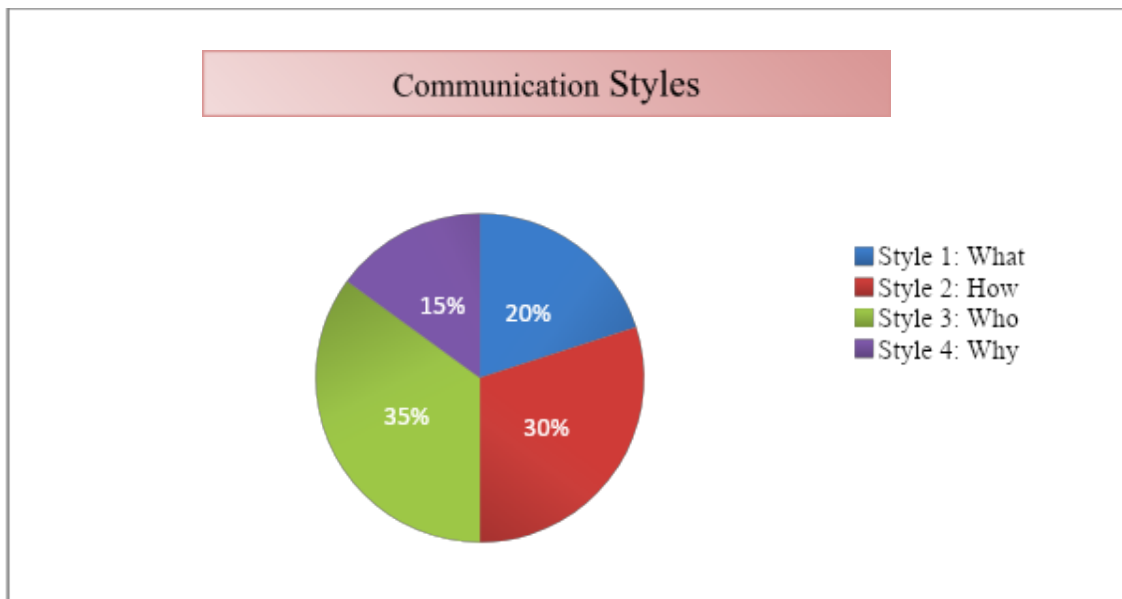


Figure 1: Self-assessment of communication style

According to Figure 1, the self-assessment of my communication style has resulted in the conclusion that my most dominant style is Style 3 scoring 30% (score=14) which includes people oriented whereas my least favoured style is Style 4 (idea oriented) scoring 15% (score=6). And other two communication styles that I use moderately which are process based (style 2) and action based (style 1) with the assessment score of 12 and 8 respectively as per self-assessment tool by Casse (1981). Since, I have Style 3: Who as my dominant style, I have strengths of creating a good rapport with patient through listening, showing empathy and understanding their perception and need of knowledge through which complex information can be extracted from or provided to patient and family in emotionally challenging situation (Engerer et al., 2016). This positive aspect of my communication style has helped a lot in my career as a health professional since the way I can talk to patient can influence them leading to good professional relationship. And this has lead to increased treatment adherence and patient being more open to me than to my colleagues and raising voice for their needs, pain and mental health problems (Lawless, 2019). For an example, when I was working as a disability worker, my communication style influenced one of my clients and she started sharing her secrets with me that she was sexually abused by her uncle when she was only eight years and has been in depression since then. After knowing this I was able to inform about this to her family and doctor who took initiatives for

uplifting her mental health and quality of life. Additionally, another good aspect about my communication style is that it shows my understanding of others values and beliefs which has helped me in working as a genuine team member in interdisciplinary care team (MacArthur et al., 2016).

