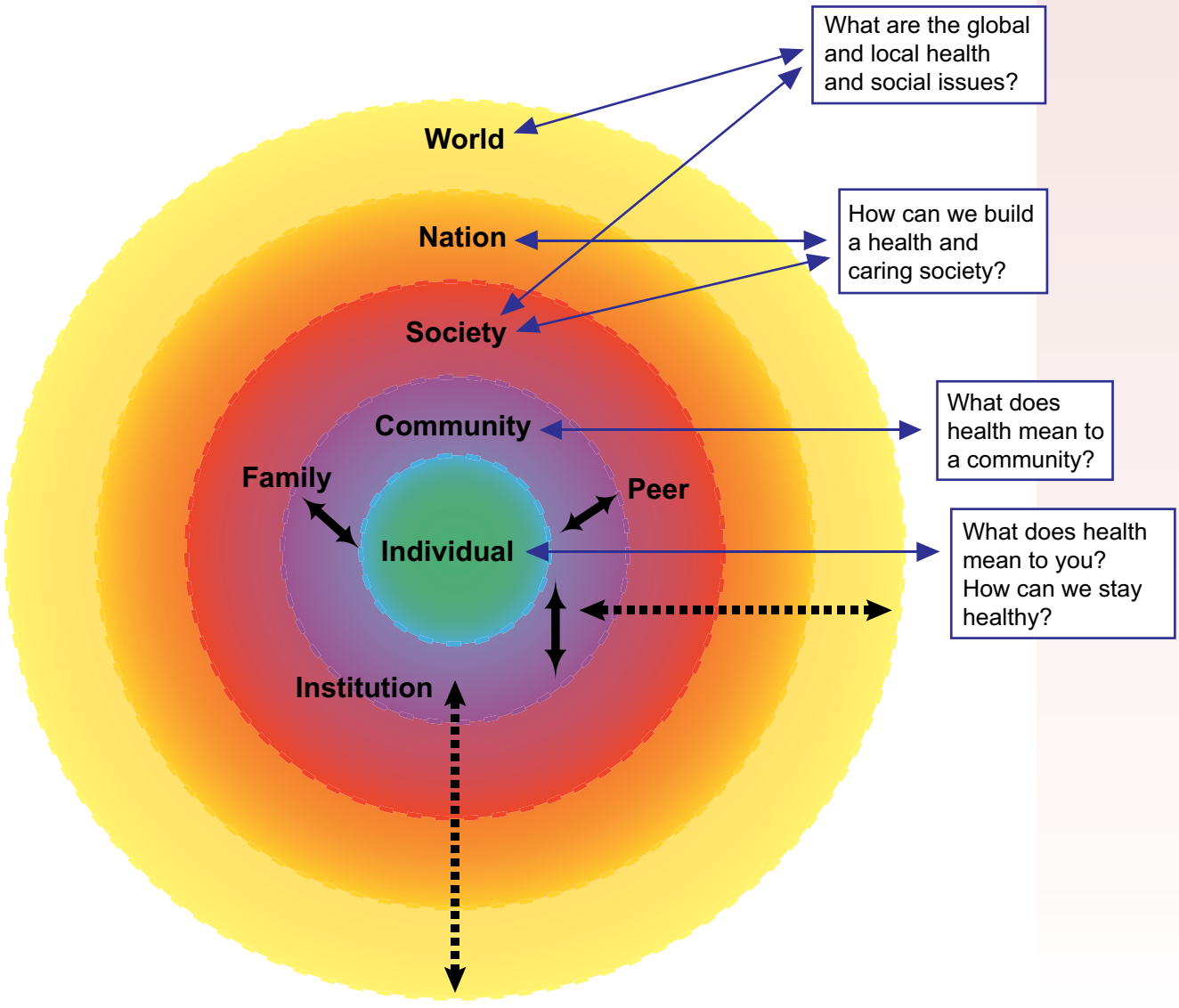
14
Social Care in Action

Health Management and Social Care (Secondary 4-6)

Health Management and Social Care Booklets

The design of the HMSC curriculum rests on the notion of the interconnectedness of the various levels at which phenomena related to health and sickness, well-being and ill-being, and personal and community care are to be understood. The curriculum aims to enable students to explore all of these levels as well as the relationships between them. The different levels can be interpreted as the individual, the family, the peer group, the community, the institutional setting, society, the nation and the world (Figure 1).

Figure 1 The Various Levels and Essential Questions of HMSC



This part includes 19 booklets of learning and teaching reference materials for teachers. The topics and information in these booklets are selected and organized based on the five essential questions from various levels mentioned in the curriculum design in Chapter 2 of the Health Management and Social Care Curriculum and Assessment Guide (Secondary 4-6)(2007). Each essential question is elaborated in 2-5 booklets. The booklets facilitate teachers to develop an overall framework and identify the key concepts of the curriculum so that their students will be more able to critically assess the relevant issues. Details are as follows:

Levels	Essential Questions	Booklets	
Individual, Family and Peer	What does health mean to you?	1	Personal Needs and Development across Lifespan
		2	Health and Well-being
	How can we stay healthy?	3	Physical Well-being - Healthy Body
		4	Mental Well-being - Healthy Mind
		5	Social Well-being - Inter-personal Relationship
Community	What does health mean to a community?	6	Healthy Community
		7	Caring Community
		8	Ecology and Health
		9	Building a Healthy City
Society	How can we build a healthy and caring society?	10	Health Care System
		11	Social Welfare System
		12	Medical and Social Care Professions
		13	Health and Social Care policies
		14	Social Care in Action
Local and Global Societies	What are the local and global health and social issues?	15A	Health and Social Care Issue - Ageing Population
		15B	Health and Social Care Issue - Discrimination
		15C	Health and Social Care Issue - Domestic Violence
		15D	Health and Social Care Issue - Addiction
		15E	Health and Social Care Issue - Poverty

The expected learning outcomes in terms of knowledge, skills, value and attitude as well as the content outline will be listed as an overview. Teachers are advised to adapt and flexibly use the materials based on school or community situations, background of students, interest, learning skills and the previous knowledge of students. Social issues as well as the graphic organizers illustrated in Part 3.1.5 can be used to help student organize and analyze complex and abstract concepts so that they are able to construct their knowledge effectively, consolidate their learning and achieve deep understanding.

