

The CHWs Communication Toolbox

Good communication skills are critical to effectively interact with patients and colleagues. This article will teach effective communication strategies and provide several examples of real-life situations that you are likely to run into on the job. Good communication is an art that must be practiced all the time and sharpened on a daily basis. Your supervisor can help you with these skills—just ask!



“Good communication skills are essential for community health workers (CHWs) to effectively interact with team members, supervisors, and patients. The good news is [that] one can learn to be a better communicator—it just takes practice.”

—Cindy Sickora, DNP, RN, Associate Professor, Director,
Community Programs Rutgers School of Nursing, Jordan and Harris
Community Health Center New Jersey Children’s Health Project

STRATEGY 1 BUILD RAPPORT

Rapport is defined as a friendly relationship in which two people trust each other, understand each other’s feelings, and communicate well. Building rapport isn’t always easy, but once you’ve established rapport with a person, he or she is more likely to develop a healthy respect for what you have to say. In fact, building rapport is key to a successful patient-CHW relationship.

You will build rapport with your patients by

- Finding common ground: Showing a sincere interest in your patients and looking for things you have in common.
- Displaying respect and empathy: Putting yourself in your patient’s shoes and letting them know you understand what they are going through.

PUTTING KNOWLEDGE INTO PRACTICE: Meet Angel

SITUATION 1 When you tell your patient, Angel, that drinking and taking drugs increases the chances of causing damage to her unborn child, you

can’t help but notice that she doesn’t seem to be paying attention to what you are saying. In fact, she seems to resent your helpful advice. *What is wrong with this scenario?*

Communication considerations:

In reviewing the case of Angel, who does not seem to be engaged, it is likely that the CHW did not take the time to build the required rapport with Angel during their first series of meetings. As a result, Angel doesn’t trust her CHW. Instead, it appears that Angel may be resentful because she thinks the CHW is sticking her nose into Angel’s personal business. Wait before lecturing her about the risks of drugs

and alcohol. First, the CHW first needs to build a positive relationship with Angel, and show interest, empathy and respect. To achieve a positive outcome for this case, the CHW must take a step back. She has to realize that it is too early in the relationship to talk to Angel about her drug use. It would be better to put it off until they have built a more solid relationship.

Michelle Harrison, CHW, suggests building rapport by asking Angel about herself, with questions such as, “Do you need someone to go to the doctor with you?” Other general questions could be

- Is this your first pregnancy?
- Are you excited about it?
- Do you have friends who are also mothers?
- Are you close to your family, and do they live nearby?
- Do you have any concerns about your pregnancy?
- Is there anything I can do to help?

Qadriyyah Mckinnis, CHW, suggests building rapport by creating stronger, genuine relationships. Specifically, she suggests going to a class together, partnering in a prenatal class, or taking your patient for a visit to the neonatal unit.

STRATEGY 2 BE AN ACTIVE LISTENER

Empathy is the ability to know how someone feels: to identify with them. We display our empathy when we listen carefully to what people say. When you listen closely to another person and use verbal and nonverbal signals to show understanding, you are being an active listener. Next time you are in a highly charged or delicate emotional situation, practice your active listening skills by using the mnemonic “NURSE.”

(A mnemonic is a memory aid such as a pattern of letters, a word, or a phrase that helps you remember something you need to do.) Each letter of “NURSE” stands for a different communication skill. When you use “NURSE,” your patients will feel that you truly care about their well-being. We discuss “NURSE” in the table below “Situation 2.”

PUTTING KNOWLEDGE INTO PRACTICE: Meet Sandra

SITUATION 2 Sandra has just had a miscarriage at 28 weeks. You run into her on the way to the clinic. Sandra stops you and begins to cry and tells you she

blames herself for losing the baby. *How can you provide the comfort she is looking for?*

Communication considerations:

Sandra is very upset and in need of someone to listen closely to her feelings. Pull her into a quiet and private space where no one can overhear your conversation.

Offer tissues and sit face-to-face. Try to build in the principles of NURSE into your conversation. It takes practice, but it can be very effective.

N.U.R.S.E Use this mneumonic to remember to practice active listening tools

Each letter stands for a word	Each word reminds us how to be a good listener	Examples of active listening
N = NAME THE EMOTION	When people are acting emotional, don't react or judge Notice what they are feeling and name it	I can see how sad you are about the loss of your baby
U = UNDERSTAND WHAT PEOPLE ARE FEELING & SAYING	Show your patient you understand how they feel Repeat back what you think the person said, so you can be sure you understood correctly	You seem to be blaming yourself for the miscarriage It seems that you are worried that you will never get pregnant again
R = RESPECT OTHERS FEELINGS	Respect people's right to express their emotions Do not interrupt, downplay or minimize what they are feeling	DON'T SAY: Lots of people have had a miscarriage” or “You are not the only woman who has had a miscarriage DO SHOW RESPECT: - Listen quietly - Give them a tissue - Hold their hand gently - Nod in agreement
S = SUPPORT THE PERSON	Let the person know you will do everything possible to help	Let's meet again tomorrow to talk more. Would it help if I arranged for you to meet with a counselor?
E = EXPLORE THEIR FEELINGS	Continue to ask the person about how they feel	Tell me a little more about how you feel about losing the baby. Why do you think that you are responsible for the loss of the baby?

STRATEGY 3 | DIFFUSE ANGER

Practice these suggestions when you start to feel angry because you don't like the way someone is treating you.

Practice Self-Control

There are times when people are going to shout, yell and treat you disrespectfully. By yelling back, you are throwing fuel on a fire, because it just makes the other person angrier. Try to walk away, count to 10, or concentrate on your breathing. Do what it takes to keep from getting involved and taking an action you'll regret later.

Zip Your Lip.

When someone is in your face, try to hold your tongue instead of reacting with anger. Of course, that isn't easy. But sometimes listening—and not talking—can calm down a person who is about to blow a fuse.

Use “I” statements.

Instead of telling someone what they should do, for example, “How dare you talk to me that way,” you might say, “I get upset when you talk down to me.”

PUTTING KNOWLEDGE INTO PRACTICE: Meet Charlene

SITUATION 3 Charlene is yelling at you because the mobile van is over an hour late. You try to talk to her, but she rudely waves you away. In fact, you

have had a rough day too and are tempted to yell back at her. *How should you handle this situation?*

Communication considerations:

Charlene is very angry that the van did not arrive on time. She may feel that people are treating her in an inconsiderate manner. Or perhaps she is worried about being late and will end up not picking her kids up on time. Put yourself in Charlene's place. Let her know you understand why she is angry.

While it is true that Charlene is acting childish, don't use that as an excuse to lash out or get even. Instead of yelling, “Stop it!” show respect for her feelings by saying something like, “I am frustrated too!” or “I understand why you are irritated right now.” You can also practice using the NURSE technique.

“If someone treats you badly, don't take it personally. Sometimes, you need to ignore other people and go about your business, no matter how mad you are. As a leader in the community, you have to stay calm, especially when those around you are acting badly.”

—Cindy Sickora, DNP, RN

STRATEGY 4 WATCH YOUR BODY LANGUAGE

Our body language communicates our feelings, even before we say a single word. See the table below to learn more about how we communicate our feelings nonverbally.

Types of nonverbal communication	Negative body language	Positive body language
Posture	The way you stand, walk, and hold your head can reveal how you are feeling (angry, shy, irritated, uninterested). Negativity is shown by standing with your elbows out and hands on hips, crossing your hands over your chest, or sticking your head out.	Maintain an open stance; keep your arms by your side.
Facial Expressions	Your face and eyes can communicate emotions like anger, disappointment, fear or disgust such as a red face, narrowed eyes, or curled up lips.	Maintain good eye contact, smile, nod to demonstrate that you are following the conversation
Gestures	Pointing at someone, putting your hands across your chest, or waving your hands indicates anger or defensiveness. Other negative language is putting your hands on your hips or in your pocket.	Sit up straight, lean toward the person, keep hands by your side.
Space	Standing too close to someone or getting in their face when you are communicating tends to make people see you as aggressive.	Give people space - imagine that there is an invisible circle around them. Keep out of that invisible circle.
Voice	Raising your voice, speaking with excessive force, or talking in a sarcastic or loud tone of voice conveys hostility.	Talk slowly and clearly, avoid shouting or speaking too loudly, speak at a steady pace

PUTTING KNOWLEDGE INTO PRACTICE: Meet Maria

SITUATION 4 Rhonda, the nurse supervisor, tells Maria that she has noticed that she seems to be angry and defensive whenever they talk about work goals. *What might lead her to this conclusion?*

Communication considerations:

When we feel we are being criticized, we tend to show our displeasure through nonverbal communication. Maria could be feeling tense because she thinks Rhonda is putting her down. She may display her irritation by crossing her arms and pursing her lips.

Next time, Maria should try looking Rhonda in the eyes, keep her arms by her side and nod in agreement. This would communicate to Rhonda that Sandra is listening to her feedback instead of resenting it.

Additional Resources:

Effective communication: improving communication skills in your work and personal relationships. <http://www.helpguide.org/articles/relationships/ef-fective-communication.htm>. Accessed December 28, 2015.

Building good work relationships: making work enjoyable and productive. <https://www.mindtools.com/pages/article/good-relationships.htm>. Accessed December 28, 2015.

Oncotalk: fundamental communication skills. http://www.vitaltalk.org/sites/default/files/Oncotalk_Fundamental_Skills.pdf. Accessed December 28, 2015.

Communication: what do patients want and need? J Oncol Pract. 2008;4(5):249–253. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2794010/>. Accessed December 28, 2015.

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How to calm an angry person. Wiki: How to do anything. <http://www.wiki-how.com/Calm-an-Angry-Person>. Accessed December 28, 2015.

The characteristics of passive, aggressive and assertive communication. https://www.dulwich-suzhou.cn/uploaded/DCSZ_meet_the_counselor/The_Characteristics_of_Passive,_Aggressive_and_Assertive_Communication.pdf. Accessed December 28, 2015. Information from Original source: Centre for Clinical Interventions. <http://www.cci.health.wa.gov.au/resources/index.cfm>. Accessed December 28, 2015.