- Limitation of my communication style and interaction with other styles

The negative aspect of my communication style is that I become over familiar with the patient and there are chances of crossing my professional boundaries. I become so much empathetic and try to meet their expectations in any scenario that patients also become emotional and attached that they offer me gifts and it is very hard for me to refuse (Valente, 2017). I have tried my best to refuse them in most dynamic and respectful way so that I don't breach my boundaries. Moreover, when working in interdisciplinary team, I am expected to be more organised, systematic, and professional but my communication style is more of casual and friendly in nature. Moreover, I am not idea oriented person so I find it challenging to communicate my ideas and creativity. Also, I am not confident enough with sharing my ideas and creativity since I am insecure about people's reactions and recommendations (De Hoog, 2016). For example, while I was working as quality assurance officer back in my country, I had idea on amendment of standard operating procedure but I could not communicate it well to my manager that it was not accepted. So, this part has always been challenging for me. Further, I find it hard to cope mostly with people who are idea oriented. It is difficult for me to deal and follow new ideas that are suggested by other health professionals. Also, as my communication style is least idea oriented, my major challenge is to communicate with people who are always innovative and are difficult to understand. I have difficulties in accepting new way of doing something or innovative ideas since I believe there is always some risk associated with innovative ways of doing things and I don't want to harm my patients (Boerleider, 2014).

- Developing new strengths and overcoming challenges

As I have scored relatively low in Style 1 and style 4, my major focus will be improving these styles of communication so that I can communicate well with people having these styles as dominant style. As per, Casse (1981) the basic strategy while communicating with people having dominant Style 1 is to explain shortly and clearly focusing on action, best recommendation and practical implications with the use of visual aids if possible. And, the strategy to communicate with idea oriented person is to give them sufficient time to speak, be patient, emphasize on their key ideas and future impact. So, I will be following these strategies to develop my strengths while communicating with people that are action and idea oriented. I am not a result oriented person and keep on doing things selflessly but I need to think about the desired outcome. For example, I used to care for a lady who had fractured leg so I did everything when she was not able to do it. But, during her recovery also I kept on doing things for her without concerning her recovery which made her dependent on me for all those things she could do. So, as a new strategy I will focus on strategies given by Santana et al. (2018) which include respectfully communicating with patient and following approach to encourage them in most polite way for the things they can do for themselves . One of major challenge is overstepping my professional boundaries and I can overcome it through process of self-reflection, self-motivation, ethical-decision making and by controlling my emotion, thought and behaviour as per professional standard (Scott, 2019). My another challenge is my insecurity to share my ideas and follow ideas given by others as discussed in previous paragraph, so for this I will follow the strategy of brainstorming, sharing with my friends and colleagues about my insecurities and understanding their thinking and new ideas stepwise (Wegener, 2016).

## Reflection on awareness of communication style in health care

When working in the health filed, we need be aware of our communication style since we have to deal with complex and unique patient which may include people with non-english speaking background, hearing impairment and other disabilities, paediatrics and young children. And we may also have to communicate in complex situation like breaking the bad news and handing aggressive situation. Iedema et al. (2019) have suggested that, in such

scenario the communication style should reflect more than information exchange which may require additional time with contextual, sensitive, flexible, personalised and holistic communication approach. We need to be aware of our communication style and should reflect on our responsiveness and personal adaptability for timely and patient-centred care prioritizing quality and safety of care delivered (Hannawa et al., 2017a). Moreover Hannawa et al., (2017b) claim that communication is important means through which safe and high quality care is obtained and consists of five core considerations which include accuracy, clarity, sufficiency, contextualization and interpersonal adaptation. We also need to reflect to our communication style for these five core issues of communication in order to avoid any kind of misunderstanding, wrong delivery of information and medication errors compromising patient care and safety. Moreover, as a health care worker, we need to be aware of culturally sensitive communication with the patient, family members and interdisciplinary team. Culturally open and sensitive communication style can be achieved by understanding and reflecting on own cultural values, attitudes, beliefs and practices followed by respecting and adapting individual cultural differences (Brooks et al., 2019). Also, effective communication style is important in health care for the successful team work between the multidisciplinary team leading to early finding and timely resolution of any safety concerns (Aldawood et al., 2020). So, we always need to be aware of our communication style and adaptation required to ensure safe, high-quality and patient-centred care.

## Conclusion

Hence, I have dominant communication style which is people oriented and my least used style is idea oriented scoring 4 and 6 respectively. Major strength of my communication style are building good trust, rapport and relationship with colleagues and patient, being empathetic and effective team work. The major drawbacks of my communication style are insecurity of sharing ideas and the chances of breaching professional boundaries by being over familiar with patient. To overcome this, I found some initiatives like self-reflection and self-awareness of own communication style, self-motivation, controlling my emotions and following the professional ethics and standards. Finally, culturally safe and high quality

communication style in health care is the cornerstone of patient centred care, minimum errors and maximum health care outcomes.

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