How can we build a healthy and caring society?

The holistic concept of health has been elaborated from different perspectives and dimensions in Booklet 1 -9. In Ottawa Charter, definition of health is further elaborated as ‘a resource for everyday life, not the objective of living. It is a positive concept, emphasizing social and personal resources as well as physical capabilities.’ If health is the social and personal resources, it needs to be properly managed.

Simply speaking, management is to guarantee the use of resources in the most appropriate way in the most appropriate time and place through planning, organising, directing, coordinating and controlling the use. Management is not just the concern of government and commercial organisations. Non-governmental organisations and other social care organisations also need to be properly managed. Therefore, health management is planning, organising, directing, coordinating and controlling the resources to meet the health needs. In Booklet (10) to (14), it is explored how to achieve holistic health through organising, allocating and utilizing resources from the levels of the system, policy, professionals and professional services.

The topics of Health Management and Social Care Curriculum and Assessment Guide included in the Booklet 10-14 are listed in the following table:

Booklets		Topics in HMSC Curriculum and Assessment Guide
10	Health Care System	Compulsory part 2D Developments in the health and care industries
11	Social Welfare System	3B Developing health and social care / welfare policies 3C Implementing health and social care policies 3D Cultural and political disagreements and tensions 4A Disease prevention (primary, secondary and tertiary) and using precautions in our daily living patterns and lifestyles
12	Medical and Social Care Professions	Compulsory part 5A Professions in health and social services 5B Health and social care services and agencies
13	Health and Social Care Policies	Compulsory part 3B Developing health and social care / welfare policies 3C Implementing health and social care policies 3D Cultural and political disagreements and tensions
14	Social Care in Action	Compulsory part 4D Social care, healthy relationships, social responsibility and commitment in the family, community and groups 5A Professions in health and social services 5D Leadership in health and social care

14 Social Care In Action

Contents

Learning Targets

Through the study of the topic on social care in action, students are expected to:

Knowledge

- Understand the roles, the work, and skills of health / social care professionals and their relationship with service users
- Examine the ways for fostering positive and caring relationships in service delivery
- Build up the competence required for providing health and social care services

Skills

- Develop the enabling skills in health promotion and the provision of care services, including:
  - team-building and team work
  - communication skills
  - organisation skills
- Apply the above skills to study related health and social issues / problems and carry out service learning

Key Questions

To achieve the above learning targets, teachers may use the following question to enhance understanding:

- What are the essential values and skills that are required when working in social care organisations?

14.1 Professional Intervention

This booklet is divided into two parts. The first part is on professional intervention and the second part is on leadership skills required by health and social care practitioners. In the first part, the purposes of the intervention by health care professionals / social workers at different stages will be introduced. The roles of these professionals, their relationships with service users and the services provided will also be explained. The second part highlights some of the managerial and interpersonal skills and strategies which are crucial for health care professionals / social workers / front line practitioners who render support to service users to enhance the quality of their work / services.

(A) Purposes of Intervention

Professional intervention is a procedure which involves action to improve the quality of an individual's life. The purposes of intervention can be:

1. Preventive

In health care services, the intervention can be preventive which aims at avoiding the development of a disease or injury. Most population-based health promotion and disease prevention activities, such as public education to minimise falls, and vaccinations are primary preventive measures. It also includes personal hygiene practices, like washing hands and wearing surgical masks.

Preventive social services aim at encouraging clients to manage their own lives to achieve holistic health. In family services, for example, primary prevention includes early identification of family problems and organising public education, publicity and self-improvement activities such as the territory-wide publicity campaign "Strengthening Families and Combating Violence" organised by the Social Welfare Department in 2007. The SWD has also set up a telephone hotline to provide information and counselling services.

2. Curative and Problem-Solving

In health care services, the intervention can be curative in nature. This may include early detection of diseases, thereby increasing opportunities for interventions to prevent progression of the disease. Its purpose is to prevent deterioration, shorten the length of stay in the hospital and decrease mortality. Surgical treatment for removal of tumors, medications for releasing Flu symptoms, social support for battered spouse cases and re-training for the unemployed, etc, are examples of interventions. There are also agencies providing intervention, curative and maintenance services at hospitals and clinics for physical or mental health problems.

In social services, intervention aims at problem solving to help clients to accept and cope with current difficulties, incomplete, or difficult life situations. Family services, for example, includes a series of support services for the developmental stages to intensive counselling provided by the family service centers and integrated service centers to socially support battered spouses and to give the unemployed re-training and so on. The Hong Kong Satir Center for Human Development is one providing psychological counselling services. (http://www.hksatir.org/counselingservices.html).

3. Crisis Intervention and Rehabilitation

Crisis intervention helps to provide short-term and immediate care and help to individuals who experience an event that is serious or potentially life-threatening. Physical injuries can be taken care of by first aid teams, such as: St. John Ambulance Association. Emergency services from medical teams are mostly provided by hospitals. In addition, some agencies, such as The Samaritan Befrienders Hong Kong, also provide emergency care to clients with an emotional crisis through their hotline service. In family crises, professional social workers provide specialized services for domestic violence, custody, or child custody dispute cases. The service units include the Family and Child Protective Services Unit, the Family Crisis Support Center, the Suicide Crisis Center and shelters for those in need (including abused spouses and their children).

Rehabilitation includes the development of procedures and a care plan which supports clients or patients after any accident, surgery or any other form of medical treatment. Examples include:

- Physiotherapy – if the person has suffered injury to a limb or part of the body in an accident, they will need physiotherapy and support in order to restore normal health and functioning. However, if full recovery is not possible, then they will be encouraged to organise their life to achieve as much independence as possible.
- Occupational therapy – when a person suffers from depression, for instance, they should be encouraged to pick up the threads of their life again. They may attend day centres, go shopping, learn to make decisions and, if possible, return to work.
- Counselling therapy – following a disaster such as a fire, a person may need counselling to help them come to terms with what has happened.

The purpose of rehabilitation services for the disabled is to help the persons to fully extend their physical, mental and social capabilities within the limits of their disability. This can be conducted in various forms such as:

- Special education and training, e.g. centres for children with disabilities.
- Vocational rehabilitation, e.g. vocational training centres for adults with disabilities or for mentally ill patients who are discharged from psychiatric hospitals.
- Social rehabilitation, e.g. housing, training, day and residential care, shelter workshops, sports and recreation, and welfare allowance.
- Medical rehabilitation, e.g. Specialized medical rehabilitation programmes, e.g. pulmonary and stroke rehabilitation, in hospitals after stabilisation of the acute care.

Rehabilitation is an important part of any person's recovery as it is essential that the person learns to adapt and function again as an active member in society, involving them in what they are entitled to in their own rights and choices.

(B) Development of Services

1. Integrated and Specialized Services?

Holistic care involves caring for the whole person. This means that the physical, intellectual, emotional, social, religious and cultural needs of the client are taken into account, and care for that person is implemented accordingly.

Integrated service aims to provide a comprehensive service that is concerned with all aspects of health for the patient.

For example, the intervention of substance addiction involves behavioural therapy, counselling and medication. Medication treatments aim at reducing craving, replacing one drug (e.g. heroin) with another (e.g. methadone), blocking the effects of a certain drug, causing unpleasant reactions when the addicted drug is used, or improving one's psychological health. Recovery from dependence can be a lengthy process and frequently requires multiple or prolonged intervention episodes. Relapses during the course of treatment are common. To be most effective, the rehabilitation plan and related services must be readily available, tailored to individual needs, and part of a comprehensive plan to address associated medical, psychological, vocational, legal and other social needs. Behavioural therapy includes helping people make increasingly healthy choices about their use of substances and addictive behaviours which is an approach of self-management. Motivational interviewing, which is a special counselling technique that supports change in small increments over time, is also necessary.

Specialized services are needed when focused investigation or treatment is necessary for patients with severe health conditions, e.g. psychiatric problems and obstetric care.

For social services, an integrated service setting encourages groups of all ages to use the service and it can reach the families in a community without stigmatisation. However, there is a strong need for specialized services targeted at particular groups, e.g. sexual violence victims, survivors of domestic violence, batterers, ethnic minorities and new immigrants. Specialized and integrated services are always in parallel development.

2. Centre-based and Community-based Services

Centre-based services allow the clients inside an institution to receive care by the healthcare and social service professions.

The outreach, home-based and residential services allow clients to remain inside the community by using different types of community services. As mentioned in Booklet (7), community care refers to the services provided in the community as an alternative to confined residential care or treatment. It focuses on clients who need extra care and support from others on a district level, e.g. the elderly, physically disabled, abused children, mentally ill or handicapped people and drug abusers. It aims to direct attention of the voluntary sector in the community to care for these people in collaboration.

The community-based services provide support to the special needs of individuals and families of the community and enhance self-help and mutual-help ability to build a cohesive community. This is a kind of care delivered in or around people's home, or in homely settings in the community, which helps to maximize patients' quality of life. The target is to shorten, as much as appropriate, the length of stay in hospitals or to cut down the demand for any residential home or rehabilitation centres. It has been found that well designed ambulatory and community care programmes have the added benefit of achieving greater cost-effectiveness, especially for long term care.

Community-based health services and social care services adopt a multi-disciplinary and multi-sectoral approach in order to provide comprehensive and integrated services to the clients. A multi-disciplinary approach links up various parts of the delivery system, ensuring that clients obtain the best care from the most appropriate professional staff. Ensuring continuity of care for clients and avoiding unnecessary duplication of services.

Community-based Rehabilitation and Wellness services from the Hong Kong Society for Rehabilitation are an example of a community-based health and social services. The Hong Kong Society for Rehabilitation provides continuing nursing services to people with disabilities or chronic illnesses, including orthopaedic injuries, osteoporosis, strokes and brain injuries. It also organises professionally supervised social and psychological courses, as well as physiotherapy services to help people manage their disabilities effectively. The Community Rehabilitation Network was founded to provide psycho-social support and establish a connective network for patients and their families, too.

3. Community Development

Community development refers to the process of empowering a local community by professionals to address local concerns and provide support and care. According to the WHO, community empowerment involves the general public acting collectively to gain greater influence and control over the determinants of health and the quality of life in their community. In the process of empowerment, the professionals share information and assist the clients in decision-making in order to manage their own health. Clients are empowered through training and support by the professionals and community members.

(C) Examples of Professional Intervention

1. Healthcare

A care plan is the procedure set up to outline a course of care, treatment, or therapy between professional carers and their clients, service users or patients. Setting up care plans is an important aspect of a professional carer's work.

There are stages of development in the care plan:

- assessing the client's needs
- identifying their current provision
- deciding on the type of care needed and how the services will be provided
- setting aims and goals for the client and writing these into the care plan
- implementing the care plan
- monitoring the care plan
- reviewing the care plan
- evaluating the care plan

Care plans may be developed by one professional, for example a care manager, nurse or social worker, jointly devised by a multi-professional or multi-disciplinary team, i.e. a team of people who may be responsible for developing a care plan for a client with physical disabilities, or developed by the client themselves, working with the appropriate health and social care professionals. This is an important aspect of setting up a care plan as it enables the client to take control of their own care.

The following is one of the examples of nursing professional intervention in clinical settings:

<table>
<tr><td>Target Group</td><td colspan="2">Patients with cardiac disorders – heart failure</td></tr>
<tr><td>Problem Identification</td><td colspan="2">Cardiac disorders affect the structure and / or function of the heart. These disorders interfere with the heart's ability to pump enough blood to meet the body’s demand for oxygen and nutrients. Disruption in cardiac function affects the functioning of other organs and tissues, potentially leading to organ system failure and death. Heart failure is the most common cardiac disorder.</td></tr>
<tr><td colspan="3">✧ Treatment of cardiac disorders includes:</td></tr>
<tr><td rowspan="3">Assessment</td><td colspan="2">Obtain both subjective and objective data.</td></tr>
<tr><td>Items</td><td>Contents</td></tr>
<tr><td>Health history</td><td>Complaints of increasing shortness of breath, difficult to breath, decreasing activity tolerance, recent weight gain, presence of a cough, chest or abdominal pain, anorexia or nausea, history of cardiac disease, previous episodes of heart failure, other risk factors such as hypertension or diabetes, current medications, usual diet and activity and recent changes.</td></tr>
<tr><td></td><td>Physical examination</td><td>General appearance, ease of breathing, changing positions, apparent anxiety, vital signs, colour of skin and mucous membranes, neck vein distension, peripheral pulses, capillary refill, presence and degree of swelling, heart and breath sounds, abdominal contour, bowel sounds, tenderness, right upper abdominal tenderness, liver enlargement.</td></tr>
</table>

Nursing interventions	Reducing the oxygen demand of the heart is a major nursing care goal for clients in acute heart failure.	
	Problem/ Need	**Healthcare**
	Decreased cardiac output	✧ monitor vital signs and oxygen saturation as indicated ✧ assess heart and breath sounds regularly ✧ administer oxygen as needed ✧ administer and monitor effects of prescribed medications ✧ encourage rest ✧ notify doctor of significant changes in laboratory values
	Activity intolerance	✧ organise nursing care to allow rest ✧ plan and implement progressive activities ✧ position of comfort and enhance lung expansion ✧ provide information about activity after discharge
	Deficient knowledge	✧ provide a list of high-sodium, high-fat, high-cholesterol foods to avoid ✧ assist the patient to construct a meal plan appropriate for him ✧ consult with dietician to plan and teach an appropriate diet
	Home care	Community nurses can follow up with the patient since heart failure is a chronic condition requiring active participation by the patient and family members for effective management, including the following topics: ✧ disease process and its effects on the client's life ✧ desired and adverse effects of prescribed drugs; monitoring for effects; importance of compliance with drug regimen to prevent acute and long-term complications of heart failure ✧ design an activity plan that incorporates preferred activities and scheduled rest periods ✧ remind patients of keeping scheduled follow-up appointments to monitor disease progression and effects of therapy
	Health promotion	Reduce the risk and incidences of heart failure by making patients aware of the risk factors.

2. Social Care

The following is one of the examples of professional Interventions in social work settings:

<table>
<tr><td>Target Group</td><td>Unwed Mothers</td></tr>
<tr><td>Problem Identification</td><td>Biologically, the teenage girl's body has to cope with the stresses of pregnancy probably before it is fully matured. Psychologically, she has to cope with the adult tasks of motherhood while she is still going through the storms and stresses of adolescence. Socially, in Hong Kong, she is still considered a dependent child. Though she has to make decisions concerning herself and the baby, she is in fact not expected to do so without her parents' approval. Her unwed motherhood also distinguishes her from her teenage peers, and poses difficulties for her reintegration into her original social network.</td></tr>
<tr><td>Objective</td><td>To provide crisis intervention to cope with multiple stressors so as to lessen detrimental effects.</td></tr>
<tr><td>Professional Intervention</td><td>Facing all these kinds of stressors, professional intervention from a social worker includes:
<table>
<tr><th>Stage</th><th>Work</th></tr>
<tr><td>Antenatal period</td><td>✧ Establishing rapport with the girl and family
✧ Management of feelings
✧ Individual assessment
✧ Activation of coping responses such as affective coping, cognitive coping and behavioural coping
✧ Mobilisation of support including support from hospital staff and family</td></tr>
<tr><td>Postnatal period</td><td>✧ Enhancement of problem-solving and decision-making capacity of the girl
✧ Helping to prepare for motherhood if the girl decides to raise the baby by her own
✧ Acknowledgement of benefits and costs
✧ Learning new roles and behaviour
✧ Locating resources
✧ Helping to cope with loss if the girl decides to give up the baby
✧ Dealing with sadness
✧ Dealing with the sense of guilt
✧ Dealing with re-integration
✧ Dealing with fluctuating decisions
✧ Facilitating integration of crisis experience</td></tr>
</table></td></tr>
</table>

(D) Effective Communication for Professional Intervention

Effective communication between clients and health and social care service providers entails three steps:

1. Client readiness

Clients may have personal problems or physical difficulties that need to be addressed first. Clients may lack confidence - a situation that require the carer to be responsive with an expression of empathy: 'I know how difficult exercise is. I also find it hard to do it regularly,' or ' I know that we all struggle to eat correctly. How do you think you have been doing with your eating behaviors?' Clients may be responsive to the enthusiasm and confidence of the professionals, converting them from contemplating change to action. The support from the professionals could be contributing to an important step in that direction, even if the success of this effort is not immediately apparent.

2. Selection of a Goal

Clients may need to set their health goals. Make sure they know that health goals are more likely to be achieved if they take responsibility for choosing them. Conversely, client goals may be unrealistic, inappropriate, or vague, which necessitates a collaborative approach to goal setting. A mutually acceptable plan of action should be developed in the following way:

- Make the plan of action specific - the client needs to know what to do and by when.
- Set goals that are modest and practicable.
- List the benefits to be gained.
- Identify prior barriers and engage in problem-solving discussion.
- Employ a combination of behaviour-changing strategies, such as a professional-client contract, identification of strong social support, and appropriate referrals to community programs or professionals.
- Allow for occasional slips.

3. Follow-up

Behaviour change is an ongoing challenge. Are modifications in the plan of action necessary? Is the client getting adequate support from their spouse or significant others? Is the professional or office staff providing reinforcement through telephone calls, subsequent office visits, and letters of support or commendation?

14.2 Roles, Skills and Approaches in Management

All levels of health and social care professionals need to work together in different service agencies to provide health and social services to the community. Therefore, the managers must plan, organise, guide and supervise all kinds of available financial, material and human resources, in order to provide the most efficient service for the different types of service users and their families.

Within the different institutions of health and social services, the managers have different roles. They need to deal with different staff in the provision of services in which the process is fairly complex. It not only affects the service users, but also the agencies, employees, and communities. Good management skills can effectively facilitate the delivery of services.

(A) Effective Management

An effective management helps to achieve goals through the efforts of others under a predetermined plan. The plan by which an effective manager operates has been developed in conjunction with other colleagues from several levels of the hierarchy. It is based upon full and accurate information about what needs to be done, i.e. in what way, for what reason, for whom, and what resources are available or mobilized for doing it. In addition, an effective management maintains a high level of organisational efficiency by employing control measures that identify problems as soon as they develop. The manager can thus decide whether plans should be changed or staff performance should be corrected.

One of the classifications of leadership styles is proposed by psychologist Kurt Lewin as follows:

Style	Characteristics	Applicable to
Authoritarian Leadership (Autocratic)	Authoritarian leaders provide clear expectations for what needs to be done, when it should be done, and how it should be done. There is also a clear division between the leader and the followers. Authoritarian leaders make decisions independently with little or no input from the rest of the group.	Authoritarian leadership is best applied to situations where there is little time for group decision-making or where the leader is the most knowledgeable member of the group.
Participative Leadership (Democratic)	Democratic leaders offer guidance to group members, but they also participate in the group and allow input from other group members.	Participative leaders encourage group members to participate, but retain the final say over the decision-making process. Group members feel engaged in the process and are more motivated and creative.
Delegative (Laissez-Faire)	\Delegative leaders offer little or no guidance to group members and leave decision-making up to group members.	While this style can be effective in situations where group members are highly qualified in an area of expertise, it often leads to poorly defined roles and a lack of motivation.

(Reference: Lewin, K., Llippit, R. and White, R.K. (1939). Patterns of aggressive behavior in experimentally created social climates. Journal of Social Psychology, 10, 271-301)

(B) Different Roles of Managers

Regardless of the management style, a good manager in health or social service agencies plays the following majors:

1. Planning Role

The planning of the health and social care management process includes:

- determining the care needs of different types of clients
- establishing service objectives
- determining budgetary allotments
- deciding the size and type of staff needed
- designing an organisational structure that can maximize staff effectiveness
- establishing operational polices and procedures

2. Supervision and Administration Role

Because management entails working through others, the implementation step in the health care management process consists of directing others to carry out planned actions. The function of directing can be subdivided into the component functions of leading, communicating, and motivating. The manager or supervisor is required to continuously evaluate the steps in the health care management process, which include:

- determining the purpose of the evaluation
- facilitating the implementation of the evaluation
- mediating relationships between programme staff members and evaluators
- implementing the evaluation results and recommendations

3. Leading Role

A successful team leader will be able to:

Set priorities for the tasks

As a leader in heath and social care, they should firstly be able to seek, scrutinize and utilize information from a variety of reliable sources for the planning of the service or treatment provided for clients, with prioritisation for tasks. After formulating the management plan, the leader should be able to work in partnership with other health care providers, clients, families and the community in preventing illness, promoting and protecting the health of the individual and society. They need to communicate effectively with different service providers to share information and discuss issues concerning the best outcome for clients. Finally, the tasks or the service should be evaluated in terms of strengths and weaknesses for further improvement in the future.

Synthesize and get the work done with efficiency

A successful team leader is skilled at dealing with the feelings of people along with practical methods for effective problem solving. The leader needs to use a management approach that encourages team member participation in making decisions that affect the group. The skills most needed by the team leader are: linking together individuals who can contribute, bringing clarity to objectives, building a climate that is both supportive and confronting, ensuring that work methods are satisfying and effective, and setting an environment that encourages and allows for the discussion of all relevant issues.

Build the team

Effective teamwork involves using the skills of each member and ensuring that each person has a function, role and responsibility within the team. It is usual for teams to have a leader who co-ordinates the work carried out by the group. Teams often meet regularly to share information, discuss problems and make decisions. These meetings are often with minutes and an agenda or action plan prepared. Written and verbal communication between team members is vital, especially when it involves the health and social well-being of service users, clients or patients.

(C) Team Building and Team Work

1. Roles of Team Leader

In order for the team to effectively function and maintain good communications with the parent organisation, there needs to be a designated leader. The team leader may be appointed by team members from among the group. This leadership role can be challenging in that the leader will need to provide structure and support while still being a team member. To accomplish this task, the leadership responsibilities must be viewed differently from those of a traditional manager. Key words for describing this leadership role are guiding, stimulating, coaching, and coordinating.

Guidance	This refers to the process of directing the discussion and providing structure for planning and action to take place.
Stimulation	It involves reinforcing productive team efforts, and checking and receiving feedback to determine if all team members are actively involved in the process.
Coaching	This may be done both one-on-one and in groups with other team members by giving feedback, or asking questions. If they are having problems, give helpful suggestions, and recommend outside resources that can be helpful in alleviating the problem. Coaches do not repress conflict but manage it so that a constructive solution is found.
Coordinating	It will involve improving communication and feedback among team members through improving the work environment, controlling the operational climate, and in general, indirectly doing things that help to produce a cohesive, finely tuned working team.

The role of a team leader is to help to energize his or her team members until they reach the common levels of commitment that can come only from working together over time. Sooner or later, however, a real team becomes self-motivating. Its members establish goals that compel them to mould individual skill sets into a joint working approach that captures the best from each. That working approach also ensures a shifting of the leadership role to fit different tasks and capability requirements. In other words, the actual leadership of the team shifts back and forth among members. There is little doubt that a real team is a powerful unit for both performance and change. Because it is able to deliver both individual and collective work products, its performance results are greater than what the same individuals would produce in a non-team mode of behavior. It is the collective work products, mutual accountability, and ability to shift the leadership role that creates both higher performance capability and greater leadership capacity.

2. Roles of Team Members

The essential roles that a team member must perform may take some time to become part of his or her behavior, since much of their previous training and work experience has stressed competition and individual accomplishment. In a team situation, each member must be interdependent. In other words, every member needs the other members' expertise, experience, and energy to achieve mutual goals. Team member roles function in two ways:

- Building a harmonious group.
- Coordinating task accomplishments.

Consultants who have worked with developing cohesive work teams list four essential team roles in group situations. They include an involving role, a listening role, a supporting role and a compromising role. They are positive, team-centered roles which keep a group moving toward creativity and problem solving.

Involve	One initiates action. A team member may motivate others by getting them involved in an idea or problem. The involving role consists of asking questions of other members to "bring out" or stimulate each team member.
Listen	A member listens actively (nodding, leaning forward), expressing that they are really hearing what is being said. Active listeners encourage group members to express themselves.
Support	A team member gives an added dimension to good ideas by their support. By supporting and encouraging others, the team member strengthens confidence and trust.
Compromise	One member gives up something for problem solving to take place. Compromising can lead to team productivity. It is a role that is necessary for cooperation and collaboration.

There are several conditions that must exist before an effective team can be developed:

- The group must have a reason for working together that makes sense to the team members.
- Team members must be mutually dependent on one another's experience, abilities, and commitment in order to accomplish mutual objectives.
- Team members must believe in and be committed to the idea that working together as a team is preferable to working alone, thus leading to more effective decisions and improved productivity.
- The team must be accountable as a functioning unit within a larger organisational context.

Team members need to understand that they will be recognized (or rewarded intangibly) for their team efforts and accomplishments. Teams function more efficiently when members of the team recognize and follow certain agreed-upon behaviors. These standards or norms are a basis for making decisions, for encouraging participation, for taking risks, and for rewarding behaviors that facilitate cooperation or resolution of conflict.

Norms are not intended to restrict the abilities of team members and organisations in achieving their objectives, but are to be established for the purpose of helping the individual and team function more effectively. Some norms for effective group functioning might be:

- Before evaluating a member's contribution, others check their assumptions to ensure they have properly understood.
- Each person speaks on his or her own behalf and lets others speak for themselves.
- When the group is not working well together it devotes time to finding out why and makes the necessary adjustments.
- Conflict is inevitable but will be managed and dealt with positively.

14.3 Communication Skills

(A) Communication

Communication is a process by which a person sends a message to another person in order to share thoughts, feelings or information. Communication is nonverbal as well as verbal. The principal motive for both sender and receiver to communicate with each other is the need to impose meaning on life events. Words are imperfect symbols of reality because they represent referent objects and ideas incompletely and inexactly. To compensate for the inability of words to transmit complex meanings, people unconsciously employ facial expressions, gestures, touch, and vocal tone to convey subtle information.

The communication process can be impaired by 'noise' and can be facilitated by judicious feedback of information about the receiver's perceptions of transmitted symbols. Thus, perception of threat by sender or receiver impairs message encoding and decoding, so that erroneous or irrelevant information is transmitted, and significant information is ignored or misinterpreted.

Nevertheless, it is imperative to note that communication can be intrapersonal as well as interpersonal. Both the sender's motivation in transmitting a message and the receiver's mindset in interpreting the message are conditioned by a continuous stream of 'self-talk' that reflects the degree of his trust of the other's intentions, the degree to which the person feels valued and understood, and any fixed views that he has acquired during earlier interactions.

(B) Methods of Communication

Conversational skills are ways in which individuals can use language to communicate with each other. They are a means by which a carer can:

- Introduce themselves to a client or patient and get to know the client. Talking is a way of gaining relevant information such as address and health history.
- Build rapport with clients by finding out their hobbies, interests and their favourite subjects, such as favourite television programmes.
- Asking a client how they feel, or remembering previous conversations can be a way of introducing security and trust as the client feels that the carer has listened to them. Reminding a client of positive and familiar topics can provide positive reinforcement and can build self-esteem.

It is important to remember that the art of conversation has to be learned and developed. Questioning should be structured in such a way that client/patient does not feel intimidated or threatened. The development of language and conversation is the way in which babies and young children learn to relate to the world in which they live. When language is delayed, or there is speech impairment, other methods of making conversation are used such as sign language, body language and gestures.

Ways people communicate include talk, hand gestures (sign language), e-mail, letters, flags, pictures, writing, body language, signals and gestures. Communication can be classified as verbal communication or non-verbal communication.

1. Nonverbal Communication (Body language)

In nonverbal communication, information is transmitted through pictures, 3-dimensional objects, facial expressions and actions. Another term for nonverbal communication is body language. All 5 senses (touch, taste, smell, hearing and seeing) are used to process information. Body language can visually communicate the sender's feelings. Sometimes body language speaks louder than words. The senses provide us with information, enjoyment and the opportunity to learn new things.

Gestures are non-verbal messages which are communicated using arms, hands and fingers. It is important to remember that the meanings of gestures differ from one culture to another.

2. Verbal Communication

Verbal communication can be 1-way or 2-way.

1-way verbal communication

Information is passed from person to person with no opportunity for feedback. e.g. radio and TV . (There are exceptions such as call-in radio and TV shows) This type of communication does not allow the listener to ask the speaker questions that might clarify the message. It does not allow for interactions between and among people. When communication is 1-way, the message received may not be the message the speaker intended.

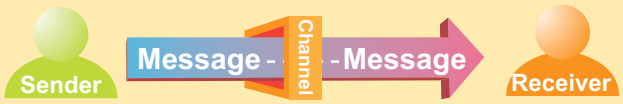
2-way verbal and visual communication

Information is passed both orally and visually. The receiver can ask for both visual and oral clarification. This interaction between sender and receiver makes it more likely that the message being sent will be received in the manner in which it was intended

3. Models of Communication

✧ **Model (1) - A Linear Model of communication**

Figure 14.1 Linear model of communication

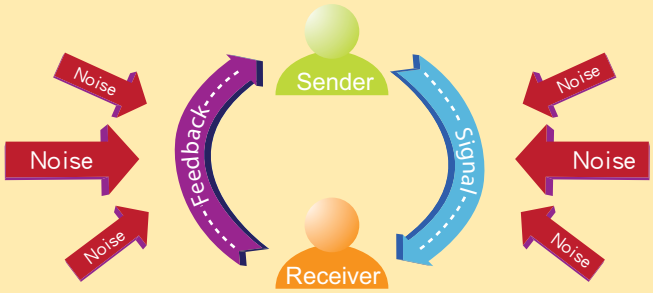


In this model, the effectiveness of communication is determined by the characteristics of these four elements. Firstly, it is related to the sender's as well as the receiver's communication skills, knowledge, attitude and cultural background. Then it is determined by the structure and content of the message. The channels are also important. Different channels including seeing, hearing, touching, tasting and smelling can be used and may be more or less effective for a given communication.

In the linear model, it is not concerned whether the message the receiver heard and understood is the message the sender meant to give. However, being able to receive a message is just as important as being able to transmit one. Senders have to verify that what the listener heard is what they meant to say. Effective communication results when the listener receives the message in the same way that the speaker meant it.

✧ **Model (2) - Circular Model of communication**

Figure 14.2 Circular model of communication



Feedback

- In addition to the elements mentioned in linear model of communication, there are three more elements in the circular model of communication: signal, noise and feedback.
- Signals must be accurately encoded by sender and accurately decoded by receiver for effective communication.
- Noises are unintended additions, distortions, or deletions of a message that block desired understanding.
- Feedback is the relay of information from a later to an earlier stage in the communication process for the purpose of refining the message, eliminating noise, or increasing shared experience between sender and receiver.

Climate variables that control message transmission:

- Amount of trust between sender and receiver
- Amount of message ambiguity
- Degree to which sender and receiver 'prize' one another
- Amount of emotional separation between sender and receiver
- Amount of sender's empathy for receiver's perceptions
- Level of threat felt by sender and receiver
- 'Fixed views' held by sender and receiver

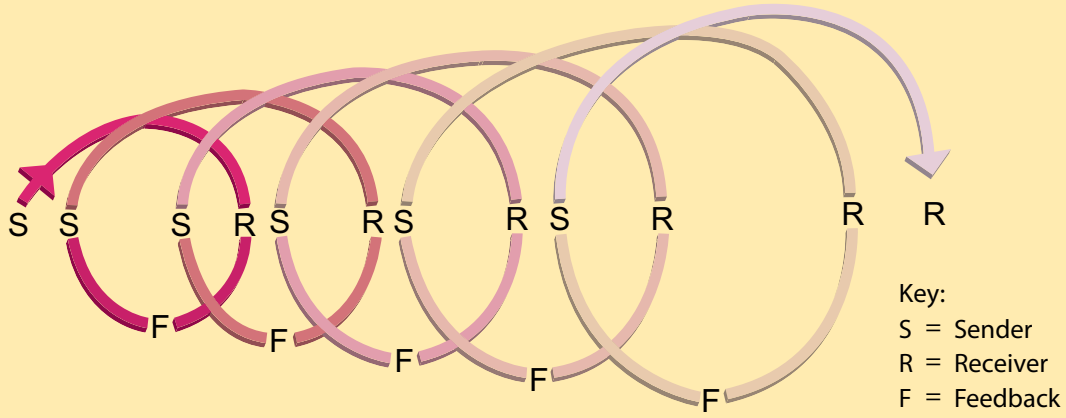
✧ **Model (3) - Helical Model of communication**

Although the linear model is correct in suggesting that once an interpersonal message has been sent, it cannot be recalled, the linear model obscures the fact that the content and process of an earlier message can influence later communications between two individuals

Although the circular model shows that earlier messages shape and color later messages, it incorrectly suggests that each communication returns full circle to the same point from which it originated.

