

Listening and Understanding: Touching Lives in Risk Management

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Confessions of a Risk Manager

- I never know what to say when patients complain
- It seems like I tend to say things that are not helpful
- I want to help them but they keep interrupting
- What do they want from me?
- I wish I could convey to them the reality of the situation

Listening to Learn

Stone, Patton, Heen (1999) *Difficult Conversations*

- The problem is this: you are taught what to say and how to sit, but the heart of good listening is authenticity.
- People “read” not only your words and posture, but what’s going on inside of you.
- If your “stance” isn’t genuine, the words won’t matter ... if your intentions are false, no amount of careful wording or good posture will help.
- If your intentions are good, even clumsy language won’t hinder you.

Words

Harriet Lerner, *The Dance of Connections*

- Our words invent us. Through our speech and our silence we become smaller or larger selves. