

Health Teachers Diploma

Communication



Ministry of Health and Child Welfare

Communication

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Foreword

This module is one in a series of ten intended to provide the necessary reading material for student health teachers to be able to complete their assignments during the distance education period of the Health Teachers Diploma Course. The purpose of this health teacher training programme is to equip teachers of health workers with the knowledge, skills and attitudes required for all the different roles they are expected to assume at health training institutions and in the field. The Health Teachers Diploma training programme in Zimbabwe is conducted by the Department of Planning and Management in the Ministry of Health and Child Welfare head office in Harare.

This module is the result of a long process of development, fieldtesting and revision which began in 1987 and was completed in 1993 when this module was printed for the first time. In line with the programme's participative approach most of the modules were produced by teams of subject experts and previous Health Teacher Diploma participants to ensure relevance and appropriateness to the Health Teachers Diploma trainees' needs.

Training and re-orientation of health and health-related personnel was one of the strategies of the Alma-Ata (1978) International Conference on Primary Health Care for the successful re-orientation and restructuring of national health care services towards Primary Health Care. The Alma-Ata Conference therefore recommended that due attention should be paid to the preparation of teachers of health workers, continuing education and supportive supervision of health workers at grassroots level.

It is in the context of the successful implementation of Primary Health Care that the Health Teachers' Diploma training programme was established in 1987 in Zimbabwe. It was co-funded by the Zimbabwean Government and the German Foundation for International Development (DSE) The latter has also provided the funds for the time and cost intensive development of these modules.

I hope that this module not only enhances learning but that the reader also enjoys working through it.

S.J Tapera
Director Planning and Management
MINISTRY OF HEALTH AND CHILD WELFARE

April 1993

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General Introduction

Welcome to this module on communication. In practicing our normal work as health teachers, clinical instructors, general nurses, dental therapists, environmental health officers, radiographers and physiotherapists among other professions, we are managing and administering many different processes. We are part of a network which needs a lot of management and communication skills to function well.

The module is divided into three units. Unit I is an introduction to communication. You will learn about different concepts of communication and the importance of effective communication between you and your target groups. Other aspects of communication discussed in this unit include communication as a process and some general factors affecting communication.

Unit 2 will introduce you to non-verbal communication. You will learn about characteristics of non-verbal communication and problems of contradictions between verbal and non-verbal messages. The use of non-verbal communication in classroom instructions is discussed. As a teacher it is important that you be aware of your non-verbal behaviour so that you can have control in using it. In the health sector you deal professionally with people most of the times. Awareness of all aspects of communication which are conveyed beyond the spoken word is therefore very important. This serves to make your communication more effective and also helps you to realize possible reasons if it is failing.

Unit 3 deals with the use of communication in management. Communication as the process by which managers accomplish the functions of planning, organizing, leading and controlling will be looked at as well as steps necessary for effective communication and common barriers to effective communication. You will also have an opportunity to update or strengthen your knowledge about channels of communication in health organizations and the use of written and oral communication. The unit concludes with guidelines on how to improve communication at work places.

Module Objectives

At the end of this module you should be able to:

- explain the importance of communication skills to teachers of health workers;
- analyze the communication process;
- distinguish between one-way and two-way communication;
- identify characteristics of non-verbal behaviour;
- describe appropriate non-verbal communication in classroom instruction;
- explain the role of communication in the management functions of planning, implementing and controlling;
- outline ways of improving communication at your institution.

How to Use the Module

The module consists of three units. Each unit consists of objectives, information and self-test questions. The objectives specify what you are expected to do after studying the unit. The self-test questions at the end of each unit are designed to give you an opportunity to assess your understanding of the content. In order to facilitate interaction between the reader, the material and the writer, the module is written as a communicative dialogue because we are using it as replacement for a teacher. The module should talk to you as a teacher would in a face to face situation. When you finish reading through the unit, noting the major points and concepts, you should try to answer the self-test questions without referring to the content you have read. Check your answers against those provided at the back of the module. If you have answered more than three quarters of the questions correctly, you are doing well and should proceed to the next unit. However, if you have only answered about half the questions or less correctly, you need to study the unit again. Make sure you have understood each unit before going on to the next one. We hope you enjoy studying this module. There are a number of symbols to guide you as you study:



This tells you there is an in-text question to answer or to think about in the text.



This tells you to take note of or to remember an important point.



This tells you there is a self-test for you to do.
It is not to be handed in.



This tells you that this is the key to the answers for the self-tests.



This tells you there is an overall assignment for you to complete and send for marking to:

Ministry of Health
Health Teacher Training Unit
The Course Coordinator
P O Box 8204
Causeway
Harare

Introduction

This unit begins with a brief history of communication, and emphasizes the need for health workers and health workers to be good communicators. We will then identify the components that comprise the communication process and factors which influence its effectiveness. Communication is often viewed as a 'one-way' process. We will describe the one-way model and how it differs from the two-way model. We will also describe the 'two-way' model and how it differs from the one-way model. Finally, we will look at what is termed 'communication climate' and how it can be improved. An effective communication climate is essential for effective communication.

UNIT 1

INTRODUCTION TO COMMUNICATION

- identify four levels of communication.
- describe the basic steps in the communication process.
- distinguish between one-way and two-way communication.
- describe the various communication climates and their implications.

What is Communication?

There is one answer to this question. If you ask this question in different ways, you will get different answers. For example, you might ask, 'What is communication?' and you might get the answer, 'Communication is the exchange of information between two or more people.' Or you might ask, 'What is communication?' and you might get the answer, 'Communication is the process of sending and receiving messages.' Or you might ask, 'What is communication?' and you might get the answer, 'Communication is the art of making oneself understood.' The answers you will get from individuals will reflect the way they think of communication in different ways.

Introduction

This unit begins with trying to define 'communication' and emphasizing the need for health workers and teachers of health workers to be good communicators. We will then describe components that constitute the communication process and factors which influence its effectiveness.

Communication is often referred to as a 'one-way' or 'two-way' process. We will discuss this and see which implications they will have on the effectiveness of communication.

Lastly we will look into what is termed 'communication climate' and how as communicators we can influence it positively.

OBJECTIVES

After studying this unit you should be able to:

- explain what communication is;
- identify four levels of communication;
- give reasons why health workers need to communicate effectively;
- describe the basic steps in the communication process;
- distinguish between one-way and two-way communications;
- discriminate between interpersonal communication that is based on equal, or unequal relationships;
- identify kinds of information that are present in common verbal exchange;
- describe the various communication climates and their implications.

What is Communication?

There is no one answer to this question. If you ask this question to individuals in your health institution or in the street the chances are that you will get as many different answers as the number of people asked. Everybody can communicate, but there is no consensus on the precise meaning of the term 'Communication'. The answers you will get from individuals will indicate that people think of communication in different ways.

There are those who see communication as a means of passing information from one person to another, for example verbally or by using telephones, telegraphs, radios, televisions and letters.

Others consider communication as an act of public speaking. For example, in teaching and giving lectures.



Can you think of other examples?

Different writers have defined communication in various ways. Here are some common examples that are found in literature:

- the passing of a message from one individual to another;
- the transmission and reception of messages;
- the transmission of information and understanding from one person or group to another;
- means used by people to clarify and express their feelings;
- any means of which a thought may be transferred;
- the process by which people attempt to share meaning via the transmission of symbolic messages.

The above examples and definitions show how diverse the field of communication is. However, from the definitions it is clear that communication is a process and it involves transmission of information between people.

Now let us examine the word 'communication' from another angle. The word communication comes from the latin word *communis* which means 'common'. When man communicates, he is trying to establish a degree of commonness with someone else. Therefore we can say that:



Communication is a way of trying to establish a degree of common understanding between people.

It is in this context that the word communication is used in this module. We are not going to concern ourselves about railway lines and roads although it is true that they are used for enabling people, goods and written communication to be moved from one place to the other. Our concern here is on human communication as a striving need for common understanding between people. Only when a common area of understanding is established between two or more people can we say effective communication has taken place.

Again the term communication should not be confused with media terms such as radio, telephone, telex or letters. These are channels of communication and not the act itself. You will learn more about communication channels later in this unit.

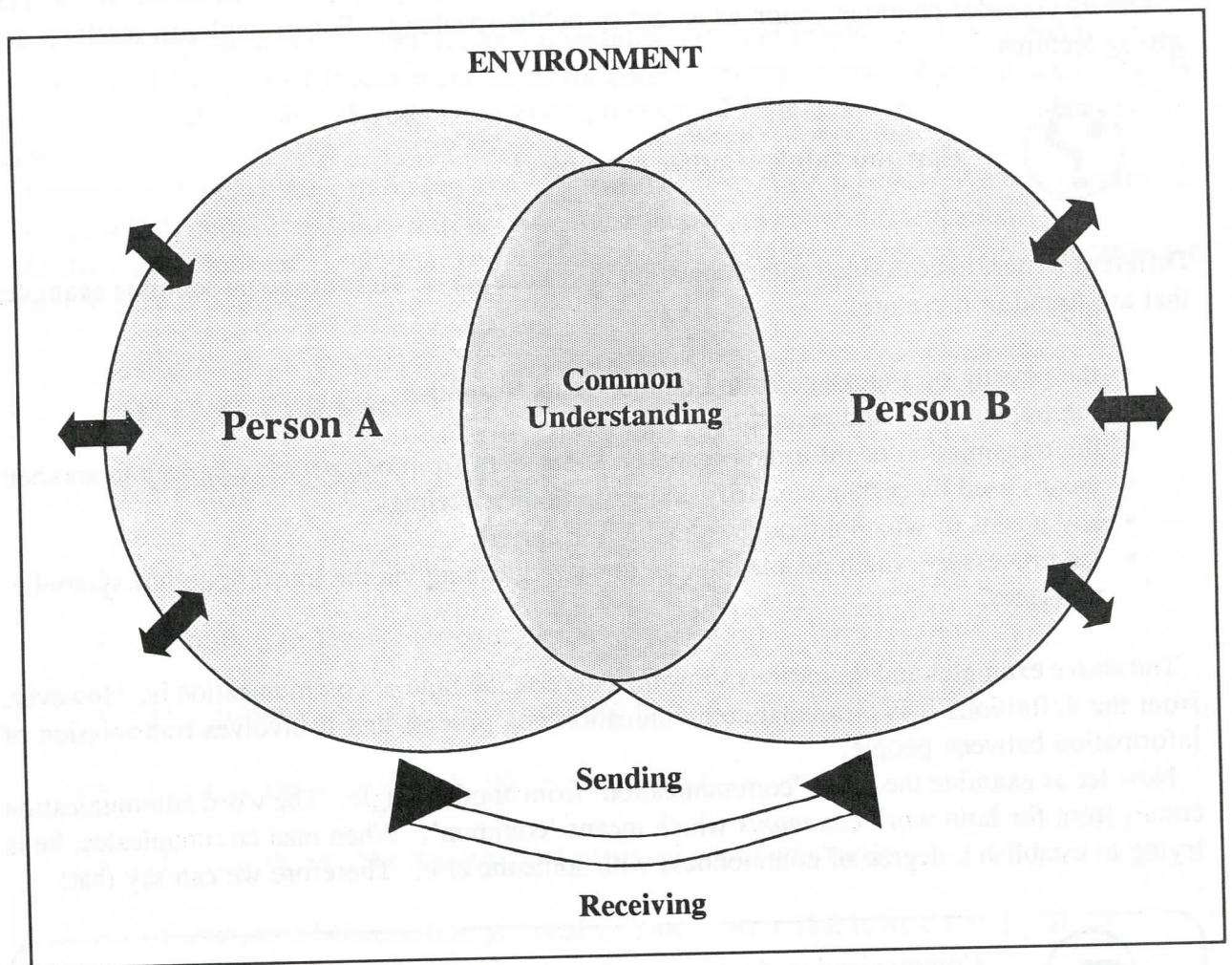


Fig 1.1 Communication as creation of common understanding

Levels of Communication

Four distinguishable levels of communication are mentioned in literature. These are:

- intrapersonal communication;
- interpersonal communication;
- group communication;
- cultural communication.

We will briefly differentiate them below.

Intrapersonal Communication

Intrapersonal communication is that which takes place within the same individual. It could also be described as the process of reflecting about an issue.



From your experiences can you give an example of communication that takes place within an individual?

An example of this level of communication involves thinking and talking inwardly or aloud to oneself. The other examples are mediating, reflecting to oneself or even writing oneself a reminder note. In a classroom situation this type of communication can take place either within a teacher or within a student.



Is there a link between intrapersonal communication and the other levels?

There may or there may not be a link. Intrapersonal communication may sometimes occur in isolation. But in most cases it occurs in conjunction with the other higher levels of communication. In most communication settings the intrapersonal level is the basis upon which the higher levels of communication operate. Change of behaviour in an individual, for example, takes place as a result of external stimuli but is primarily intrapersonal in nature.

There are two main characteristics of intrapersonal communication which make it rather unique. First, the person initiating the message and the one receiving it is the same individual. As a result, interpretation of the information and correction of errors are made by this same individual and not by an outsider. Secondly, the symbols which make the message can only be interpreted by the same person. In this case, therefore, there is almost no problem of misinterpreting communication.

Interpersonal Communication

This level of communication takes place between two people on a one to one basis or in any face to face encounter between two individuals. As you are already aware, good interpersonal communication skills are important for you as a health teacher in dealing effectively with an individual trainee, another health colleague or even a patient.

Considering a classroom situation, interpersonal communication may occur in three forms: from a teacher to a student, from a student to a teacher or from one student to another student.

Communication

A characteristic of interpersonal communication is that both the initiator of a message and the receiver constantly change roles several times during the communication event. One person will initiate a message, the other will reply, and the initiator will then respond to the feedback of his initial message. As you might be already aware, we must not only receive the message, but must also respond to it in order for the communication cycle to be completed.

Group Communication

This is communication which takes place within a group. Group communication is probably used more often than any other single level. In the classroom situation it may involve communication between several students and the teacher, between the teacher and several students or between a single student and several students. The difference between interpersonal communication and group communication is that interpersonal communication involves only two individuals whereas group communication takes place among several members in a group. The group level is different from other levels in that the flow of messages may be very erratic and have no definite pattern.

Cultural Communication

Cultural communication is perhaps the most abstract form in any one given community. In cultural communication the initiator of the message is often unknown. In most forms of cultural communication there are a number of initiations who have helped shape the cultural messages.

Infact cultural communication reflects the influence of art, literature, laws, rules, values, beliefs and customs of a community. Such ritual behaviours as seen at marriage ceremonies, births and burials are all examples of cultural communication. Culture dictates moral values, ethical considerations and educational values which affect communication settings. This is also reflected in classroom settings.



The influence of culture is not restricted to the cultural level of communication. It also influences group, interpersonal and even intrapersonal communication.



Fig 1.2 This way of greeting communicates more than just 'Hello, how are you?' but a whole set of attitudes and values.

Importance of Communication to Health Workers

We have seen that effective communication essentially requires creation of common understanding between two or more people. This concept has considerable implications for all health workers and especially for those of you who are involved in the teaching and training of health cadres. A health worker's most important task is to educate individuals and communities on health matters. One of the biggest problems that hinders positive responses from these individuals and the communities is lack of communication skills on the part of the health workers.



What are the roles of health workers in community health programmes?

Our country like many other countries, has adopted and declared Primary Health Care (PHC) as a strategy to achieve the goal of health for all by the year 2000. One of the most important principles of PHC is the involvement of the community in the process of identifying and finding solutions to their own health problems. To be able to do this, a common understanding between the community and the health workers is necessary. It is also necessary for the health workers themselves to have a common understanding with each other. You are likely to have experienced yourself that the communication structures in the health sector have been very hierarchical, both within the health sector and between health professionals and patients or the community.

If you examine this closely, you may find that these communication structures have in some cases contributed considerably to the failure of health programmes. Also many bad reports about the health care system in the mass media refer to rude treatment and communication patterns of health workers.

We have already said that a health worker is an educator. In essence your work is to teach - to encourage sharing of knowledge, skills and ideas in health matters. This will help improve attitudes towards responsibility for one's own well-being and that of the community. A poor communication style can be harmful to the people and the programmes you are dealing with.



What are the specific roles of a health worker where effective communication is required?

Health workers have certain common roles to perform. These include:

- providing general health education to the community;
- counselling and guiding people on specific health issues;
- motivating and mobilizing people to participate in health promotion activities;
- providing service and teaching other health cadres.

Other activities where a health worker is required to communicate effectively with his audience are those stipulated by the World Health Organization (WHO) in their new approach to health education in PHC:

- providing opportunities for people to learn how to identify and analyze health and health related problems, and how to set their own targets;
- making health and health-related information easily accessible to the community, including information on practical, effective, safe and economical ways of attaining good health and of coping with disease and disability;
- indicating to the people alternative solutions for solving the health and health related problems they have identified;
- creating awareness of the importance of effective communication in fostering mutual understanding; support between the people and the health care providers;
- translating the targets set by the people into simple, understandable, realistic and acceptable goals which the communities can then monitor;
- helping people to learn how to set priorities among the different health problems they have identified and to understand the need to refer to relevant policies in doing so; for example, that priority should be given to the deprived sections of the community and to certain diseases on the basis of the degree of their contagiousness and susceptibility to treatment.

It is essential that communities have a clear understanding of their role in the implementation of strategies for solving health problems. Here health education should facilitate the dialogue with the people through culturally and socially acceptable forms of communication. If health workers cannot communicate effectively then some of these PHC strategies cannot be realized.



Where else are health workers expected to use effective communication skills?

Health workers are employed in various institutions and do different work. There are those who are trained and work as: Radiographers, environmental health officers, physiotherapists, field extension workers, doctors, administrators in hospitals and health training institutions, general nurses and clinical instructors and trainers of different health cadres.

Each of us requires communication skills to be able to effectively perform the tasks as indicated in the diagram below:

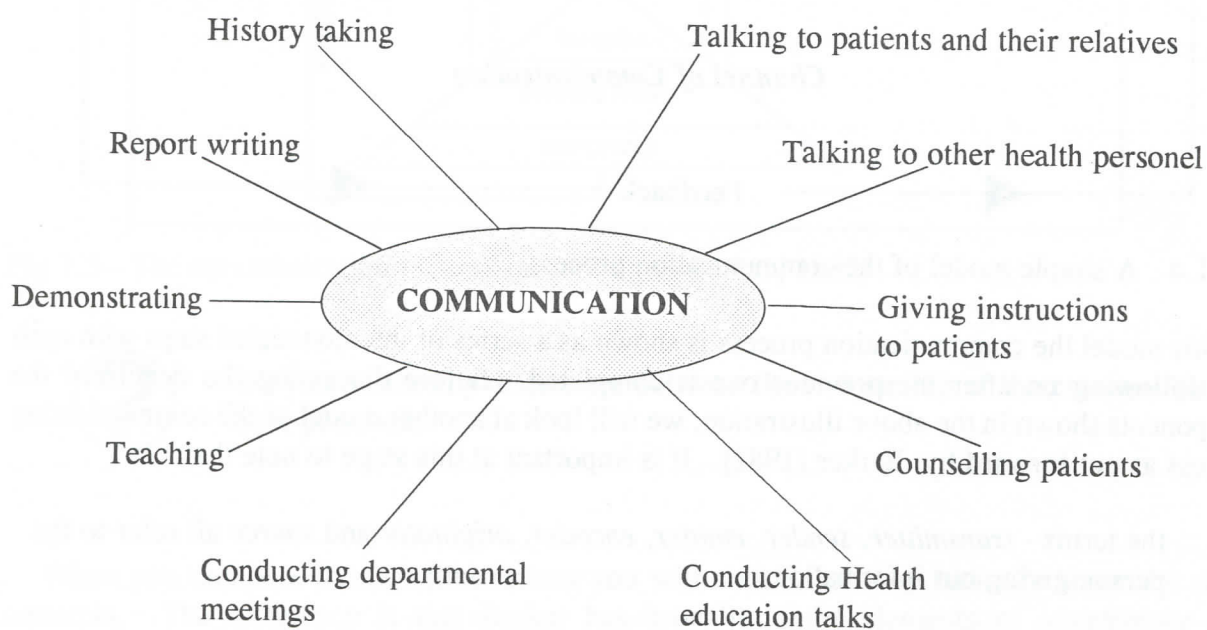


Fig 1.3 Health workers communicate in many ways

The list above is not in anyway exhaustive. You can think of some more and add on to the list.

Communication as a Process

In the previous sections you learned about communication as an effort to achieve common understanding between one or more people. We emphasized the importance of effective communication to health workers. At this stage we will look more closely at the communication process. There are different ways of simplifying and explaining this complex subject. Generally communication is seen as the process by which an idea is transferred from a source to an audience or receiver.

Within the complexity of the communication process there are some basic components and processes which can be described separately. Each of these components and processes may be composed of several sub-parts and perform a variety of functions. Let us now isolate and examine some of the elements involved in a single act of communication, the conveying of a simple message.

The communication model of Shanon and Weaver (1949) which originally applied to the development of electrical systems has been successfully applied to human communication. The model consists of the following linked parts:

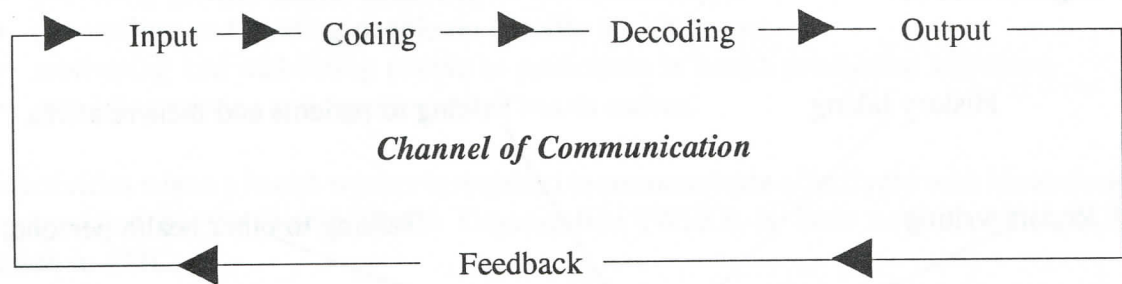


Fig 1.4 A simple model of the communication process

In this model the communication process is shown as a series of interconnected steps with each step following on after the previous one is completed. Before discussing the details of the components shown in the above illustration, we will look at another model of the communication process as put forward by Barker (1982). It is important at this stage to note that:

the terms - *transmitter, sender, emitter, encoder, originator* and *source* all refer to the person giving out information;

the terms - *decoder, receiver* and *responder* all refer to the person to whom information is directed.

The following diagram illustrates the flow and relationships among the components in the communication cycle as put forward by Barker.

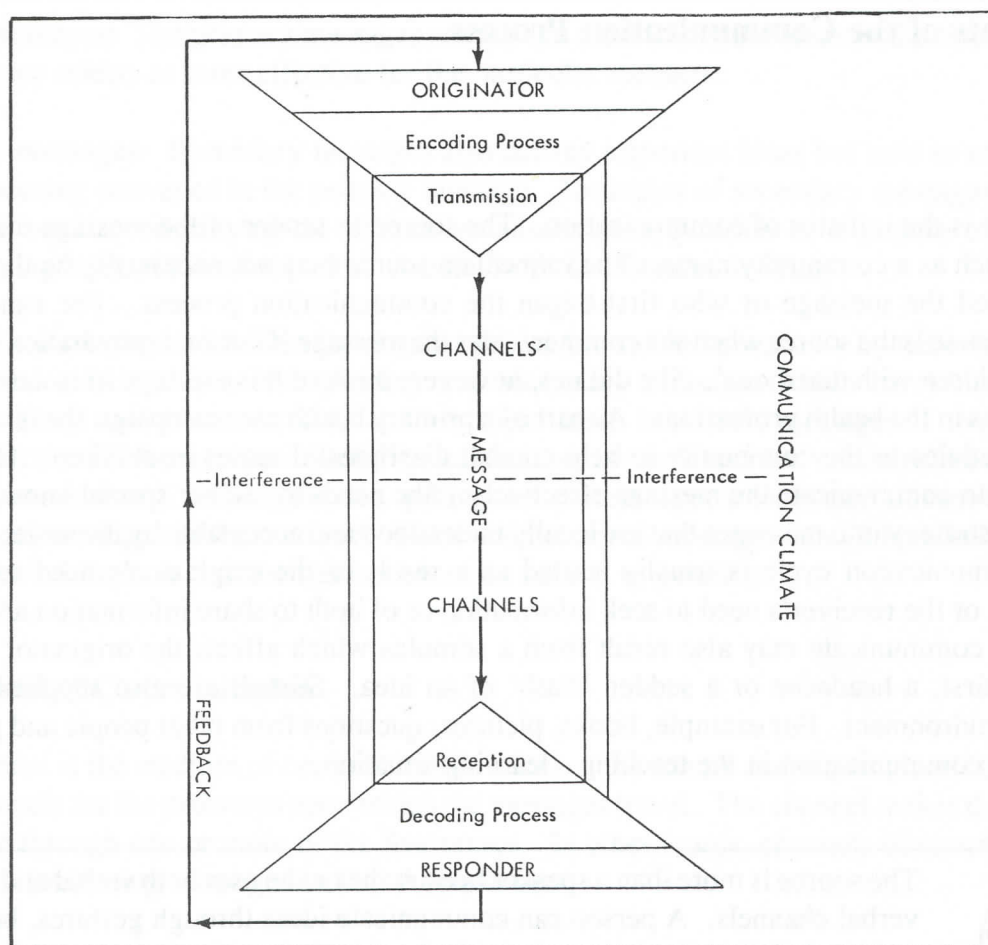


Fig 1.5 The communication process (according to Barker, 1982)



Do you notice any difference between the two models of the communication process?

When you compare the two illustrations you will notice that they basically show the same concepts. The difference is that Barker has brought in the elements of *interference* and *communication climate*.

Before we get into the details of the components shown in the diagram, it is important to note at this stage that in reality a communication event is a **simultaneous** process of encoding and decoding activities. The use of the terms *source*, *encoding*, *decoding* and *receiver* in the models are for convenience. You do not encode and decode back and forth like the movement of a ping-pong ball. During the communication process there is always a simultaneous flow of information between two or more people. Let us talk about the components mentioned above in more detail.

Components of the Communication Process

The Source

The source is the initiator of communication. The source or sender of the message may be an individual such as a community nurse. The immediate source may not necessarily be the person who suggested the message or who first began the communication process. For example, a community nurse is the source when she communicates the message 'Give oral rehydration solution (ORS) to children with diarrhoea'. She did not, however, think of this message in isolation from her colleagues in the health professions. As part of a primary health care campaign she is expected to give this advice to the community to help combat diarrhoeal diseases in children. Her role, therefore, is to communicate the message effectively. She needs to use her special knowledge to translate the strategy into messages that are locally understood and acceptable by the target groups.

The communication cycle is usually started as a result of the originator's need to impart information, or the receiver's need to seek information or of both to share information and ideas. The need to communicate may also result from a stimulus which affects the originator such as hunger or thirst, a headache or a sudden 'flash' of an idea. Stimuli are also supplied by the immediate environment. For example, books, pictures, questions from other people and gestures all stimulate communication in the teaching - learning situation.



The source is more than a speaker because he or she uses both verbal and non-verbal channels. A person can communicate ideas through gestures, bodily action, facial expressions and physical appearance as well as through words and pictures.

The Message

The message is the encoded information sent by the sender to the receiver. The message contains the information or ideas that are communicated. Its meaning can be expressed in different ways: language, written words, pictures, gestures, movement and facial expressions. All these are symbols. They represent the information or ideas that the source wishes to communicate. It is important to note that, as a set of symbols, they have to be understood by both the sender and the receiver.



How could messages be classified?

Messages may be classified according to their desired impact upon the receiver. Such a classification usually includes primary messages, **secondary** messages and **unintentional** messages.

Primary messages: The primary messages convey the most important ideas in the channel which the originator selects as most effective for the particular message.

Secondary messages: Secondary messages also convey important ideas but tend to reinforce or amplify meaning conveyed in the primary message. Examples of secondary messages include a nod of the head accompanying an affirmative answer to a question or a gesture of the hand accompanying a set of directions. The channel in these instances is visual.

Unintentional messages: Unintentional messages are transmitted constantly by the originator but may have no relationship to the primary and secondary messages which carry the intended meaning. They can, however, detract from these more important messages if they produce negative reactions in the receiver. Such physical features as careless dress, uncontrolled or habitual gestures (mannerisms), absent-minded pacing or unkept appearance can transmit negative unintentional messages to the receiver. These unintentional messages cannot be eliminated, but you can control them so that their effect becomes neutral or positive.

The Channel of Communication

The channel is the medium of communication between the sender and the receiver. Communication channels are the pathways upon which the messages travel. The channel makes the message perceptible through one or more of the five senses. In other words, channels of communication are ways of presenting messages so that they can be:

- seen through printed and visual forms, for example posters and books;
- heard through the audio-media, for example radio;
- seen and heard through films, television, field demonstrations and other audiovisual aids;
- touched, smelled and tasted like models, exhibits and specimens.

The main consideration in choosing the channel of communication is that it should clearly and accurately convey the message to the receiver. The channel and the message are in most cases inseparable.

In interpersonal, group and cultural communication, the channels are frequently light waves and sound waves. These waves carry visual and spoken messages which are received and interpreted by the receiver. In a teaching learning situation, the teacher may use his voice as the channel of communication. He can do this in conjunction with a variety of visual media, the simplest of which is the chalkboard.

The Receiver

The receiver is the target of the originator's message. For the communication cycle to be completed the receiver must receive and respond to the message. The receiver may respond either verbally

or non-verbally. Most of the time the receiver responds using the verbal and non-verbal modes in combination. You will learn more about non-verbal communication in Unit 2 in this module.



In all communication occasions, the people or the person who receive the message is the most important single element in the communication process. It is therefore, necessary to study the intended audience before making decisions about the message and channel or channels of communication.

Feedback

Feedback is the response to the message by the receiver as observed and used by the communicator. Feedback can be grouped as follows:

Immediate: For example people's facial expressions may show if they have understood or not.

Long-term: For example an eventual change in behaviour. A case in health is where all the people in rural areas would have built Blair toilets and stopped using the bush system as a result of health education they received.

Positive: Where communication is satisfactory the audience receives and understands the message and takes the desired action.

Negative: Where there is complete lack of response or a response which indicates that the message is not understood or even received. Negative feedback as defined by communication theorists, does not imply disagreements, but may be just a demonstrated lack of understanding. In this case the response indicates that the communicator's message is not correctly interpreted. Here communication is not satisfactory and therefore, adjustments are needed.

Ambiguous: Where the response may be interpreted as either positive or negative feedback by the communicator. A blank expression on the receiver's face is an example of ambiguous feedback. If ambiguous feedback is interpreted as negative, the communicator needs to repeat the message in a different way in order to make it understandable to the receiver. Interpretation of ambiguous feedback must be made in light of what the communicator knows about the receiver and the potential impact of the message being transmitted.

Feedback completes the communication cycle by sending messages back from the receiver to the communicator. It indicates whether the message was received and shows the extent to which common understanding is established. It is an essential part of the educational communication process. In your teaching, feedback enables you to vary the input depending on students' responses. You should use the students' responses to modify your messages and revise educational materials to reduce or eliminate errors of interpreting the messages.

The same principles apply when you are dealing with your patients and the community.

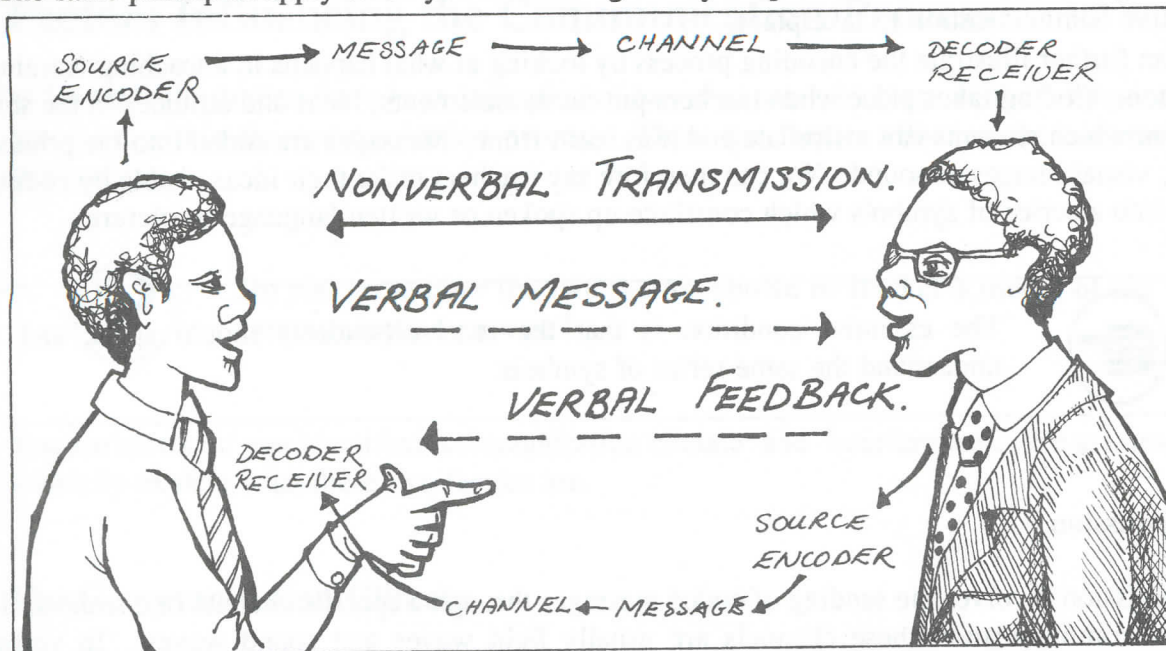


Fig 1.6 For communication to be complete there should be a source, message, communication channel, a receiver and there should be feedback.

We mentioned earlier on that within the various levels of the communication process there are some other processes which perform a variety of functions. These processes are:

- encoding;
- transmission;
- reception;
- decoding.

We are now going to discuss them in detail:

Encoding

Encoding is the translation of information into a series of symbols for communication. The encoding process transforms thoughts and ideas into words, symbols, bodily movements, facial expressions and gestures. It involves both conditioned responses (natural reflexes) and cognitive responses which require varying degrees of thinking.

On both cognitive and conditioned response levels the encoding process interacts with the originator's individual communication climate. Such elements in the climate as hereditary influence, past experience and social development tend to mold the originator's encoding system into a particular pattern. It is therefore, necessary that the originator should also be aware of the responder's communication climate and related encoding system.

Communication

This is to ensure that the encoded symbols will be understood by the responder and thus enable effective communication to take place.

We can further illustrate the encoding process by looking at what happens in a teaching learning situation. Coding takes place when teachers put facts, statements, ideas and attitudes in the sort of form which students can assimilate and thus learn from. Messages are coded into the printed word, visual images or sound. We can therefore say teachers make their ideas visible by coding them into a series of symbols which constitute up spoken or written language or pictures.



The essential condition is that the receiver(student) should speak and understand the same series of symbols.

Transmission

Transmission involves the sending of coded messages through a specific channel or channels. In human communication these channels are usually light waves and sound waves. In verbal communication the transmitter may be thought of as a complex of bodily components which actually produce the sounds of speech. In non-verbal physical communication, the transmitters are intricate systems of smooth muscles and nerves which generate and control bodily movement and facial expression.

Reception

Reception is the process of receiving stimuli by one or more sensory organs. These organs are the eyes, ears, nose, tongue and skin. It is important you note that, although many stimuli are received, only those which are interpreted by the brain affect behaviour and communication. For the purpose of this course we are not concerned about details of the reception process.

Decoding

Decoding is the process by which the receiver interprets the message and translates it into meaningful information. The decoding process is the reverse of the encoding process described earlier. Put simply, it is the process of transforming words and gestures into thought symbols. It is important you note that the output received by the responder is not always the same as that intended by the originator. What is received will depend on a number of factors including the responder's previous knowledge of what is being communicated and the relationship between sender and receiver.

Factors Influencing the Communication Process

In Barker's illustration there is an indication of two elements which are neither components nor processes within the communication process. These are factors affecting the communication process.



Do you remember the two factors shown in Barker's model of the communication process?

You are correct if you identified 'communication climate' and 'interference'. We are now going to briefly explain what these two factors are.

The Communication Climate

The communication climate is the sum total of the originator's and responder's past and present hereditary, social and personal influences which have affected their personality, language and physical development (Barker, 1982).

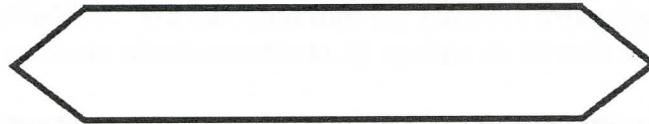
In other words it is a description of the prevailing attitudes and habitual behaviours of the people between which communication is being attempted. In an ideal situation the communication pattern of the originator and that of the responder should be identical for effective communication to take place. In reality we are not sure if this condition ever exists. Even between identical twins communication patterns differ because of such factors as parental attention, social contacts and exposures to different language settings. This helps to explain why at times there are breakdowns and misunderstanding in communication. The principal characteristic that affects the communication climate is the degree of friendliness or hostility that exists between transmitters and receivers especially in the face to face situation. At the extremes of the friendly-hostility continuum, the differences are quite clear and can be characterized as follows:

Characteristics of Receivers

Hostile Environment

Friendly Environment

Critical
Sceptical
Challenging
Intolerant



Sympathetic
Open
Supportive
Tolerant

In turn these characteristics affect the speaker as follows:

Characteristics of Speaker

Cautious
Guarded
Devisive
Selective



Relaxed
Open
Honest
Revealing

Fig 1.7 Characteristics of communicators determining the communication climate

Once the communication climate has developed a hostile tendency it is very difficult to reverse this and move towards the friendly end of the above continuum. Communication is bound to be less effective. However, the communication climate can be improved through appropriate steps such as getting to know each other well, and understanding oneself and the possible implications of one's behaviour on other people.



Fig 1.8 Meetings held in a friendly, supportive environment encourage open, honest and constructive discussions.

Interference

In most communication settings noise or interference is present which can alter the message. Such interference may be both internal and external to the originator or responder. Internal interference may take such forms as physical pain or tiredness. This physiological interference tends to alter or disturb normal communication processes. It also makes encoding and message formation processes less efficient.

External interference may occur by noise, visual or both. In the teaching learning situation interference may take the form of whispering in the classroom, sounds of passing heavy vehicles or a variety of external audible distractions.



What other examples of audio interference have you experienced while teaching or conducting a health education talk?

Visual interference may take the form of unerased writing on the blackboard, irrelevant posters, pictures and cards on the walls or moving objects which can be seen out of the windows. Unfavourable lighting conditions may also detract the receiver's perception. All forms of interference may be reduced through appropriate steps, but it is virtually impossible to eliminate them completely. You have experienced this during your teaching practices and micro-teaching sessions.

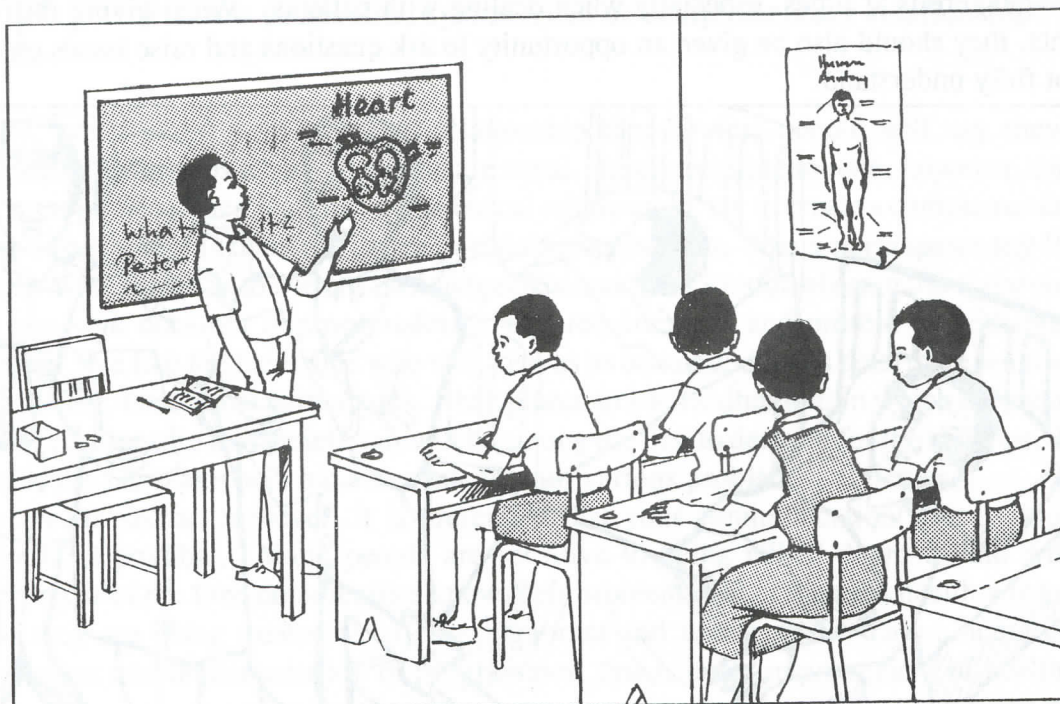


Fig 1.9 Unerased writing on the chalkboard, irrelevant charts, pictures and posters can be distracters to your learners

One-way or Two-way Communication

The existence or absence of feedback gives rise to the concept of one-way and two-way communication. In one-way communication there might be complete absence of feedback or some form of feedback. When a receiver is doing something as instructed by the sender, but without fully understanding why he is doing it, he might not have been given an opportunity to ask questions. In many instances this is how people communicate.



What are the problems of one-way communication?

One-way communication is rarely effective. To establish commonness with your audience - be they your trainees, patients, the community or even your family or your friends - you need to allow for two-way communication. In two-way communication the receiver is free to ask questions and refine the message together with the communicator. Without establishing two-way communication it is difficult to find out if your audience accepts and understands your message.

Communication should be a two-way process through which one communicates *with* people, not *to* people. This should provide opportunities to explore all sides of every issue. It should also allow for questions and other interactions that are necessary to achieve mutual understanding and satisfaction to the communicator and audience, that is to all partners in the communication process.

Although one-way communication can be accurate and faster than two-way communication, it can be dangerous at times, especially when dealing with patients. When giving instructions to patients, they should also be given an opportunity to ask questions and raise issues on what they do not fully understand.



Fig 1.10 By not giving the patient and/or his relatives a chance of saying and asking anything, important information might be missed.



One-way communication can be accurate and faster than two-way communication only if it happens to be understood from the beginning. Otherwise it may even take more time.

For example, a number of innovations suggested to the community have not been taken up, because the one-way communication process despite being faster in the first place, has neglected the people's views. Looked at it from this angle, time was wasted. Similar examples are experienced by every teacher. Trying to save time by avoiding discussions, usually does not pay at the end.

Symmetrical and Complementary Relationships in Communication

If you observe people talking, you can quite often tell whether the communicators see themselves as being equal, superior or inferior to each other. In your daily experiences you are likely to have observed this. Where two or more communicators converse and treat each other as equals we term this *symmetrical communication relationship*. In the case where the communicators treat each other as being superior or inferior to the other person the communication relationship that is reflected is termed *complementary*.



Which is preferable, symmetrical or complementary relationship?

Usually, when asked which type of relationship they prefer, people will say they prefer symmetrical relationships where all people are equal. It is interesting to note, however, that some of these same people, when placed in symmetrical relationship, try to create a complementary one. This type of behaviour is common in health training institutions. Many participants say 'We like a facilitator who allows us to use our own judgement and think for ourselves in the classroom. We like the one who does not impose predetermined requirements and present us with prepacked information. We like the facilitator who will treat us as equals and let us determine what we want to learn'. Often, these same participants, when placed in such a situation, in which the participants - facilitator relationship is symmetrical, will be among the first to demand for the syllabus. Usually in this case the facilitator will have to contend with various problems and issues.

In the health sector, however, it is preferable that your communication relationships be as symmetrical as possible. Many people are sensitive to being talked down to and withdraw. However, most of the time communities know their problems better than the health worker does. But, still they are being treated as inferior, ignorant and uneducated. This hinders effective communication and implementation of programmes, that is lastly improvement of health.

Kinds of Information Present in Verbal Exchange

We have mentioned before that what is being transmitted and what is being actually received in the process of communication is not necessarily the same. Without common understanding between you and the audience about what kind of information is being exchanged, the chances of successful communication may be poor.

It is useful for you to distinguish between the following categories:

- factual information;
- opinions (including forecasts, interpretations, value judgements);
- goals, wishes, objectives, strategies, plans;
- ideas;
- feelings.

Let us briefly analyze these categories:

Factual Information: This deals with only the past and present, not the future. From latin, a fact is that which has been done. For example 'He broke his leg' or 'He has broken his leg' is a factual statement. 'He is going to break his leg' is an opinion no matter how strong the probability is.

Opinions: These are by definition subjective. They reflect the different ways in which people see the world. It is possible for two people to look at the same facts and draw different conclusions from them, interpreting them in the light of their different experiences.

Goals, wishes, objectives, strategies and plans: These fall together and they are related to the future. They imply value judgements about what is desirable. They are usually subjective.

Ideas: These are thoughts about what might be done to achieve certain objectives. They may range from known solutions about what has worked in the past to entirely new untried courses of action. Again these may be subjective.

Feelings: These are communicated either as information like 'I am feeling tired' or more directly and powerfully as emotional outbursts, tears, laughter, blows and so on. The transmission and reception of feelings is much more of non-verbal than a verbal activity.



You should be aware of these and be able to distinguish what is being communicated.

Summary

Human communication is a way of trying to establish a degree of commonness between one or more people. All health workers should be skillful in communicating so that they can be effective in their work. Providing health education is one of the most important tasks for health workers.

Levels of communication are:

- intrapersonal, which takes place within the same individual;
- interpersonal, which takes place between two people;
- group-communication, which takes place within a group;
- cultural, which reflects the influence of art, literature, laws, values, beliefs and customs.

The process of communication is complex and involves the following components:

- the originator; that is the person who starts the communication;
- the message; which carries meaning from the originator to the receiver via words or body movements,
- the channel, which are the pathways on which messages travel - usually light or sound waves;
- the responder; that is the person or people who are the target of the originator's message;
- feedback; which is the message by the receiver as observed and used by the communicator.

Within various levels of the communication process there are other processes which are:

- transmission, which is the sending of messages through specific channels;
- reception, which is the process of receiving the message by the sensory organs which are the eyes, ears, nose, tongue and skin;
- decoding, which is the process of interpreting the encoded messages into meaningful thought.

The two major factors influencing the communication process are:

- interference, which is also known as noise. This alters or changes meanings of the message;
- communication climate, which is the total of social, hereditary and personal influences which affect both the receiver and originator's behaviour, during a communication process.

Communication can be one-way or two-way. In one way communication the receiver is not given the opportunity to clarify issues or to ask questions. In two-way communication all involved are free to ask questions and refine every side of the issue at hand, so that common understanding is achieved.

Communication

Where two or more people treat each other as equals in communication this is known as symmetrical relationship. In cases where the known communicators treat each other as superior or inferior, this is known as complementary relationship. Most people prefer symmetrical relationship in communication.

In verbal exchange there are five common categories into which the information may be classified. These are:

- facts;
- opinions;
- goals, wishes, objectives strategies and plans;
- ideas;
- feelings.

Within the communication climate the principal characteristic that affects communication is the degree of friendliness and hostility that exist between the transmitters and receivers. For effective communication a friendly supportive environment is desirable.

Well done! You have now come to the end of Unit I of your course on communication. You can take a well deserved rest before doing the self-test.



Self-Test 1

Now do this self-test by writing T if the statement is true or F if it is false.

Question 1

- a) Effective communication can take place even if there is no established area of common understanding between two or more people.
- b) Radio, television and books are channels of communication.
- c) Health workers should take into account the local language, social and cultural norms when communicating with the community.
- d) Encoding involves the process by which the receiver interprets the message and translates it into meaningful information.
- e) The most important element in the communication process is the receiver.
- f) We can only communicate by using speech and printed media.

- g) To establish two-way communication all involved should give their opinions and ask questions.
- h) Communication climate is a description of the atmosphere constituted by individuals' past experiences, their habitual behaviour resulting in their prevailing attitudes.
- i) What the originator communicates is exactly what the receiver perceives.
- k) Feedback is a response to the original message by the receiver.

Question 2

Match each word or phrase on the top list with its meaning or general explanation from the list at the bottom by writing the correct number of the meaning in the blank spaces.

One way communication	_____
Two way communication	_____
Ideas	_____
Wishes	_____
Communication climate	_____
Opinion	_____
Fact	_____
Communication Channel	_____
Symmetrical relationship	_____
Complementary relationship	_____

- a) Different ways in which people see the world.
- b) Total of social, hereditary and personal influences which shape both the receiver's and originator's behaviour.
- c) That which has been done or has happened.
- d) Value judgements about what a person or people think is desirable.
- e) Pathways upon which messages travel.
- f) Thoughts about what might be done.
- g) Where two or more communicators treat each other as equals.
- h) Where opportunities are provided to explore all sides of every issue by every individual involved.

Communication

- i) Where communicators treat each other as unequals.
- k) Where the receiver of a message is expected to respond correctly without asking questions or clarifying the issue at hand.

You are now ready to go on to Unit 2.

UNIT TWO

NON-VERBAL COMMUNICATION

Introduction

Our culture is so 'word oriented' that we rarely think of other expressive behaviours that shape our communication interactions. You might be surprised that only a small part of the meaning you get from face to face communication comes from the actual words used during conversation. From various research findings it has been estimated that less than 35 percent of the meaning in interpersonal communication comes from the actual words we use. Where then does the rest, about 65 percent of the meaning of messages come from?

The major contribution to the meaning of messages in interpersonal communication are the non-verbal elements present in the information exchange. This is what we are going to study in this unit.

OBJECTIVES

After studying this unit you should be able to:

- explain what non-verbal communication is;
- identify some characteristics of non-verbal communication;
- show awareness of and receptivity to non-verbal communication;
- explain what non-verbal immediacy behaviours are;
- use appropriate non-verbal communication in classroom instruction.

What is Non-verbal Communication ?

For our purposes, the non-verbal elements in a communication situation are all the signals that are not words. Situation factors such as room size and tidiness are non-verbal signals. Elements of vocal expression such as loudness and tone, are examples of behavioural non-verbal signals. Certain internal conditions such as being tired or having a sore knee are non-verbal signals in that they are readings of the physical state of the body. Our focus in this Unit is on behavioural non-verbal signals we give off in interpersonal communication rather than situational factors or personal conditions.



Non-verbal communication may be defined as the exchange of information through non-linguistic signs.

From the above definition we can say that non-verbal communication is the way in which we influence each other without using words. It is the way in which you express yourself through a silent language and make an impression on other people.



What are examples of non-verbal communication?

Examples of non-verbal communication are so many and so easy to come by that we can even leave this page blank and let you, the reader, fill them in for yourself.



Think about non-verbal behaviours and signals and add them to the list below.

Body movements: For example, leaning on the table, avoiding eye contact, twisting one's hand, holding on to the pen, folding arms across the chest, holding your chin.

Gestures: For example, moving close to the students, touching, stroking, hand shaking or a pat on the back.

Body orientation: Turning toward or away from your students, the angle of incline of head or trunk, folding of arms or crossing legs.

Facial expressions: Both voluntary and involuntary - for example, frowning, raising eye-brows, **gritting teeth, smiling.**

Timing: Smiling at the wrong point, keeping the students waiting, cutting an interview short.

Physiological signs: For example, narrowing of eyes, perspiration, nervous tics or clammy hands.

Reaction pacing: Such as interruptions, long pauses and stumbling over the words of others.

Implicit verbal indicators: For example vocal qualities of speech such as tone and pitch, and the use of sarcasm or irony.

We hope you are familiar with most of the examples mentioned above. At this stage let us point out some characteristics of non-verbal communication.

Characteristics of Non-verbal Communication

- a) Non-verbal language is partly instinctive, partly taught and partly imitative.
- b) Non-verbal behaviour is rarely the subject of direct training, it is therefore difficult to control or to falsify. It is revelatory. It reveals interpersonal warmth, distance, coldness, emotive content, attitudes and values. If you believe that the 'truth will out' then non-verbal communication is probably the best indicator of truth.
- c) Non-verbal behaviour is culturally determined but is individually flexible. Just as languages differ from one society to another, some non verbal communication differs in different cultures.
- d) Like culture, non-verbal behaviour can be elusive, normally out of awareness, difficult to erase or control, and has a powerful influence in intercultural communication.
- e) Non-verbal communication may be intentional or unintentional on the part of the sender of communication, and either sender or receiver or both may be unconscious of the fact that some form of communicating is occurring.
- f) Non-verbal language may replace, modify, clarify and underscore speech, but it is limited in conveying logical, sophisticated or creative ideas. It can operate against the words spoken and even cancel them out. This leads to contradictions between verbal and non-verbal communication.



We cannot stop communicating through body language. Therefore non-verbally we cannot say nothing. We are constantly communicating in our silent language - the language of behaviour.



Why should we be concerned about the various forms of non-verbal communication?

If you analyze the characteristics of non-verbal communication we listed then no doubt you should see that these have several implications for you. We shall now point out some of them.

As a health trainer person-to-person contact is an essential part of your professional activities. Some of the activities you are carrying out are teaching, community surveys, conducting research in your special areas, interviewing and selecting students for your profession. Most of the information you collect in these instances is by direct observations.



How do you think observation for non-verbal communication can be of help in these instances?

We have already said that non-verbal communication is rarely the subject of training and therefore is difficult to control or to falsify.



As a good observer you must make use of non-verbal cues all the time. They give you cues about thoughts and feelings that may be quite different from the thoughts and feelings that are exhibited openly.

In most cases, the non-verbal cues exhibited by respondents represent the 'true state' of the situation. The non-verbal cues therefore help you to get more accurate information if you pay particular attention to them and interpret them correctly. The question is not whether you get more, better or less extensive data by attending to non-verbal forms of communication. It is not what you gain by adding them, but what you lose by ignoring them, for they are always there to be tapped. It is almost always convenient to pick them up. They are continuously available and act as an immediate cross-check on every thing else that you observe or hear. The respondent is almost always unaware that he is providing you with some non-verbal information, hence you can rely on the information as representing the 'true' state of mind of the respondent - but with some cautions.



Not only should we observe non-verbal behaviour in others, but above all be aware of our own non-verbal cues. Self-assessment, mini-teaching where possible, asking friends, workmates, students for feedback might be helpful.

We also said, non-verbal communication is culturally determined but individually flexible. Infact, non-verbal cues are powerful indicators of cultural values and beliefs. If you ignore such cues you miss many conscious and influential cultural norms and values. The careful observation and analysis of non-verbal cues add immeasurably to your greater understanding of social contexts. It is therefore important that in order for you to have common understanding with your cadres and your community you should be thoroughly versed with their forms of non-verbal communication. It is also important to find out how your own non-verbal behaviour affects them.



You are already aware that non-verbal communication should be interpreted with some cautions. Why do you think this is necessary?

Communication

First of all you should note that non-verbal language depends heavily on inference. No non-verbal behaviour is self-interpreting. For example, is the nurse's smile really a sign of approval and responsiveness or is it a mocking grin? Is the patient groaning because he is in pain, or he just wants to attract attention? There are in most cases alternative possibilities for what you observe, and quite often there are many interpretations. This is not to suggest that non-verbal communication cues always have deficiencies. The advice we are suggesting here is that you should:



Exercise reasonable caution and cross-checking before you jump to conclusions.

Secondly, there are major cross-cultural patterns of non-verbal language. This might make you assign incorrect meanings to non-verbal communication of cultural or ethnic groups which are different from your own. There are between various ethnic and cultural groups, major and powerful differences in the kinds of non-verbal cues that are sent and received. For example in most of our country's African cultures looking directly into somebody's eyes - establishing eye contact - is considered improper if not rude, whereas for most of the white community of this country and elsewhere, this is the correct way of establishing close interaction especially during conversation. Therefore, if you move into a new community, you might do well by initially suspending your impressions about non-verbal group interaction behaviour.



You need to prepare yourself to understand what comprises the interaction rituals of a particular community.



Fig 2.1 The young woman's very direct way of greeting is likely to be seen as inappropriate if not offensive.

Contradictions Between Verbal and Non-verbal Communication

We mentioned earlier on that non-verbal communication can operate against the words spoken and even cancel them out. We said this often leads to contradictions between verbal and non-verbal communication. Usually, where the two contradict the non-verbal signals are the ones which are easily picked up and interpreted by the receiver. The adage 'Action speaks louder than words' reaffirms this.



What implications does this have for effective communication ?

When communicating you need to be careful that verbal and non-verbal signals re-enforce each other rather than be in contradiction. As we said earlier, it is the non-verbal cues which the receivers usually pay more attention to than to the words spoken. It is not necessarily **what** you say (verbal information) but **how** you say it (non-verbal information). For example, when you are taking history from a patient, your relaxed posture, eye contact, head nods, smiles and other sympathetic non-verbal cues tell him that you value him and care about his well-being. On the other hand, it is no use saying nice words to a patient while at the same time exhibiting a horrified look on your face. Of course the patient will not believe what you say, but will instead think his condition is just too bad and might get very worried. This is not desirable.

The realization that most of our communication has both verbal and non-verbal components has some important implications. For instance, one of the prevailing theories of the causes of schizophrenia is essentially a communication theory - the 'double - bind' theory. Briefly, the theory holds that schizophrenia may be caused when children from an early age in their everyday encounters with their family receive contradictory signals. For example, a mother may say to a child, 'come here and let me cuddle you' and yet emit non-verbal signs that clearly let the child know he is not welcome - like a mean look on her face. If the child obeys the verbal command, he senses that the mother is annoyed as soon as he comes close. In this instance he has obeyed her verbal cues but has ignored her 'true' feelings which were displayed non-verbally. On the other hand, if he disobeys the verbal cues, she will punish him for not 'coming to me to be cuddled when I ask'. There are two messages, one verbal and another non-verbal which oppose each other. The child loses no matter which set of signals he obeys. He is in the 'double-bind'. The child's continual exposure to double-bind situations may over a period of time create schizophrenic behaviour according to this theory.



The exposure to creation of double-bind does not necessarily lead to schizophrenia. It has to happen over a period of time and so be established as a communication pattern.

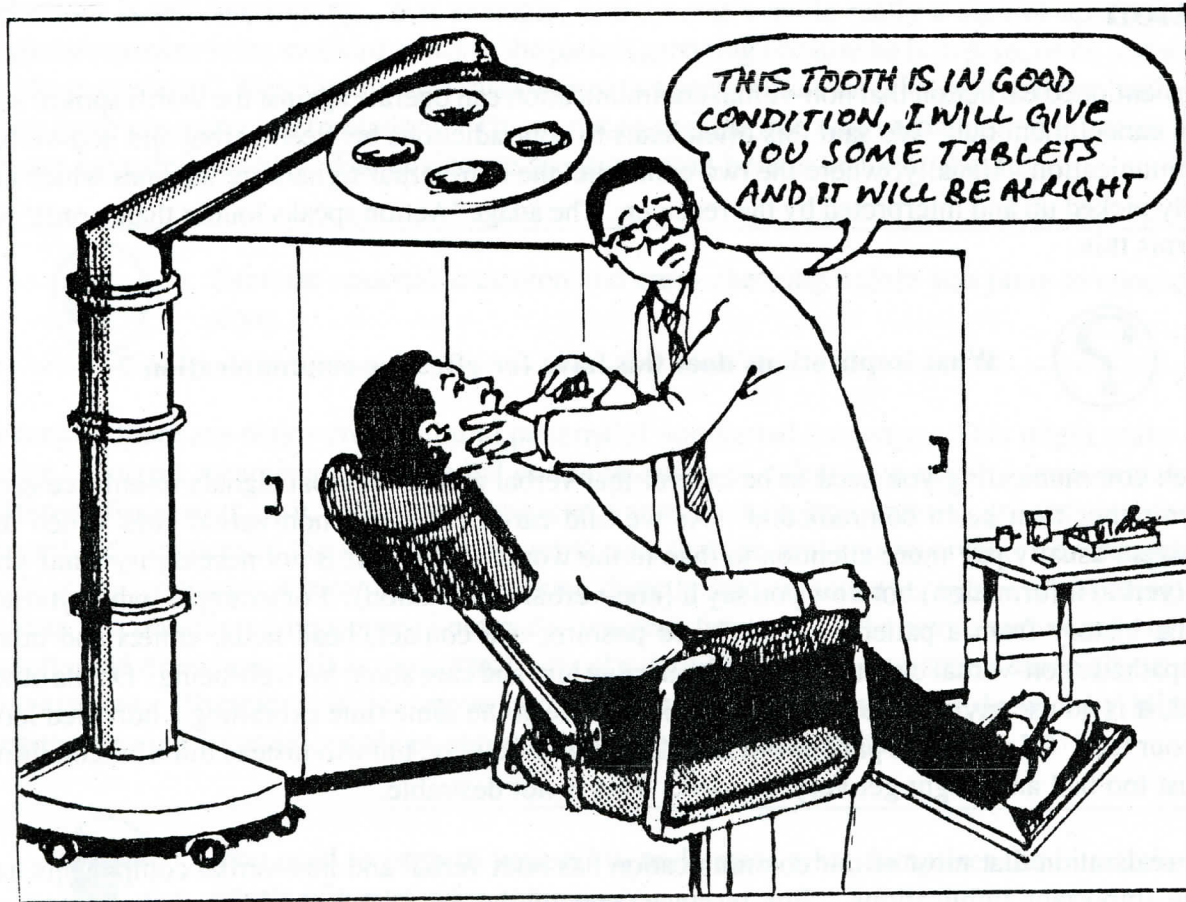


Fig 2.2 For effective communication you must make sure that verbal and non-verbal messages re-enforce each other rather than be in contradiction.



Can you think of some instances where you have experienced contradictions between verbal and non-verbal messages?

Such situations are quite common in our everyday interpersonal communication. Infact, we have probably all experienced receiving contradictory verbal and non-verbal messages in certain situations but usually for a short period of time. Consider this incident: During a discussion in the classroom one participant disagreed rather strongly with the facilitator's point of view. The disagreement became heated, since the facilitator could not 'cool it' and the participant said, 'I suppose you don't want me to disagree with you'. The facilitator, with a red face and in a very loud, disagreeable voice said, 'I don't mind you to disagree with me'.



What verbal and non-verbal contradictions can you pick up from the above incident?

The verbal and non-verbal messages were clearly contradictory in this case. Verbally the facilitator didn't mind disagreement. Non-verbally it was quite clear that the facilitator was terribly upset by the disagreement. Even in this case the facilitator had placed the participant in a double bind dilemma.

The above examples also highlight the fact that speech itself contains aspects that contribute to non-verbal understanding of messages. Thus, the form, as well as the content of speech, lends meaning to our understanding of what is being communicated. Therefore, the 'reading' of non-verbal communication may be done with the ears as well as with the eyes.

You have now come to the end of this chapter. Before proceeding do the following self-test.



Self-Test 2

Fill in the blank with a word that makes the statement correct.

1. The major contribution to the meaning of messages in interpersonal communication is the _____ elements present in the information exchange.
2. Just as languages differ from one society to another, some non-verbal communication differs in different _____.
3. Non-verbal communication can operate against the words spoken and even cancel them out. This leads to _____ between verbal and non-verbal communication.
4. In most cases, the non-verbal cues exhibited by respondents represents the _____ of the situations.
5. Non-verbal communication should be used with some cautions. This is because non-verbal language depends heavily on _____. No non-verbal behaviour is self-interpreting.
6. When communicating you need to be careful that verbal and non-verbal signals _____ each other.
7. There are two messages, one verbal and the other non-verbal which oppose one another. This is a _____ situation.

Non-verbal Communication in the Classroom

In the previous section you learned about non-verbal communication and its characteristics. We also dealt with some instances of contradictions between verbal and non-verbal communication. In this section you will be introduced to appropriate use of non-verbal communication in the classroom situations.

Many teachers are totally unaware of the non-verbal component of their communication. You as a trainer may think that you communicate mainly through verbal means, whereas in fact you also communicate many non-verbal messages to your participants. If you are aware of the components of your teaching behaviour, then it is possible to have control over them.

One important way you can use to promote positive affective outcomes when you are teaching is to create a communication context which produces positive feelings between you and your learners. It has been proved through research that the verbal and non-verbal communication messages that teachers employ have an important effect on students' liking for the teacher, the subject matter and the discipline area. For example, Andersen (1979) found that half of the variation in students' liking for teachers was associated with the kind of non-verbal communication the teachers employed. Specifically, it is teachers who employ non-verbal *immediacy behaviours* who communicate effectively in the classroom.



What is non-verbal immediacy behaviours?

Non-verbal immediacy behaviours are non-linguistic actions which signal:

- availability for communication;
- creation of increased sensory stimulation;
- enhancement of increased interpersonal closeness and warmth.



Can you think of some specific non-verbal actions which you can use to create the conditions mentioned in this definition?

Before we discuss specific non-verbal behaviours that communicate immediacy it is necessary that we come up with a suitable classification of non-verbal behaviours. Scholars in the field of non-verbal behaviours unfortunately do not agree on what the dimensions of non-verbal communication are. For our purpose we adapt Barker's classifications which are as follows:

Proxemics, which is the use of interpersonal space and distance. Here we are going to discuss two proxemic cues which signal immediacy during communication. These are physical distance and angle of orientation of the communicators.

Haptics, which refers to the communicative elements of touching, both the different qualities of touching and the variations in the connotative meanings of touch.

Vocalics, which is sometimes called paralinguistics and refers to the extraverbal elements of speech that give added dimension to the meaning of verbal communication. It deals with the non-verbal elements of the human voice.

Kinesics, which refers to communication through body movements.

Oculesics, which refers to the study of messages sent by the eyes.

Chronemics, which is the study of time and what it communicates to other persons.

Most of these terms, however, are too technical than we need for our purposes and we shall use them sparingly. Now that we have pointed out what non-verbal immediacy behaviors are and explained terms used in some of their classifications let us discuss in detail the implications of these in the classroom situations.

Proxemics

Whenever you communicate, your distance and angle from the receiver communicates powerful messages, including varying degrees of warmth or immediacy. As we said earlier on, we are going to discuss two proxemic cues which are thought to signal immediacy during communication. These are:

- physical distance between communicators;
- the angle of orientation of the communicators.

Physical Distance of the Teacher in the Classroom

It has been found through research that communicators stand closer to people they like than to those they dislike. It has also been reported in a number of studies that closer distances between communicators results in more positive attitudes.



Of what use is this information about physical distance to you as a teacher?

Many teachers fail to establish interpersonal closeness with their learners because they remain physically remote from the learners. Standing at the front of the room or sitting behind a desk and remaining there for the entire duration of the lesson is a common behaviour for some teachers. You may ask 'What is wrong with that'?

In these remote positions, it is difficult for you as a teacher to develop a close relationship with your learners, even if you want to develop such a relationship. This type of behaviour of some teachers establishing their territories around desks is associated with nervousness and insecurity on their part. It does not facilitate effective teaching and learning. You as a confident teacher should use the entire room and frequently move among your learners. You should regularly move close to all learners when conducting your lessons so that you can increase closer interpersonal interactions.

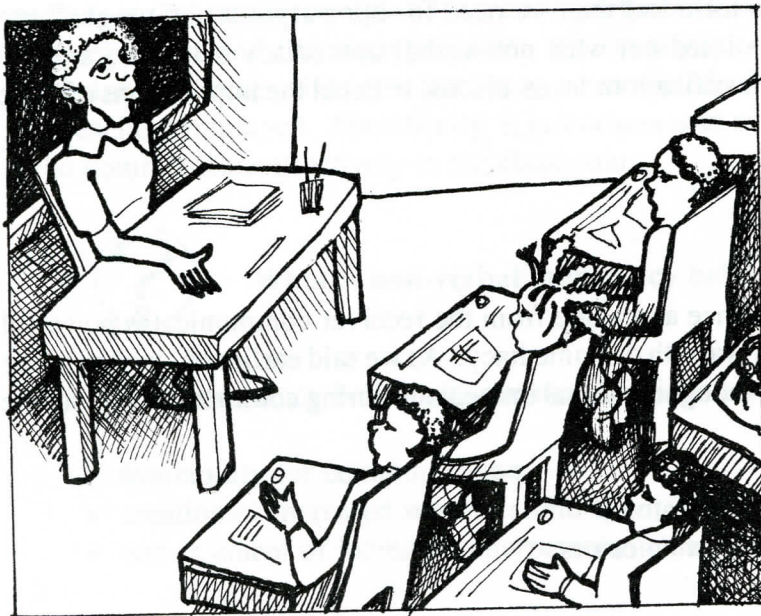


Fig 2.2 Doesn't she look very defensive and distant from her students ?

Body Angle in the Classroom

Again it has been established through research studies that more immediacy is communicated when two or more people face one another. Less immediacy is conveyed in side-by-side positions, and the back-to-back position is least immediate. Generally, the degree to which one person is turned in the direction of another during communication reveals that:

- a more direct body orientation is used by people who have a strong liking for each other;
- a moderately direct body orientation is used by people who have an average or moderate liking for each other;
- a very indirect body orientation (almost back to back) is used by people who are likely to intensely dislike each other.

But it is surprising that many teachers do not fully face their learners when teaching. They hide behind desks, lecture platforms (podiums) and tables. Quite often they continuously write and talk facing the chalkboard - with their back to the learners.



What are the problems of such behaviour?

Such behaviour has the following disadvantages:

- it reduces close interpersonal contact and interaction between you and your learners;
- it removes the necessary visual communication between you and the learners;
- you cannot see behaviour problems of your learners;
- you fail to receive any non-verbal communication from the learners;
- you cannot effectively ask questions or make your comments easily understood by your learners.

You as a teacher might do well by doing most of your chalkboard work before the lessons and then spend most of your teaching time facing your class. This enhances effective learning and teaching.

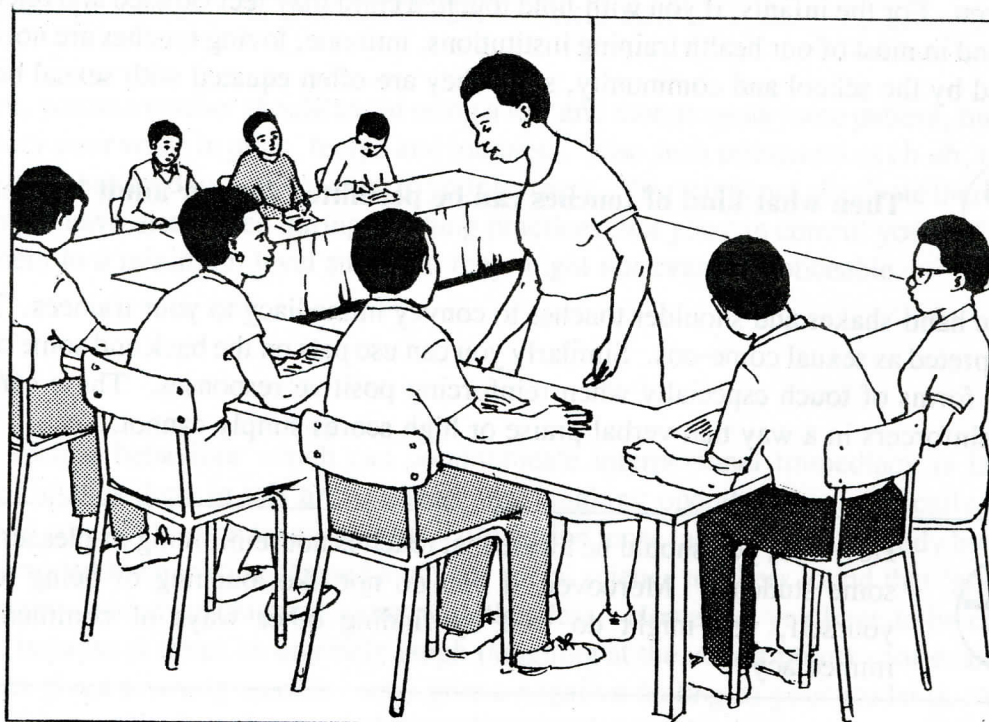


Fig 2.3 Frequently moving close to your learners and facing them directly increases interactions between you and the learner.

Haptics

Haptics or tactile communication involves the use of physical contact between people. It has been established that touch is an important part of immediacy or interpersonal closeness. In a rather unusual but interesting study of married couples, Beier and Sternberg (1977) reported that couples who experienced the least disagreement touched themselves less, but touched each other more frequently than couples who frequently disagreed.

Classroom Touch



What types of touch should and should not be used in the classroom?

Since touch is one of the most immediate, and intimate forms of communication you have to be careful about its use in the classroom. You have to be aware of the school and community norms governing such behaviour. Also important is that you should know the cultures of your learners very well. For the very young students - which you are unlikely to have in your training institutions - large quantities of touch are permitted and probably expected since this conveys love and affection to the children. For the infants, if you withhold touch, a child may feel isolated and rejected. On the other hand in most of our health training institutions, intimate, loving touches are not expected nor accepted by the school and community, since they are often equated with sexual behaviors.



Then what kind of touches can be permitted for our adult learners?

You can use hand-shakes and shoulder touches to convey immediacy to your trainees. These are rarely interpreted as sexual come-ons. Similarly you can use pats on the back and some other non-threatening forms of touch especially when reinforcing positive responses. These can serve as powerful reinforcers in a way that verbal praise or high scores simply cannot.



However, you should be aware that touch is not reinforcing or pleasurable to some students. Moreover, if you do not like touching or being touched yourself, you might do well by finding other ways of communicating immediacy.

Vocalics

When people talk they communicate verbally, or linguistically, through words, and non-verbally or non-linguistically, through the way which words are spoken. These extraverbal elements of speech that give added dimension to the meaning of verbal communication include:

- volume of voice, for example loud or soft;
- quality of the voice, for example tense, growly or breathy;
- accent, for example minor differences in pronunciation;
- inflectional patterns, for example intonation, modulation or pitch patterns.

In addition, various non-verbal utterances for example, uh-uh, mmm, eek, pauses, hesitations, have meaning even though these utterances are not accompanied by any verbal communication. Generally these indicate interruptions in your thought patterns and therefore lead to interferences in your smooth speech pattern.



In general, communicators and therefore even teachers, who vary the pitch, loudness and tempo for their speech are viewed as more immediate. Voices which are expressive, enthusiastic and varied, particularly in pitch and tempo, convey the most immediacy.

Therefore, you as a teacher should avoid using a low and monotonous voice pattern, but you should try and vary your voice in pitch, tempo and loudness. Also such utterances as eh-eh, mmm should be avoided as they tend to be distractors to your learners. You might not eliminate them completely as you might have discovered during teaching practices, but you can control yourself and perhaps reduce them to a minimum level such that they might not even be noticeable.

Laughing

Another vocalic behaviour which can communicate interpersonal immediacy is laughing. A number of studies done in this area indicate that laughing operates physiologically as a tension reducer and contributes to relaxation, especially during tense interactions. A study by Barr (1929) which examined the qualities of good and poor social science teachers found that 'good' teachers laughed more, including laughing along with the class. However, you have to be careful about laughing, because at times an untimely laugh (laughing at the wrong point) - for example when a student has given a wrong answer - may give a negative feeling to your students. While many studies in this area have not been conclusive, it seems that teachers who are more willing to laugh communicate more immediacy.

Kinesics

Kinesics, as we pointed out earlier on, is communication that occurs via body movement and is probably the richest source of immediacy cues for all teachers. It includes all your body movements that have meaning for your audience such as the following:

- your overall body tension;
- smiling;
- pacing to and from the students and to and from the audio-visual aids such as the flip-charts;
- head positions and movements such as nodding and shaking;
- facial expressions;
- hand gestures;
- leaning on the table.

Let us discuss some of these in more detail.

Smiling



A smile is one of the most powerful immediacy cues. Smiling has been found to produce substantial positive therapeutic effects in relationships including an increase in interpersonal acceptance.

When you smile the other person frequently smiles in return. Smiles are reciprocal immediacy behaviors. If you were not already aware of this, try it in practice and see what happens. Teachers who frequently smile are communicating immediacy in one of the easiest and powerful ways. In most cases your trainees are sensitive to your smiles as a sign of friendliness and positive affection and warmth. Therefore, as teachers you are encouraged to smile more even if you think - as for yourself - you naturally do not like smiling. 'A smile goes a long way', so goes another popular saying.

Head Nods

Head nods are another *kinesic behaviour that communicates immediacy especially* when the head nods are used by a listener to respond to a speaker. It is believed that in both primates and human beings, head nods originated as ritual bowing gestures which signal submission and friendliness. Research carried out by Eibl-Eibesfeldt indicated that head nods tended to be used to increase communication or friendliness and tended to be just the opposite of threat or dominance displays. As an effective teacher you should use head nods together with verbal re-enforcements to acknowledge learners' correct responses.

These nods provide your students with feedback that you are listening and understanding their communication. Nodding your head as the student answers a question or makes a contribution serves as an encouragement for him to continue. This has the effect of making the student to say and explain more. So why not use them during your lessons?

Use of Gestures

In a study of affiliative behaviour, Melrabian (1971) found that more hand and arm gestures per minute were a part of communicating greater affiliation with others. Therefore, more gestural activity communicates immediacy. Your use of gestures communicates interest and warmth, both in interpersonal interactions and while you are teaching. Your gestures not only help you to illustrate ideas but also to convey more warmth and enthusiasm for teaching.

Body Relaxation

Body relaxation communicates immediacy by showing that you are free from stress and anxiety. Tension is perceived negatively by your learners. Usually it communicates uncomfortable and anxious states. This may be perceived by your learners as a build-up to an aggressive release of tension. Relaxed rather than tense body positions communicate more liking and positive attitudes between two or more persons. Also it has been shown that posture sharing (the extent to which teachers and students assume symmetrical body positions) has a positive effect on rapport and students' liking for their teacher. Evidently, teachers who are tense and anxious communicate negative attitudes to their students and are perceived as cold and non-immediate. Therefore, it is important that as teachers you should try and be more relaxed, especially when you are conducting your lessons.

Use of Open Body Positions

Finally, another kinesic behaviour which communicates immediacy, but which many teachers are usually not aware of is the use of open body positions. Several studies have shown that open body positions communicate increased warmth or immediacy. Evidently, folding your arms and holding your legs tightly together communicates defensiveness and coldness rather than immediacy. Teachers who maintain closed body positions are perceived by their students as cold, unfriendly, and not very responsive to communication.

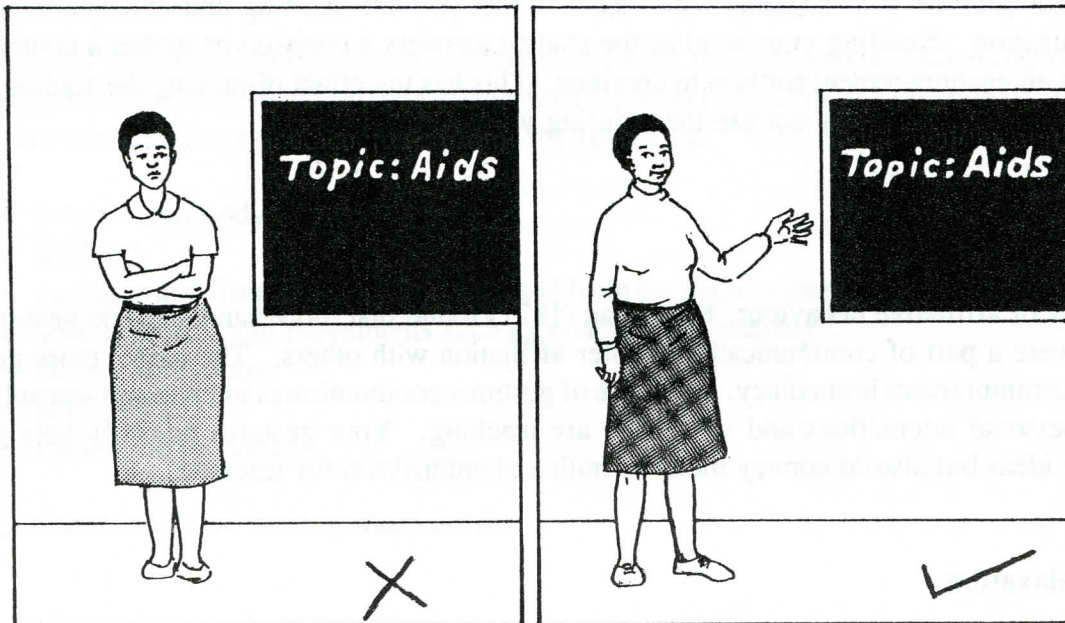


Fig 2.4 As a teacher, try to be more relaxed and use open body positions.

Oculesics

Eye contact is an invitation to communicate and a powerful immediacy cue for you and your students. It is an important non-verbal skill which you should employ since it closes the interpersonal distance between you and the students. Eye contact performs an important monitoring function which communicates to your students that you are taking account of them. This monitoring function of eye contact signals availability for communication. It is also a necessary behaviour in communicating involvement. Absence of visual attention is usually perceived as unwillingness to become involved with another person. Eye contact is an important indicator of social accessibility. When you look at the eyes of another person a channel of communication opens between the two of you. There is usually a heightening awareness between the two of you and the glances that pass between the two of you can express friendship, love and warmth, though at times this can signal curiosity or hate. It depends on the situation.

You as a teacher, when you use more eye contact you can more easily monitor and regulate your classes, and you also communicate more warmth and involvement to your students. Increased eye contact increases the opportunity for communication to occur and enables you to respond to the many non-verbal behaviors of your students. Therefore, you should position yourself so that you can establish eye contact with every student in the class.

Eye contact is not the only possible variation, the eye can be narrowed indicating that your student or any other receiver of your message is probably puzzled or perhaps afraid. The size of the pupil itself can change. For example, the size of the pupil of the eye enlarges when one is looking at something pleasing, like an interesting teaching aid.

We have discussed quite a number of non-verbal communication behaviors, especially pertaining to the body movements of the teacher. Now let us look at a few other non-verbal communication situations which are not part of body movements of the teacher but which do communicate a lot to the students.

Dressing of the Teacher

Dress is another means of non-verbal communication which every teacher should be aware of. To this we can add the state of grooming of the teacher. Such things as unkempt hair and general lack of care about dress may indicate a disturbed inner state of yourself as a teacher and will have a negative impact on your students. When you are neatly dressed with a well-groomed look you communicate positive feelings and more immediacy to your students. Generally, dress and grooming help us to see how you regard yourself and how you would want us to think of you.

Classroom Environment

Classrooms which are clean, bright, attractive and functional communicate immediacy. Moreover, classrooms which reduce physical barriers to communication make immediate interaction more possible. As you are aware, most classrooms have a desk separating the students and their teachers. Many teachers may see nothing wrong with this practice, but many studies indicate that such physical barriers become psychological barriers as well. A study of doctors indicated that when a desk separated doctors and patients, only 10 percent of the patients were at ease whereas when the desk was removed the number of patients at ease jumped to 55 percent.



Make sure that the classroom has no physical barriers which can become psychological barriers and reduce communication between you and your students.

Classroom Arrangement

A number of studies indicate that when students are seated in conventional rows, only those students who are seated in the front row get the most attention and have the greatest opportunity to communicate with the teacher. Such studies have also indicated that the greatest percentage and duration of communication comes from the front row and middle tier of the classroom.



Why is there limited involvement of students at the back?

Students in the front create a barrier between the teacher and students in the back. Moreover, students at the back might have a sense of 'false security' and might even doze off to sleep. It is therefore important that as teachers you should consider alternative seating arrangements that reduce the number of students who are behind other students. Traditional row and column arrangements are more appropriate where listening and note taking are the preferred instructional teaching methods. Horse-shoe, half-circle or circular arrangements in a single row are more appropriate where increased interaction between students themselves and the teacher is desirable. You can try this type of seating arrangement and see how it works for your class.

Chronemics

Chronemics, as we pointed out earlier, refers to the use of time to convey meaning in interpersonal relationships. Time is usually viewed as a commodity. No wonder why you have heard people speak of time as being wasted, saved, spent and used, much as if it were money, food or some other valuable resource.



What does spending more time with someone mean to you?

In short, spending time with someone is an immediacy behaviour. This communicates:

- closer psychological distance;
- more availability;
- mutuality of communication.

Communication which is ongoing rather than past or to come later is more immediate. Similarly, when you spend a greater duration of time with someone you communicate more immediacy. Arriving late probably communicates less immediacy. A study found that secretaries considered late arrivers to be incompetent, lacking in composure and communicating less friendliness and sociability. Similarly, teachers who arrive late or spend little time with students are increasing psychological distance and decreasing immediacy. A teacher's time is a scarce and valuable commodity for students. Therefore, it is important that as a teacher you should be punctual for your lessons and you should try and spend more time with your trainees.

Teaching Time-table

Students' behaviour can frequently be modified in desirable ways by simply re-ordering the sequence of instructional and non-instructional activities. Teaching time-tables should be varied as much as possible. Inflexible teaching time-tables are particularly harmful to 'owl' students who are less alert during morning hours but who become more alert as the day progresses.

Although other students are less adversely affected by inflexible teaching schedules, they too benefit from the variety induced by varying sequence of lesson plans. It is therefore important that you vary the time for subjects, otherwise 'owl' students will not have equal opportunity to grasp subjects covered only during the early morning hours.

Pausing for Students' Response

Finally, one other non-verbal behaviour we are going to consider in connection with use of time is teacher's pausing for students' responses.



Why should teachers pause after asking a question?



You should allow at least ten to fifteen seconds for students to respond to your questions before even considering answering the questions yourself.

Some students need more time to think about a question before responding. It is frustrating for them to mentally construct a response, with the intention of publicly responding, only to have that opportunity snatched away from them by an impatient teacher or another student. Pausing gives you time to observe the impact of the question on the students. It also gives time for most of the students to think of the response and raise their hands. You can then choose the student you want to answer the question.

Some Cautions on the Use of Non-verbal Immediacy Behaviors in the Classroom

Before we conclude this section on non-verbal communication in the classroom it is important that you note the following:



- immediacy should not be confused with extreme intimacy. The term 'intimacy' has connotations of extreme interpersonal warmth and closeness. For example, a pat on the arm or shoulder would be an immediacy behaviour, while a pat on the thigh would be an intimacy behaviour in most relations;
- you should engage in immediacy behaviors that will not be misinterpreted as intimate or sexual behaviors;

Communication

- your immediacy behaviors should be part of your interaction pattern with everyone in the classroom. Being immediate only to the opposite sex students or to your favourite can lead to misinterpretations of intimacy and should be avoided;
- you should select and use those immediacy behaviors with which you feel most comfortable and avoid those immediacy behaviors that create your personal discomfort;
- your immediacy cues are perceived more positively if the students' attitudes towards you are neutral or positive. The use of immediacy cues by a teacher who is perceived negatively by students may produce an avoidance response, and thus actually increase the psychological distance between teachers and students.

Summary

Non-verbal communication is the exchange of information through non-linguistical signs. Some examples of this communication are:

- body movements;
- gestures;
- body orientations;
- facial expressions;
- timing;
- physiological signs;
- reaction pacing;
- implicit verbal indicators.

Some characteristics of non-verbal communication are:

- it is partly instinctive, partly taught and partly imitative;
- it is rarely the subject of direct training;
- non-verbally we cannot stop communicating;
- it is culturally determined;
- it is normally out of awareness;
- it may be intentional or unintentional on either the sender or receiver.

During communication there may be contradictions between verbal and non-verbal communication. In some cases this leads to a 'double-bind' situation. Non-verbal immediacy behaviors are non-linguistical actions which signal:

- availability for communication;
 - creation of increased sensory stimulation;
 - enhancement of increased interpersonal closeness and warmth.
-

The non-verbal immediacy behaviors that teachers can use to improve and increase interaction and interpersonal closeness and warmth with the students can be classified under:

Proxemics, which is the study of the use of interpersonal space and distance. Under this the teacher's physical distance in the classroom and body angle of orientation are identified as immediacy cues.

Kinesics, which is communication via body movements.

Haptics, which is the study of communicative elements of touching.

Vocalics, which is concerned with the non-verbal elements of the human voice.

Oculesics, which is the study of messages sent by the eyes.

Chronemics, which is the study of time and what it communicates to other people.

Non-verbal immediacy behaviors should be used with caution in the classroom. Teachers should use non-verbal immediacy behaviors that will not be misinterpreted as intimate or sexual behaviors.

You must congratulate yourself for having come to the end of Unit 2. You can take a short break and then do the next self-test.



Self-Test 3

Complete the following list about non-verbal immediacy behaviors.

1. Non-verbal immediacy behaviours are non-linguistic actions which signal:
 - a) Availability for communication
 - b)
 - c)

2. Two proxemic cues which signal immediacy during communication are:
 - a) Physical distance
 - b)

3. The extraverbal elements of speech that give added dimension to the meaning of verbal communication include:
 - a) Volume of the voice
 - b)
 - c)
 - d)

Communication

4. Examples of kinesic behaviors that communicate immediacy include:

- a) Overall body tension
- b)
- c)
- d)
- e)
- f)
- g)

5. Spending more time with someone is an immediacy behaviour which communicates:

- a) Closer psychological distance
- b)
- c)

We hope you have enjoyed and done well in this self-test. If you missed any of these items read the section again.

UNIT THREE

EFFECTIVE COMMUNICATION IN HEALTH CARE MANAGEMENT

OBJECTIVES

- explain the importance of communication in the management function
- identify four basic models for effective interpersonal communication
- explain how you can make your message effective
- identify common barriers to effective communication in your work place
- explain how you can overcome barriers to effective communication
- identify the relationship between formal and informal communication channels and identify when it is advantageous to use each
- judge which approach is more written or oral communication for various communication activities in your work place
- explain the role of effective ways you can use to improve communication in your organization

Introduction

Communication serves as the connecting link for all social systems. The results of almost any social event can be attributed at least in part to success or failure in communicating. It is difficult to imagine any human endeavour which is not dependent to some extent on the exchange of meaning and information. Communication is most certainly a required skill at every level of health care and health service organizations. The effectiveness with which we are able to perform as members of health service departments depends to a large extent on our ability to communicate effectively. As health services managers there are many important tasks we are expected to perform. These include:

- planning;
- implementing;
- controlling.

This unit deals with the importance of communication in these management functions. We will identify ways of improving interpersonal and written communication and examine formal and informal channels of communication. Common barriers to effective communication and ways of overcoming them will also be looked at.

OBJECTIVES

After completing this unit you should be able to:

- explain the importance of communication in the management functions of planning, implementing and controlling;
- identify four steps necessary for effective interpersonal communication;
- explain how you can make your messages effective;
- identify common barriers to effective communication at your work place and explain how you can overcome them;
- distinguish between formal and informal communication channels and identify when it is advantageous to use each;
- judge when it is appropriate to use written or oral communication for some communication occasions at your work place;
- explain the most effective ways you can use to improve communications at your institution.

Communication in Planning, Implementing and Controlling

There is a direct interdependency between communication and management functions of planning, implementing and controlling. We shall look at each in turn.

Planning

Planning is aimed at deciding what objectives and goals should be achieved and, in a very general way, how they should be achieved. Included under planning is the developing of strategies, policies, budgets and some other general guides to action. You as a health team manager will always need information to be able to make plans. It is through the process of communication that you pass and receive information to and from those people you deal with.

Implementing

Implementing is the putting of a plan into action. This management function includes organizing, leading, motivating and coordinating health workers working with you. Effective communication is needed when you want to put any plan into action. Perhaps one of the minimum requirements is that you must communicate with your subordinate health workers concerning their expectations and their job performance. However, there is need to even go beyond this minimum requirement. You can also communicate to your subordinate health workers concerning their values, attitudes, sentiments, work technology and an almost unlimited variety of topics which will support their job performance.

Controlling

When controlling or monitoring, as it is commonly called today, you are interested in how well your department is achieving its objectives. For effective control you must collect information concerning the actual performance or output of your department or unit and compare this with intended goals. The essential elements of control as a process include measuring, comparing, decision-making, feedback and possible corrective action. Each of these elements, even for the simplest control situation, involves communicating or the flow of information.

Requirements for Effective Communication

We have seen that in order to successfully plan, implement and control, there is need for effective communication.



What are the requirements for effective communication?

It is important to note that effective communication requires both information and understanding. Unfortunately, too many of us overlook the importance of understanding and instead practice what is known as the conveyor theory of communication. By this theory communication is assumed to be essentially a transportation problem - a carrier of messages from one person to another. No real consideration is given by the sender to whether the receiver understands or accepts the message. This type of communication is one-way and rarely effective. Usually it is so ineffective that at times the receivers completely disassociate themselves from the message and the subsequent action required.



Can you think of specific examples where this one-sided type of communication is sometimes practiced?

One example which we are all aware of is in giving health education to the community. For instance, lectures on proper sanitation, nutrition and many other health behaviours, are at times given by health workers without any consideration of the communities' language, values, culture and concepts. If you examine this closely you might find that it is one of the reasons why some Primary Health Care Programmes have not achieved the desirable results.



What would you consider steps in effective communication?

Effective communication involves four closely interlinked steps. These are:

- attention;
- understanding;
- acceptance;
- action.

In order to communicate effectively, it is necessary that you are aware of these four steps in the communication process. We are now going to look at each of these in more detail.

Attention

Attention involves getting people to listen to what you are saying. Quite often this requires overcoming message competition, which occurs when the receiver of your information has other things on his or her mind. For example if you are talking to someone who has a number of worries at the workplace or in his/her personal life, you will be facing message competition until you get the person to put aside his problems and listen to you for a moment. If you cannot secure the attention of the receiver, then the communication process can go no further. It is therefore important that you always try to secure the attention of your audience.

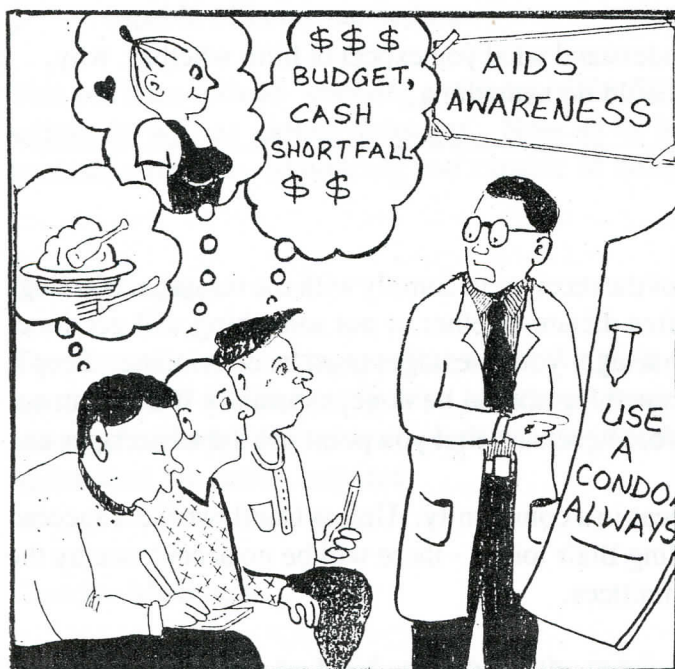


Fig 3.1 Do you remember this picture? Message competition jeopardizes effective communication

Understanding

Understanding means the ability to interpret the communicator's words and messages into our own words and thoughts. In other words, this means that your receiver must appreciate the essentials of your message.

Most people find that their attempts to communicate usually break down at this stage. You may wonder why this is so. This is because usually the receiver might not really know what he or she is required to do. Some health team managers try to overcome this problem by asking the subordinate health workers if they understand the message. Unfortunately such attempts are usually useless because they exert too much pressure on individuals to merely say 'yes', yet they might not understand the message. Moreover it sounds very arrogant.



How then can you ensure that the receiver understands your message?

Communication

Simple and direct natural language should be used. To ensure that all important concepts have been understood, confirming or restating the main important points of a message may be helpful. Another important way is that of two-way communication where receivers are encouraged to ask questions and to seek clarification of points that are unclear or may be misunderstood. It is also helpful to consider other alternative interpretations possible for a message. Messages can often be restated in different terms. Making a summary at the end of a discussion highlighting only the key points can quite easily ensure whether the messages are understood and acceptable to both the sender and the receiver.



The receiver must clearly understand what you expect of him, whether, why, when, where and how he should do something.

Acceptance

Acceptance suggests a willingness on the part of the receiver to comply with the message. Feelings and attitudes of subordinate health workers often dictate whether or not something will get done. It is therefore important that as a health team manager your messages must be convincing. People usually react better when they can see why something should be done, especially if they can see a benefit to themselves and others. It is therefore necessary that you point out the advantages and benefits of the action to be taken.

The same applies to the introduction of new ideas in a community. Unless health workers succeed in pointing out benefits from - let us say building Blair toilets - there will be no acceptance by the community or even by the village health committees.

Action

The action phase involves actually doing what the communication requires. The challenge facing you as a health team manager in this stage is seeing that things are done in the agreed-upon manner. Sometimes unexpected delays will occur, at other times circumstances will require a change in the initial agreement. Unless you put aside time to check on the progress, communication may breakdown at this point.



How can you make sure that things are done in the expected manner?

We have already mentioned one of the ways. You must find time to check on the progress. You must also make yourself available for assistance. In many community activities you should also actually take part in the activities yourself.

Making Messages Effective

Before we conclude this section let us look briefly at the essentials of an effective message. An effective message should be:

- clear;
- concise;
- complete;
- convincing;
- capable of being carried out.

This has been termed '*applying the rules of the FIVE Cs*' by some authors. These rules apply to written as well as spoken messages. Now let us look at how we can make our messages clear, concise, complete, convincing and capable of being carried out.

Clear Messages

You can make your message clear by thinking out the message carefully before you say it. You must plan and decide exactly what you expect your communication partner to do. You must also use simple words or phrases which you know your receiver is familiar with and therefore can easily understand the action required.

Concise Messages

Your message must be brief enough for the receiver to be able to remember and even be able to repeat it back to you. Again this means you must plan your message. Before you speak or write the message, you should choose only the important words or phrases which will convey the message clearly. Any words which do not relate to the message, or which can cause confusion to the audience must be left out.

Complete Messages

You can make your messages complete by telling the receiver all the information that he needs to be able to carry out the action required. This might include most or all of the following:

- what should be done;
 - how it should be done;
 - who should do it;
 - when it should be done;
 - where it should be done.
-

Without this information the receiver is unlikely to understand your message completely, and may easily get it wrong.

Convincing Messages

Your message must also be convincing if the receiver is to carry out the action effectively. For example, your voice and manner should show that you have confidence in yourself and the correctness of the action that has to be carried out. It is also necessary that you should give reasons why something should be done in a particular way.

Practical Messages

Finally the message must be capable of being carried out. Your message must be practical and within the capabilities of the receiver. This should also take into account the physical and educational capabilities of your audience.

Unreasonable and impractical messages might lead to frustration and even disobedience on the part of the receiver. This will lead to negative results. It is therefore important that you should know your people very well, and understand what they can and what they cannot do. But at the same time you should not under-estimate people's intelligence and initiative. Some people can welcome a job which gives them responsibility and authority, thereby stimulating their creative abilities and initiatives. However, these people will need your support and all the information they need to carry out the task.



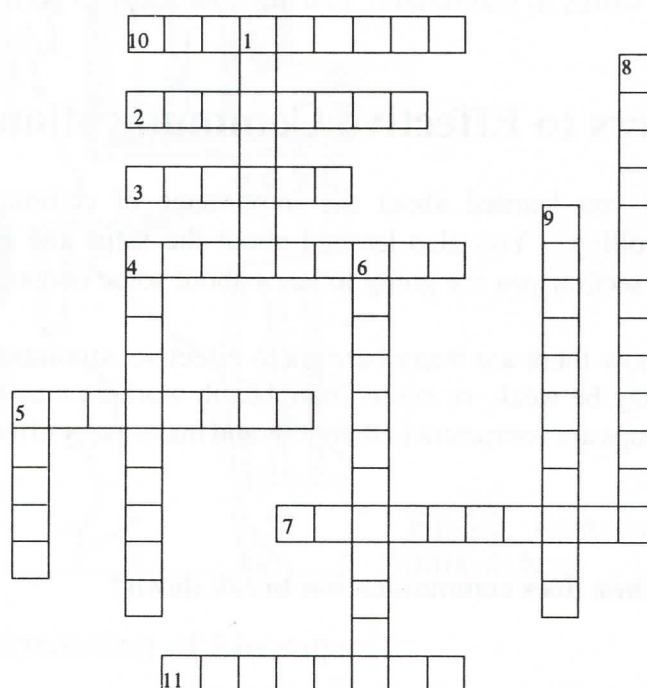
You should know your people very well, and understand what they can and what they cannot do. And you should always be open for discussion.

Now do the self-test to check how well you have understood this section.



Self-Test 4

Complete this cross-word puzzle which is all about what you have just learned in this section.



Across

2. Developing strategies, policies, budgets and some other general guides.
3. Doing what the communication requires.
4. Getting the audience to listen to what you are communicating.
5. The message contains all the information that is required to carry out the task.
7. Your message shows confidence in yourself and the correctness of what should be done.
10. Your message is within the capabilities of the receiver and is capable of being carried out.
11. Signals containing information.

Down

1. Your message is brief enough for the receiver to be able to remember.
4. There is willingness on the part of the receiver to comply with your message.
5. Your message is well thought out.
6. Organizing, leading, motivating and coordinating to get things done.
8. Being able to interpret the communicator's words and messages into your own words and thoughts.
9. Measuring, comparing, making decisions, giving feedback and making necessary corrections.

How did you enjoy this cross-word puzzle? What advice do you get when you read the 'across' first top and last bottom words in that order? You are now ready to go to the next chapter.

Common Barriers to Effective Communication

In the previous section you learned about the importance of communication in planning, implementing and controlling. You also learned about the steps and essentials for effective communication. In this section you are going to learn about some common barriers to effective communication.

As you might already know there are many barriers to effective communication. In some cases health team managers may be weak, or subordinate health workers may be incapable. In most cases, however, both groups are competent in their jobs and make every effort to communicate with each other.



Why then does communication break down?

Establishing commonness through communication does not come naturally. There are many barriers which make it difficult for the communicator to reach his goal. There are barriers which interfere with the following phases in communication:

- reception of messages;
- understanding of messages;
- acceptance of messages.

Now let us briefly look at some of the common barriers for each of the phases.

Barriers to Reception of Messages

These usually arise as a result of:

- bad listening habits;
- the needs, anxieties and expectations of the listener;
- the attitudes and values of the listener
- environmental stimuli and distracters;
- message competition.



Fig 3.2 From the onset, communication is difficult here

Barriers to Understanding of Messages

They may arise from:

- language vocabulary and use of jargon;
- the extent to which the listener can concentrate, that is listening;
- prejudgements;
- the ability of the listener to consider factors disturbing to his ideas, that is the degree of open-mindedness that he possesses;
- the length of the communication;
- the level of knowledge possessed by the listener and ability to conceptualize things.

Barriers to Acceptance of Messages

They may be a result of:

- the attitudes and values of the listener;
- prejudices;
- socio-economic gap;
- status clashes between the sender and the listener;
- interpersonal emotional conflicts;
- age difference of the communicators.



Fig 3.3 These communicators belong to different worlds. Almost all aspects of the above list may affect communication.

The list of barriers above is not in anyway exhaustive. You can think of some more examples and add on to the list. There are also other important barriers to communication which we will consider in more details separately. These include:

- perception;
- inference;
- status;
- resistance to change;
- barriers to listening.

We will examine each one of these in turn.

Perception

The greatest cause of most communication problems is perception which means a person's view of reality. Since no two people have had the same socialization, training and experiences in life, usually no two people see things exactly alike. Each one of us is different from everyone else. We are different psychologically and physically. We vary in intelligence, education, religious beliefs, social background and experience.



What problems do these differences create in communication?

These differences create different frames of reference, with the result that each one of us looks at the world in a particular and unique way. Our physical and mental make-up and our environment have a direct effect upon our perception and judgements. All too often when interpreting information we see or hear what we are taught 'ought' to be there and/or what we want to see or hear. To illustrate this further, look at the three pictures on the next page and write down what you see.

Picture A _____

Picture B _____

Picture C _____



Fig 3.4 Picture A

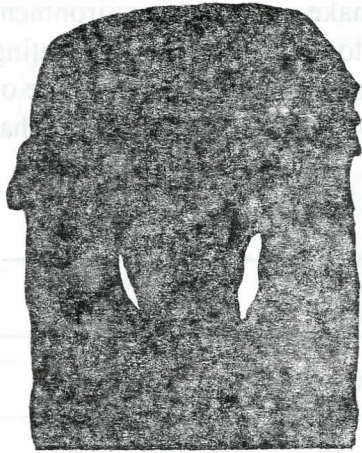


Fig 3.5 Picture B

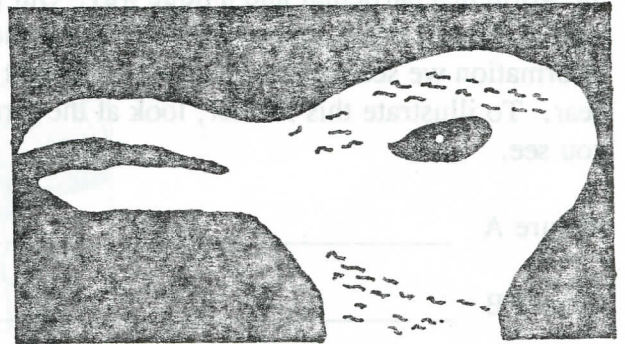


Fig 3.6 Picture C

Here are some of the answers people usually give:

- a. In picture (A) some people see a young woman looking over her shoulder, whilst others see a very old woman with a big nose and protruding chin. Here the interpretations are not all that varied because at least most people agree that they see a woman. But can you see both women, the young and the old?
- b. In picture (B) there are usually many different interpretations. Some people see a mask. Others believe it is an elephant. Still others claim it is a burnt toast. Another common answer is that it is part of a dock, the ruffles in the upper part representing the rope used to tie up a boat. Still another interpretation is a silhouette of a woman with her hands over her head.
- c. In picture (C) there are usually three common answers. Most people see a bird or a duck with a beak looking to the left. The second most common response is a body of water surrounded by land with an island in the middle. The third most frequent response is that it is a picture of a rabbit looking to the right, the bird's beak becoming the rabbit's ears.



What is the correct answer for each of the pictures?

There is no one right answer. Whatever you see is what is there. This serves to show that in reality we continuously receive information some of which we ignore and the rest we seize upon and interpret in the light of our past experience. This may be called the process of judgement, that is making a decision or conclusion on the basis of indications or probabilities especially when the facts are not clearly ascertained.

In the light of the above, we can see that there are barriers to communication in ourselves and these barriers also exist in our subordinates, our peers and learners. Another point to be noted is that some of the messages sent by a health team manager to the subordinate health workers are similar to the figures shown. What the health workers understand may be two different things. Too often superiors think their messages are crystal clear when in fact they are vague and open to different interpretations.



What else can we learn from these illustrations?

One other point we can learn from these illustrations is that awareness of differences in perception is most crucial to the successful use of visual aids, for example in the classroom situation and in health education programmes.



Studies have proved that people from different cultural backgrounds see different things. Experience and research have also shown that the perception of visual media is culturally bound. This means that visual media should not be taken as self explanatory. All visual media should be pretested before their use and dissemination and even during use discussion with the target group helps to discover differences in perception.

Inference

Closely related to perception is *inference*. An inference is an assumption made by the listener which may or may not be accurate. Every time a message requires interpretation of the facts, inference enters the picture. The speaker implies and the listener comes to his own conclusion. However, inferences are often stumbling blocks to effective communication because usually the receiver misinterprets the message.



Can you think of specific instances at your work place where wrong actions or decisions have been made as a result of inference?

At times some people actually capitalise on inferences. The following story shows how inference can be capitalised on.

Many restaurants have a policy of using waiting lists when all their tables are filled. Yet, unknown to many customers, sometimes special customers are moved to the front of the list and seated almost immediately. Professional people such as nurses and doctors often qualify.

Whenever faced with such a waiting list, one enterprising individual made it a habit not only to use the title 'Dr' in front of his name but also asked that he be notified immediately if a call was made to him from neurosurgery or the cardiovascular unit at the nearby hospital. Then he would write his name on a piece of paper together with his car license number so that the parking attendant could bring his car in a hurry should a call come for him. In this way he always managed to get a table for himself almost immediately.

Now answer the following questions before proceeding.



Was this man a doctor? Give your reasons.

Did this man say he was going to receive a call from the hospital?

This gimmick (trick) served to drastically reduce the gentleman's waiting time, thanks to the inferences or assumptions made by the head waiter. You should note that although this 'Doctor' made several implications, he never in fact stated that he was a medical doctor, or that he was going to receive a call from the hospital.

As a Ph.D. graduate, he was entitled to use the title 'Dr', and there was always a chance that the nearby hospital could call him no matter how remote the possibility. The communication problem rested with the head waiter who read facts into the message. In this case, of course inference proved helpful because the receiver responded the way the sender wished him to.

However, in many cases what the communicator means may be misinterpreted and wrong actions carried out by the receivers. Take an example of a midwife who instructs a mother to always give her new born baby 'boiled water' to drink. In this case it is very possible that the mother may assume that the water should be given while it is boiling.



Effective communication must leave no room for abstraction or inferences.

Status

Status refers to the positions or ranks in relation to one another in a hierarchy. Both the sender and the receiver have an image or concept of the other in the situation and attach certain values to these others as people.



How does this affect communication?

Status affects communication because listeners tend to judge the sender as well as the message. For example, if some people see others in certain situations as being less expert and of lower status, then they are likely to talk down to them. They are likely to interrupt them when they are talking - when they think they are off target - and to listen less to their points of view. This does not encourage effective communication because, if one feels to be less expert or of lower status, he tends to say less and less.

In the health sector status as a criterion for credibility plays a considerable part due to the strong hierarchy. The higher in the hierarchy the message originates, the more likely it is to be accepted. This is because such higher level health team managers have a great deal of status among the other health team members. For example, a medical doctor's message is usually regarded as much more credible than a nurse's message, although the nurse might have better and deeper knowledge on the patient's or a community problem.



In short, if a person has status with the listener, he is regarded as accurate and credible. If not, the message is marked down accordingly. We should strive to free ourselves from such perception.

Resistance to Change

Basically people resist change, but nevertheless change does take place. Change is inevitable, and so is resistance.



But why do people resist change?

There are many reasons why people do not welcome change and would rather maintain the status-quo. First, change 'dis-skills' people. There are few people who would like to start learning new techniques and concepts which they are unfamiliar with. One other reason is simply 'the fear of the unknown'. The other common reason is lack of information on the pending changes.



How can we overcome resistance to change in the health sector?

One way of overcoming resistance to change is to inform the group affected well in advance, prior to the introduction of the changes. One of the principles of communication states that the greater the change, the farther in advance must notice be given. However, it should be noted that not only the notice must be given, but also a thorough explanation of how the new ideas will benefit the health workers and the community at large must be made and opportunity for discussion be given. Whenever we want to introduce changes in our fields of work, for example new appropriate technologies, changes in health behaviour and many others, we have to be well aware of the possible communication breakdowns. We should ask ourselves critically if the information received from the top does actually reach our target groups. Lack of information and discussion throughout all levels, might be one reason for resistance to change in the health sector.

Rogers (1983) emphasizes that it is the receiver's perceptions of innovations' attributes that affect their rate of adoption. He suggests five categories that determine the adoption of innovations and change:

Relative advantage is the degree to which an innovation is perceived as better than the idea it supercedes.

Compatibility is the degree to which an innovation is perceived as consistent with the existing values, past experiences and needs of potential adopters.

Complexity is the degree to which an innovation is perceived as relatively difficult to understand and to use.

Trialability is the degree to which an innovation may be experimented with on a limited basis.

Observability is the degree to which the results of an innovation are visible to others.

Apart from 'complexity' all other attributes as perceived by members of a social system, are positively related to the rate of adoption of change.



What can we learn from this when we are tasked with communicating about change to workmates, subordinates, students or the community?

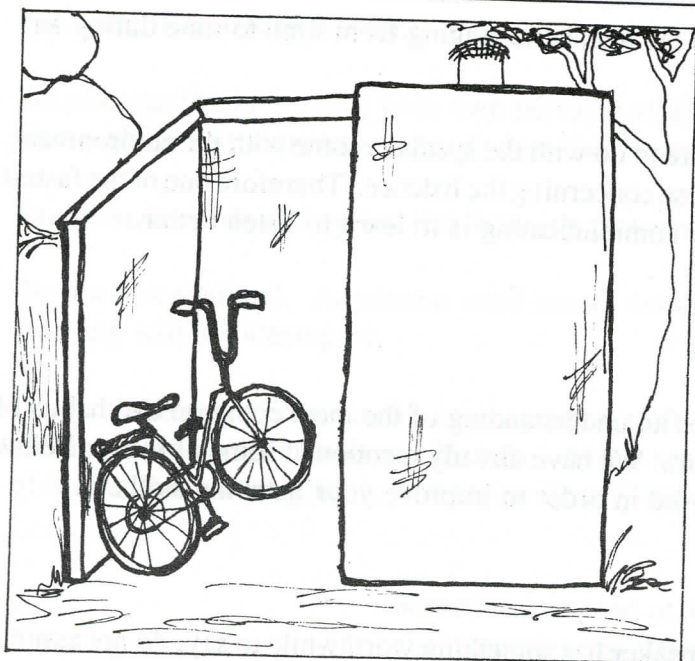


Fig 3.7 This Blair toilet seems to be of relative advantage, compatible with past experiences and to the needs of the adopter, triable and observable

Barriers to Listening

The problem with listening is that many of us do not see it as a problem. We assume that it is easy, because we do it all the time. As a result we rarely know that we have not listened successfully. However, various researches show that many people are not good listeners. It is estimated that when people listen to a ten minute talk, they operate at only 25 percent efficiency.



What are some of the barriers to good listening?

There are many barriers to listening which you can think of from your own experiences. However, your list is likely to include some of the following:

- listener has preconceived ideas;
- listener thinks he knows more than the speaker;
- listener is worried about something else, for example time and personal things;
- listener is tired or physically uncomfortable;
- listener is afraid of the speaker, or envious, or prejudiced about him or just not interested;
- listener is anxious to input his own ideas;
- speaker mumbles, coughs or has a heavy accent;
- speaker uses confusing technical jargon or inflammatory words;
- there is some external noise, for example traffic;

Communication

- there are interruptions, for example the telephone ringing from time to time during an interview.

You will notice that some of these barriers are to do with the speaker, some with the environment, but generally the most important ones are those concerning the listener. Therefore one of the fastest ways of increasing the success rate of your communicating is to learn to listen better.

Overcoming Poor Listening Habits

Becoming a more effective listener requires an understanding of the most common bad habits of listening and making an effort to avoid them. We have already mentioned some of them. Below is a list of bad habits which you should avoid in order to improve your listening skills.

Assuming the subject will be boring

Instead of tuning in first and seeing if the speaker has something worthwhile to say, do not assume from the start that the topic will be boring.

Tuning the speaker out because of his delivery

You should not pay more attention to the method of presentation than to the content.

Getting overstimulated

The minute you hear something with which you disagree, do not stop listening and get angry. You will miss the rest of the message.

Concentrating only on facts

You should not only concentrate on facts. Facts do not always present the whole picture. Principles and generalizations are often necessary to put everything in its proper perspective.

Outlining everything

You should be flexible in your note taking. Some speakers are less organized than others, and until the individual gets into the presentation, it can be difficult to follow him or her via an outline.

Faking attentiveness

Listen actively. Do not pretend.

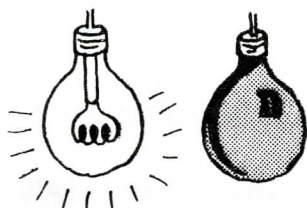
Allowing distractors to creep in

Do not start thinking about your own personal affairs, concerns and troubles - instead you must listen, relate and summarize what the speaker is saying.

Emotional words disrupting the listening process

Do not be emotional. Anytime a word causes emotion in you, there is a good chance that your listening will be interrupted.

If you make an effort to avoid these common pitfalls you are likely to find that your listening efficiency will greatly improve. To conclude this section look at the illustrations and descriptions of ineffective listening habits and try to identify the ones you have experienced.



Sometimes instead of listening we mentally wander off, thinking about our personal affairs, concerns and troubles, and only returning to listen at certain intervals to check how far the speaker has progressed.

Fig 3.8 'On-off' listening

Sometimes, when we hear certain words we automatically get upset and stop listening. To some of us such words as 'tribalist', 'nepotism', 'regionalist', 'capitalist' are like a red flag to a bull. When we hear such words we turn out the speaker, lose contact with him and fail to develop an understanding of that person.

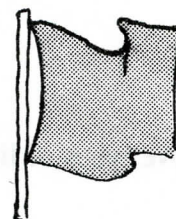


Fig 3.9 'Red-flag' listening



Sometimes we decide that the subject or the speaker is boring and thus conclude that there is no reason to listen because what is being said will make no sense to us or that we will hear nothing new.

Fig 3.10 'Open Ears - Closed mind' listening

Sometimes we pretend to be listening and look at the speaker intently, whereas our minds will be on other things or in far distant places.

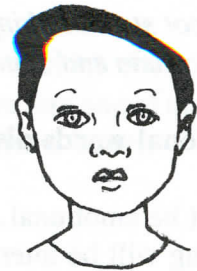


Fig 3.11 'Glassy - Eyed' listening



When we are listening to ideas that are too complex and complicated, it is necessary that we force ourselves to follow what is being said, and make an effort to make real understanding.

Fig 3.12 'Too-Deep for me' listening

Some of us do not like to have our favourite ideas, prejudices and points of view challenged. When this happens, we often unconsciously stop listening, become defensive and plan a counter-attack.



Fig 3.13 'Don't Rock the Boat' listening

(The above types of listening were adopted from: Hope, Timmel, 1989)



Self-Test 5

Now complete the following list about barriers to communication.

1. Some of the most common barriers to communication include:
 - a) Communication styles
 - b)
 - c)

- d)
- e)

2. Barriers to reception of messages include:

- a) Environmental stimuli
- b)
- c)
- d)
- e)

3. Some of the barriers to understanding of message are:

- a) The degree of open mindedness of the listener
- b)
- c)
- d)
- e)

4. Some barriers to acceptance of messages are:

- a) Status clashes between the sender and the listener
- b)
- c)
- d)
- e)

5. Some of the barriers to listening are:

- a) Listener thinks he knows more than the speaker
- b)
- c)
- d)
- e)

Communication Channels

In Unit I we defined communication channels as the pathways upon which the messages travel. We further stated that these channels of communication are ways of presenting messages so that they can be seen and/or heard through a variety of audio, visual or audio-visual media. In this Unit we are going to discuss these channels in general as communication networks or patterns as set up by the people and the structures in the Ministry of Health.

As you know there is always a great deal of communication going on in the health sector. Information has to be transmitted to various people and to several parts of the organization. For this reason more complicated channel patterns are set up by management or simply form their own accord. We term the communication networks set up by management as *formal channels* and those developing on their own accord among all the workers, management included, as *informal channels*.

Formal and informal channels are the two basic types of communication channels available to you as a health team manager or member of the health team. Each of these channels can be useful in carrying information to and receiving feed-back from other parts of the hierarchy.

Formal Channels of Communication

As we have already pointed out, the formal channels are those networks set up by management. In line with this, these channels are linked up with the authority structure of the organization. An organization chart, as seen in the diagram below provides a simple illustration of what we mean by the expression 'going through the proper channel'. This is true whether the communication is going down the chain or coming up.

The formal communication channels make it possible that every one of us knows:

- to whom we are supposed to turn for information or instructions;
- to whom we report;
- to whom we give information and instructions.

In addition to downward and upward (vertical) formal communication there is also the horizontal and diagonal communication. In the following discussions we are going to examine these with special emphasis to downward and upward communication and the problems associated with each.

Downward Communication

(memos, reports, circulars)

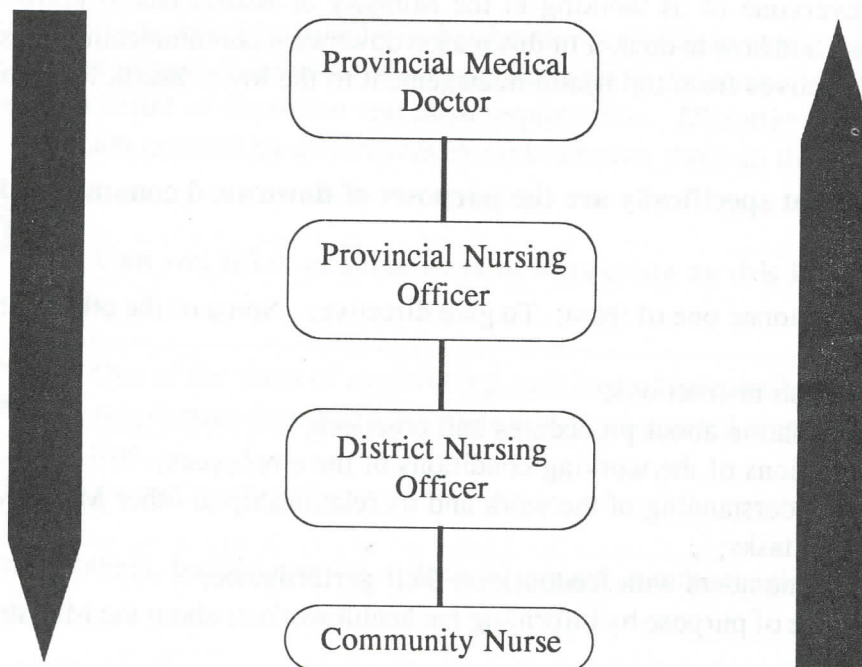
**Upward Communication**(suggestion programmes,
opendoor policies,
reports, health worker
letters)

Fig 3.14 Formal channels of communication

Downward Communication

There is a great need to get information moving down the health organization from top to bottom. At the minimum everyone of us working in the Ministry of Health has to know what we are supposed to be doing and how to do it. For this reason downward communication is used to convey information and directives from top health management to the lower health team members.



What specifically are the purposes of downward communication?

We have already mentioned one of them: To give directives. Some of the other purposes are to:

- give specific job instructions;
- provide information about procedures and practices;
- provide alterations of the working conditions of the employees;
- bring about understanding of the work and its relationship to other Ministry of Health organizational tasks;
- provide team members with feedback on their performance;
- provide a sense of purpose by informing the health workers about the Ministry's goals and policies;
- link the various health care levels by coordinating activities among them;
- recommend new equipment.



Can you think of some more reasons for downward communication from your own experiences in the field?

As you might already know, there are, however, some drawbacks to the use of this downward communication. Some of the problems resulting from this orientation are as follows:

- it tends to promote an authoritative atmosphere, which can be detrimental to health workers' morale;
- it places a heavy burden on lower health team members because much of the information coming down the hierarchy is expanded affecting an increasing number of health workers, including those who should not be affected;
- downward communication is likely to be filtered, modified or halted at each level as managers decide what should be passed down to their subordinates;
- information is often lost as it comes down the line because of distortion, misinterpretation or ignorance.



Why is there so much loss of information as one moves down the hierarchy?

The communication problem is brought on by the number of links in the chain. Generally, the greater the number of people involved, the more likely that information loss will occur. This, as we have said is a result of distortion and misinterpretations. Distortions quite often occur also because of suspicion aroused by differences in rank between those in the chain.



Can you think of some ways of improving on this information loss?



One of the ways of overcoming such loss of information and distortion is to supplement downward orientation with an upward emphasis on communication.

There are many others, but for now let us look at upward communication:

Upward Communication

The upward communication channels provide subordinate health workers with a route for conveying information to their superiors. It is an important way of providing feedback to the downward communication coming from the top. Its main function is to supply information to the upper levels about what is happening at the lower levels. It is therefore used by lower level health workers to:

- provide reports of activities in the field to top health team managers;
- make suggestions for new health programmes;
- highlight problems as experienced in the field;
- make annual estimates for future requirements;
- make explanations and requests for aid or decisions.

There are many other uses for this upward communication. From your own experience you can give some more.



What other uses can you think of?

Unfortunately, various researches indicate that upward communication does not receive adequate attention from the top. There is usually lack of response from the top. However, where decisions are taken or information provided, this is usually after very long delays and endless reminders. The lower level health workers thus feel let down at times, especially when there is no feedback to explain why their suggestions or requests are not taken seriously.

The other problem with upward communication is that in most cases subordinate health workers do not feel free to discuss their views with their superiors.

Many studies in other sectors have consistently revealed that managers are incapable of placing themselves in the subordinates' shoes and accurately responding to their questions and needs.

Also, upward communication is likely to be filtered, condensed or altered by middle managers who see it as part of their job to protect upper management from non-essential information originating at the lower levels. In addition, middle managers may keep information that would reflect unfavourably on them from reaching their superiors. Thus both upward and downward (vertical) communication is often at least partially inaccurate or incomplete.

On the other hand some subordinates are less likely to communicate reports that may be interpreted as negative comments on their performance or ability. Subordinates are also more likely to screen out problems, disagreements, or complaints when they feel that their superior has the power to punish them. Sometimes subordinates conceal or distort information if they feel that their superiors cannot be trusted to be fair or that they may use the information against them.

The net result of these communication problems is that higher-level managers frequently make decisions based on faulty or inadequate information. Sometimes the communication problems exist because some managers deliberately withhold information to keep subordinates dependent on them. The net effect of this incomplete communication is that subordinates may feel confused, uninformed or powerless and may fail to carry out their tasks properly.

Earlier on we mentioned that in addition to the downward and upward formal communication channels, there is also the horizontal and diagonal communication. We shall briefly look at the two.

Horizontal Communication

Horizontal or lateral communication takes place among departments or people on the same level of the hierarchy. This communication across the Ministry of Health Organization is just as much as necessary as the up and down communication.

It ensures that the various departments do not lose touch with each other and fail to operate for the common good of the Ministry. For example, there is need for effective communication between the wards, out-patients, the physiotherapy, the pharmacy and x-ray departments to provide high quality patient care.



Where else is horizontal communication necessary?

In the framework of our Primary Health Care approach, lateral - that is intersectoral communication and co-operation is an important principle which involves different departments and ministries on the same level. For example, there is need for communication and co-operation between the Ministries of Health, Agriculture and Education, among others, in order to promote health in a comprehensive sense. As you are aware, this is already practiced in our country, right from the top, down to the community.

Diagonal Communication

Diagonal communication involves the flow of information among departments or individuals on different levels of the hierarchy. This often occurs in the case of *line and staff departments*.



What are line and staff departments?

The line departments are those which are directly involved in doing the work for which the organization was created, for example an Out-patient department. On the other hand, the staff department, is not directly involved in the work of the organization but plays a supportive role and offers assistance, advice and recommendations to facilitate the organizational activities, for example the Hospital Services Management department. Effective communication between such departments is therefore very important.

Informal Channels

Alongside the formal communication networks which have been set up by management all sorts of informal networks develop. Nobody sets these up, they develop on their own accord. Actually, most of the information taking place in any organization is informal in nature. It is not planned by management.



Why and how do informal communication networks develop?

All of us have a compelling need to find out. Sometimes the piece of information we require will enable us to carry out some of our work quickly. But, more often we want to know out of interest or curiosity, or just because we do not want to feel out of things. Usually when we cannot find out through the existing formal channels, we search around until we find somebody who will tell us what we want to know. Next time we go straight to this person. This way a new informal network of communication develops.



Whenever a drive to find out meets a willingness to tell, an informal network begins to form.

When it is a matter which concerns our job such informal networks arise because the person in charge has not supplied the information he should have supplied or because something unexpected has happened.



Why do some health workers at times not use formal channels and go to their immediate supervisors or head of department and ask?

It seems that most of us are reluctant to admit lack of knowledge to our supervisors because it makes us appear not able to do our jobs. In most cases we ask for help from experienced people in our own working group. This is usually willingly given because most people are flattered to be asked to give advice or to be seen to be knowledgeable. If, however, the same person is approached too often, or is approached by a number of people, he ceases to be flattered and becomes irritated by constant requests for information. He indicates this often openly by telling the people trying to use the informal channel, that it is time they went to their supervisor with their queries, that is, use the formal network. This is one of the reasons why informal networks are not long-lasting.

Also the social groups that develop at work constitute informal communication networks most of the time. These are usually groups of people who develop close interaction merely by working together. Others are linked because they do similar work, though in different parts of the organization. Still others are linked simply because they have recognized each other as having something in common through casual meetings around the work place.

These social groups are usually composed of people of similar positions. There is much sharing of knowledge within these groups and some of it is about work. Amongst the jokes and teasing, a good deal of factual information can get passed around. The group leaders are self appointed or are those people of strong personality recognized by the group as central figures and admired by all. Some of the information collected this way can be of genuine help, for example tips on how to do the job more easily. Some is valuable background information about the health organization, its recent history and the people working in it, difficult to learn in any other way for a newly appointed health worker.



What are the demerits of informal communication networks?



Fig 3.15 Informal communication is a common source of information.

As you might know, the danger with informal networks is that much false, inaccurate or distorted information passes through them. Often nobody on the network is in a position to know the facts about a matter under discussion. It is common experience that ignorance rarely stops some people expressing their opinions. Also, there are always some who feel compelled to answer a question even if they have to invent the answer. Because rumours are spread through informal networks, it is as well you should ask how people know before you believe what they tell you.

The term most often used to identify these informal channels is 'the grape-vine'. Although the term is often associated with inaccurate information, it can be a source of factual information, as we have seen in the preceding discussion. Often it is not only a source of factual information, but it provides members with an outlet for their imaginations and apprehensions as well.



What can be the other uses of the grape-vine?

In addition to its social and informal communication functions, the grape-vine has several work-related functions as well. One of its greatest advantages is the speed with which it can be used to pass information. It is often much faster in operation than formal communication channels. Managers may use it to distribute information through planned 'leaks'. Another advantage is that it supplements formal channels. The patterns of the information communicated through grape-vine are predictable:

Communication

- people talk most when the news is recent;
- people talk about things that affect their work;
- people talk about people they know;
- people working near each other are likely to be on the same grapevine;
- people who contact each other in the organization tend to be on the same grapevine.

Every one of us in an organization can participate in the grape-vine either by initiating or passing on information given to us by others. For this reason the channels can be very similar to their formal counterparts carrying messages in four directions, up, down, horizontally and diagonally. In fact, grape-vines show considerable disregard for rank or authority and may link the organization members in any of the above four combinations or directions.



Since the informal communication networks are largely verbal in nature, they can be formed and disbanded very quickly. This prevents them from having a permanent membership.

You should also be aware that the knowledge of informal communication structures in a community can be of great value to the introduction of new health programmes in that particular community. It is important to whom health professionals first talk to on new programmes or approaches to health behaviour. Usually it is the influential people in the community whom you should approach first. Without doing this, most innovations are likely to be met with resistance from your target community.



However, you must not allow the grape-vine to serve as a substitute for formal channels.

Written and Oral Communication

Whatever form of communication is used, there has to be some form of media for its transmission. Media transmission can take the form of words, pictures or actions. Words are the most commonly used in the form of both oral and written communication. There are also many other audio-visual media which are used in communication. These are dealt with separately in your 'Teaching and Learning Aids Module', therefore we are not going to repeat them here. Our discussion is going to focus on oral and written communication, since they are the most commonly used and therefore everyone of us should use them effectively.

Written Communication

Written communication can take an endless number of forms. Some of the more common ones are:

- letters;
- memos;
- reports;
- prescriptions;
- posters;
- pictures;
- notice board items;
- in-house newspapers e.g. professional associations' newsletters and magazines;
- handouts;
- books.

As you are aware there are advantages and also disadvantages to the use of written communication:

Advantages of Written Communication

Some of the advantages are:

- there is relative permanence to the message and therefore it provides a record of what was transmitted;
- the message can be re-read and studied in case it is not clear initially; written messages are often more carefully constructed than oral ones because there is less opportunity for explanation;
- written communication provides protection against continuous misinterpretation, especially when the message has to go through many people, such as circulars, contracts and agreements;
- written communication carries a degree of formality usually not present in verbal exchanges;
- the written word stands on its own, without hindrance of intonation or body language and therefore is free from the potential ambiguity of the non-verbal language (although written communication does have a tone, which is presumably an inference about the way it would sound, if it were spoken).



On the other hand there are draw-backs to written communication. The fact that the written word stands on its own, without the help or hindrance of intonation or body language can be seen as both its strength and weakness. It is a limited form of communication.



What are some of the specific disadvantages of written communication?

Disadvantages of Written Communication

- it is difficult to keep some forms of written communication up to date, for example job descriptions and policy manuals; things are changing so fast that there is a constant need for these to be revised;
- some written communications are so lengthy that some of us become reluctant to read them, for example reports from health workers in the field. It is common experience that a health worker submits a long report, but spends ten minutes briefing the health supervisor on the content and that will be all, as the supervisor is reluctant or has no time to go through the paper;
- choice of words, sentence structure and length can be a problem to your readers.

Oral Communication

Oral communication is used mostly during the following:

- face to face verbal interaction;
- telephone discussions;
- speeches;
- meetings.

Advantages of speech as the medium of communication are:

- speed; no delays occur while a letter is in the post or a memo is being transported by a messenger;
- immediate feedback; disagreements, fear, tension and anger can often be eliminated by solving the problem on the spot. There is improved personal relationships;
- you can correct yourself quickly and easily; there is quicker acceptance of the message by the receiver;
- you can employ such non-verbal cues as tone of voice, gestures, your facial expressions, to reinforce or modify your words;
- it gives each participant a basis for clarifying his or her position and getting a first hand view of that held by others. There is two-way communication. Observation for use of body language enables more complete understanding of the message;
- it can be used through telephones, radio, cassettes and television.

Disadvantages of oral communication are:

- there is no permanent record of the message to prove what you said or to refer to later;
- you have to decide what you want to say as you say it. (You have to 'think on your feet'). This is very demanding. How well you can say it will depend on your experience or the complexity of what you want to put across to your audience.
- it is easily forgotten. Retention is limited;
- it can be overheard by others whom the message is not intended to;
- it is unsuitable for long messages;
- complicated messages involving figures, statistics, sequences and formulas must be backed up in writing.

You have now come to the end of this section. Please do the self-test to check how well you have understood this section.

**Self-Test 6**

1a. What are the two communication channels available to you in the health organization?

1b. What is the difference between the two channels?

2. Explain the following terms:

Downward communication

Upward communication

Communication

Horizontal communication

Diagonal communication

3. List four purposes of upward communication:

4. What are some of the advantages of informal channels of communication?

5. What are the advantages and disadvantages of written communication?

Advantages:

Disadvantages:

6. Why is oral communication sometimes considered to be superior to written communication?

How did you do? We hope you are now ready to go to the next section, which is your last one in this module.

Improving Communication at Work

There are many ways of improving organizational communication. We have already discussed some of them in the previous Units such as, removing barriers, choosing and using appropriate ways and channels of communication, gaining the audience's attention and ensuring understanding and acceptance. We have also noted that achieving commonness through communication is not all that easy. In fact, organization communication is a complex process. It has certain key characteristics which everyone of us must deal with effectively. Firstly, communication is a part of the total organization that interacts with its environment. In this manner, the organization is influenced by its environment and in turn the organization exerts an influence on that environment. Secondly, organization communication consists of a flow of messages through formal and informal channels. Communication for the organization has two basic purposes. First is the need to furnish information required for decision-making and control. Second is the desire to influence and motivate people in order to bring individual behaviour more in line with the needs of the total organization. Finally and most important, organization communication is a people-orientated process that encompasses all people's behaviours in the organization.



What are some of the most useful ways to improve communication at our work places?

Some of the most effective ways to encourage effective communication include:

- being sensitive to the needs and feelings of our workmates, subordinates and students;
- using understandable language;
- establishing credibility;
- creating ways of encouraging two-way communication;
- good listening.



There are many other ways you can use to encourage effective communication. Can you think of some more, from your own work experiences?

In the following sections we are going to discuss some of the ways we have mentioned above and then outline some other general guidelines to good communication. Let us start by looking at developing sensitivity of awareness.



Why should management be sensitive to subordinates' needs and feelings? Or, why should a teacher be sensitive to students' needs and feelings?

People want to be involved in consultation about what matters to them. They want to be consulted about what they make, how they do their jobs, why changes are necessary and what future plans are likely to affect them and their departments. They will welcome any opportunity to give advice and have it listened to. They would also like to have their advice acted on or to receive good reasons why it cannot be acted on. They like to share decisions and not to feel entirely at the mercy of events of other people. They like to achieve and have their achievements recognized, to talk effectively and to be listened to, to get to know each other and understand various points of view.

Therefore as a health manager and trainer you have to be aware and sensitive to your subordinates' and students' needs, in order to be in a position to help the junior staff and students fulfil their aspirations. Without doing this, there is likely to be communication breakdowns between the management and the lower level health workers and between teachers and students respectively.

Using Understandable Language

As we mentioned earlier on, differences in language vocabulary can be a barrier to effective communication. The use of technical terminology and multi-syllable words may appear impressive, but this can be troublesome to your listeners. To be appropriate your language and your vocabulary should be suited to the situation. In other words, you should use the right words for the appropriate people.

Also, oral two-way communication has been found to be superior to the written message in achieving understanding. Too often writing contains technical jargon, complex sentences and multi-syllabic words. Moreover, many words have many meanings, depending on usage, context, education and environment. It is therefore important that you choose the correct channel and appropriate language to achieve more understanding.

There are about 500 most common English words with an average of 28 definitions each. Therefore many different meanings can be assigned to some words. Great care must be taken to ensure that the receiver gets the message that the sender intended.



Fig 3.16 Use of technical terminology can be a barrier to effective communication.

Establishing Credibility

One criterion for managerial effectiveness is credibility or believability. Receivers tend to judge the worth of a message on the basis of their evaluation of its source. Such characteristics as appearance, mannerisms and status contribute to your credibility as a communicator.

Subordinates and students are likely to be responsive to your communication if you create a hospitable environment built on trust, integration of goals and supportive leadership. They are likely to listen to you and respect you because you have demonstrated through your competence, drive, character and past performance that you are worth of their trust.

Creating Two-way Communication

In Unit I we defined communication as a way of trying to establish a degree of common understanding between people. We further stated that when man communicates, he is trying to establish a degree of commonness with someone else. That is, there is a conscious effort on his or her part to transmit and share information or an attitude. Thus as we said:



Communication is a two-way process through which one communicates **with** people, not **to** people. Therefore the argument for two-way communication is not only a moral one, that of giving people the opportunity to fulfil their creative ideas and abilities, to use their intelligence and imagination. It is also a practical one. Each one of us becomes more efficient if we encourage the members of our groups to make full use of their creative abilities. Two-way communication provides us with the opportunities to explore all sides of every issue together, and allow for those questions and interactions that are necessary to achieve both mutual understanding and satisfaction. In other words, two-way communication is participatory and enables each one of us to consult, to share opinions and ideas and also enables us to arrive at solutions and conclusions together.



What is the difference between one way and two-way communication?

We have already explained the basic difference in Unit I. We said in one-way communication there might be complete absence of feedback or some form of feedback. For example, the receiver doing something as instructed by the sender without fully understanding why he is doing it. He is neither expected nor given an opportunity to ask questions. In two-way communication both the sender and receiver get feedback and refine issues together to gain common understanding.



The existence of feedback does not necessarily mean there has been two-way communication. In two-way communication there should be both understanding and acceptance of the message, after mutual consultation between the sender and receiver.

To achieve both understanding and acceptance by partners involved in communication, a combination of a number of good principles of effective communication some of which we have already discussed should come into interplay. However, there are specific situations which can be deliberately created to encourage mutual exchange of information at our health institutions. Some of these are:

- holding regular consultative staff meetings;
- using open door policies by health management;
- using suggestion boxes;
- holding workshops and seminars;
- making informed appraisal reports;
- creating privacy, for example during counselling;

Communication

- using participatory teaching methods, for example, role-plays, discussions, demonstrations, drama and debate;
- choosing appropriate communication channels and situations;
- using notice-board items;
- briefing groups;
- forming and being active members of our professional associations.

However, all these activities should be conducted properly for them to be successful and profitable to both the initiators and receivers. For example, information collected through suggestion boxes and opinion survey questionnaires should be fed back to the people involved and the results should be discussed and shared formally. Perhaps meetings will be necessary in one form or the other for each of the above.



What are some of the specific purposes of meetings?

There are many reasons, but the following categories cover most of the situations likely to arise in the health departments:

- to exchange information, particularly about what health workers in the departments are doing, so that we understand the context of our own activities, avoid duplication and ensure that no important activities are being overlooked and also to hear about decisions that affect us;
- to solve problems and exploit opportunities. Hence the purpose is for us to devise new courses of action to correct a situation that is unsatisfactory or take advantage of new circumstances;
- to consult and to gather information and opinions prior to making a decision;
- to brief and to inform people about decisions taken at a higher level that affect them directly;
- to resolve conflicts and to explore alternatives to the proposals which are giving rise to the conflict and/or final ways of dealing with the consequential problems we are creating;
- to build morale and commitment;
- to make presentations and to gain acceptance for a proposal, an idea, or the conclusions of a study.

Before we conclude this section on two way communications we have to consider the following important aspects: First, we should realize that communication should mean more than passing of information. Innovation and change can be achieved profitably only with the active cooperation of the work-force or in a training institution of the trainees. This is also likely to produce greater job satisfaction, commitment, reduced staff turnover and absenteeism.

Second, information can never be completely impartial. Therefore it is the job of all of us to make sure that it is fair, truthful and as honest as possible. Above all, it should be clear and easy to understand.

Third, management should be receptive to subordinates' ideas and should positively encourage the workforce to cooperate with it in producing an effective and acceptable communication system.

Finally, if we are to believe the facts and trust those who distribute them, then information should be:

- regular and not handed out just at times of crisis. For example, not only when health workers have a disagreement with management;
- honest, that is including both the good and bad facts;
- open to all health workers, not just the top management and heads of departments;
- relevant, primarily about the local units for which employees work and whose performance they can directly affect.

You are now about to complete this module on communication. Although we have put forward and discussed many guidelines to improving communication, the following is a summary of some of the most important guidelines you can use to improve your communication skills.

Some Guidelines to Improving Communication

1. **Clarify ideas before communicating:** You should systematically think through the message and consider who will receive and/or be affected by it. This way you will overcome one basic barrier to communication. The more systematically you analyze the message the more clearly you will communicate it.
2. **Examine the true purpose of communicating:** You should determine why you need to communicate, that is, what you really want to accomplish with the message. Once you have identified this objective, then it becomes easy for you to properly design the message.
3. **Take the entire environment, physical and human into consideration:** You should examine the physical setting, the social climate and past communication practices. This will help you to adapt the message to the situation. It is important to realize that what you say, how you say it, to whom and when, will all affect the success of your communication. Therefore your message must be timely, meaningful and applicable to the situation.

4. **When valuable, obtain advice from others in planning messages:** In short, you should consult with others. This will help you to obtain additional insights of how you should handle the communication. In addition, this is important because the people who help you formulate your message, will in most cases give you active support during and after the implementation of what is required by the communication.

5. **Be aware of the overtones as well as the basic content of the message:** You should be careful how you say your messages. It is not necessarily *what* you say, but also *how* you say it that has meaning to your audience. Voice tone, facial expressions and choice of language, for example, will all influence how your audience will react to your messages.

6. **Convey useful information:** You should convey information that is going to be useful and interesting to your audience. You should avoid giving only general information. People generally relate to factors that directly affect them. Often they do not understand, or are uninterested in matters of more general interest. You should realize that information is meaningless unless people know how it will affect them personally.

7. **Follow up on communication:** You should invite for feedback and create conducive situations which will enable you to get it. This will help you to ascertain whether your audience understands, accepts and is willing to comply with your message. This way you will be able to take appropriate action.

8. **Communicate with the future, as well as the present in mind:** Your communication should not only be designed to meet the demands of the present situation. It should take into account the long term goals as well.

9. **Support words with deeds:** What you say and do should reinforce each other, rather than contradict. By saying one thing and doing another, you undermine your own instructions and it is likely that you will lose credibility of your audience. For example, if you tell your students to be in the classroom by 8.30 a.m. while you continue to arrive at 9.00 a.m. then you should not expect them to take you seriously. In general, subordinates are aware of such behaviours by management and quickly ignore your instructions.

10. **Be a good listener:** You should listen attentively and respond positively to your audience's views, ideas, opinions, suggestions and requests. This way your audience will see that you care and value them as people.

Communication

Communication channels in an organization include:

- formal channels which are formed by management and therefore are linked to the authority
- structure of the organization;
- informal channels which develop on their own accord.

In formal channels of communication there are four patterns of communication which are:

- downward communication which is used by top level management to send messages to subordinate health workers;
- upward communication which is used by lower level health workers to send messages to top health management;
- horizontal communication which is between people or departments on the same level of the hierarchy;
- diagonal communication which is between people or departments on different levels of the hierarchy, especially between line and staff departments.

The term most commonly used to describe informal communication is grape-vine. The grape-vine can be a source of both factual and incorrect information.

The most commonly used forms of communication are:

- oral communication (speech);
- written communication.

Both these have their own advantages and disadvantages and one must judge properly which form to use for a particular communication occasion. Some of the most effective ways of encouraging effective communication at our work-places include:

- being sensitive to the needs and feelings of other workmates, subordinates and students;
- using understandable language;
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When you feel you have fully understood and digested the subject matter, you may tackle the main assignments.

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Assignment

Answer both questions

1. Describe five non-verbal behaviours you like using to enhance close relationships and interactions with your learners during classroom instruction. Your description should include clear explanations of how those non-verbal behaviours lead to improved relationships and interactions in the classroom.

(Answer in about 800 words).

2. Describe and explain five ways you can use to encourage two-way communications at your workplace. Your answer should clearly show how the ways you have chosen lead to improving communication in your work environment.

(Answer in about 800 words).



Answers to Self-Tests

Self-Test I

Question 1

- | | | | |
|----|---|----|---|
| a. | F | f. | F |
| b. | T | g. | T |
| c. | T | h. | T |
| d. | F | i. | F |
| e. | T | k. | F |

Question 2

- | | |
|----------------------------|---|
| One-way communication | k |
| Two-way communication | h |
| Ideas | f |
| Wishes | d |
| Communication climate | b |
| Opinion | a |
| Fact | c |
| Communication channel | e |
| Symmetrical relationship | g |
| Complementary relationship | i |

Self-Test 2

1. Non-verbal
2. Cultures
3. Contradictions
4. True-state
5. Inference
6. Reinforce
7. Double-bind

Self-Test 3

1. Creation of increased sensory stimulation
Enhancement of increased interpersonal closeness and warmth
2. Body angle orientation
3. Any of the following:
 - quality of the voice
 - accent
 - intonation
 - modulation
 - pitch patterns
4. Any of the following:
 - smiling
 - pacing
 - head nodding
 - hand shaking
 - facial expressions
 - gestures
 - leaning
 - body posture
5. More availability
Mutuality of communication

Self-Test 4

Across

- | | |
|---------------|------------------|
| 2. Planning | 1. Concise |
| 3. Action | 4. Acceptance |
| 4. Attention | 5. Clear |
| 5. Complete | 6. Implementing |
| 7. Convincing | 8. Understanding |
| 10. Practical | 9. Controlling |
| 11. Messages | |

Self-Test 5

1. Any of the following:
 - perception
 - inference
 - language vocabulary
 - status
 - resistance to change
 - age differences
 - socio-economic gap
 - attitudes
 - message competition
 - bad listening habits
 - expectations
 - self-fulfilling prophecies

2. Any of the following:
 - needs, anxieties and expectations of listener
 - attitudes and values of listener

3. Any of the following:
 - language vocabulary/use of jargon
 - prejudgments
 - length of communication
 - degree of open - mindedness

4. Any of the following:
 - attitudes of listener
 - values of listener
 - status
 - emotional conflicts

Self-Test 6

1. Formal channels
Informal channels
Formal channels are set up by management and are linked to the authority structure of the Organization
Informal channels develop on their own accord

 2. Communication from top level management to lower level (subordinate) workers
Communication from lower level subordinate workers to top level management
-

Communication between people on the same level on the hierarchy
Communication between people at different levels on the hierarchy (mostly between staff and line departments).

3. Any of the following:
- to give reports of activities in the field
 - to request for aid
 - to request for approval of proposals
 - to give estimates for future requirements
 - to make explanations
 - to make suggestions
4. Any of the following:
- speed with which information can be passed
 - provides members with an outlet for their imaginations and apprehensions
 - can be used by management to pass on information to workers through planned 'leaks'
 - can help in the easy introduction of innovations and new health programmes
5. Advantages
- Any of the following:
- relative permanence
 - message can be re-read and studied several times
 - messages are usually carefully constructed
 - misinterpretation is lessened
- Disadvantages
- Any of the following:
- difficult to keep some information up to date
 - reluctance to read information by some people
 - choice of words, sentence structure and length can be confusing
6. Any of the following:
- there is immediate feedback
 - there is two-way communication
 - observation for non-verbal increases chances for complete understanding
 - clarifications can be done on the spot
 - can be used through many media e.g. telephones, radios and television
-

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