The helical model of communication retains the advantages of both earlier models by showing how the communication process moves understanding forward while at the same time reflecting and being influenced by earlier phases of the process.

Figure 14.3 Helical model of communication



The model emphasizes how successful encoding and transmission of the message at each stage of the process enlarge the understanding of the other participant, thereby improving his ability to effectively encode and transmit a complimentary message.

4. Overcoming Communication Problems

People have a different level of skill in expressing thoughts, feelings, beliefs and opinions. Sometimes messages are not clear. Poor communication can lead to misunderstandings and feelings of frustration. No matter how clearly people think they communicate, the actual messages received by others can be affected by many factors. These factors may confuse the meaning of a message.

Common communication barriers are: Assuming, not listening, not agreeing and dominating.

Assuming	We often assume others understand our words, actions or even thoughts and feelings. When people assume others understand, important communication information is left out. Often we assume others understand slang, technical terms or a certain vocabulary.
Not listening	It is very hard to be a good listener. Sometimes we concentrate so much on our own thoughts and feelings that we don't hear or understand someone else's. We are thinking about what we going to say next instead of listening to what is being said now. Listening skills are critical to good communication.
Not agreeing	Sometimes we cut off communication because we don't like or agree with what is being said. This is done in different ways. Some people just stop listening. Other people take the offensive and attack or discount a person or idea they don't agree with. Good communication allows and respects differences of opinion.
Dominating	Effective communication balances the flow of information. It is respectful of all involved. Interrupting, cutting people off and putting someone down tend to create hurt or angry feelings. This will often shut down communication completely. It is very difficult for someone to express a point of view if it clearly will not be respected.

5. Ways to Enhance Effective Communication

Gather information	✧ Ask for more information. ✧ Check out the meaning of a word. ✧ Double check assumptions. ✧ When the information is not complete, check it out.
Restate	In our own words, restate information, thoughts or feelings. Ask if the communication was accurate. Use statements such as ‘ Do You mean…?’ or ‘Are you saying that…?’
Clarify problems	If we feel that communication was disrespectful or cut off, clarify what happened. Explain what we think occurred in the communication.
Express our feelings	Let others know what our feelings are related to communication. If we feel hurt or angry or fearful, express it.
Stay calm and considerate	Attacking another person does not help we get our point across. Take deep breaths and remain calm and considerate.
Messages and You-Messages	Messages are a healthful way of expressing feelings. When a person uses I-messages, he/she assumes responsibility for sharing feelings because I-messages refer to the person speaking. The use of an I-message gives the other person an opportunity to respond without being on defensive. You-Messages are statements that blame or shame another person instead of expressing feelings. You-messages put down the other person and put them on the defensive.

6. Active Listening

Another aspect of communication concerns something called feedback. The person sending a message listens for feedback while talking to tell whether the message is getting through in a clear and undistorted way. This feedback is called active listening. Active listening can be demonstrated in verbal and nonverbal ways. Employing active listening skills in communication shows the person talking that we are paying attention to and understand what is being said.

Active listening includes:

Be motivated	If a listener is unwilling to exert effort to hear and understand, no amount of additional advice is likely to improve listening effectiveness
Make eye contact	Making eye contact with the speaker focuses our attention, reduces the likelihood that we will become distracted, and encourages the speaker.
Show interest	The effective listener shows interest in what is being said through nonverbal signals. Affirmative head nods and appropriate facial expressions, when added to good eye contact, convey to the speaker that we are listening.
Avoid distracting actions	When listening, don't look at the watch, shuffle papers, play with the pencil, or engage in similar distractions. They make the speaker feel the listener is bored or uninterested. Maybe more importantly, they indicate that the listener is not fully attentive and may be missing part of the message that the speaker wants to convey.
Empathy	Empathy is a person's awareness of the emotional state of another person and their ability to share an experience with them. It might take the form of a common feeling of sadness and pain in an unhappy situation. The active listener tries to understand what the speaker sees and feels by putting herself in his shoes. Don't project our own needs and intentions onto the speaker. When we do so, we are likely to hear what we want to hear. So ask ourselves: Who is this speaker and where is he coming from? What are his attitudes, interests, experiences, needs and expectations?
Take in the whole picture	The effective listener interprets feelings and emotions as well as factual content. If we listen to the words alone and ignore other vocal cues and nonverbal signals, we will miss a wealth of subtle messages.
Ask questions	The critical listener analyzes what he or she hears and asks questions. This behaviour provides clarification, ensures understanding, and assures the speaker that we are listening.

Paraphrase	Paraphrasing means restating what the speaker has said in our own words. Why rephrase what's already been said? Firstly it's an excellent control device to check on whether we are listening carefully. We can't paraphrase accurately if our mind is wandering or if we are thinking about what we are going to say next. Secondly, it's a control for accuracy. By rephrasing what the speaker has said in our own words and feeding it back to the speaker, we verify the accuracy of our understanding.
Don't interrupt	Let the speaker complete his or her thoughts before we try to respond. Don't try to second guess where the speaker's thoughts are going to be. When the speaker is finished, we will know it!
Don't over talk	Most of us would rather speak about our own ideas than listen to what someone else says. Too many of us listen only because it's the price we have to pay to get people to let us talk.

Learning and Teaching References

Education Bureau

HKSARG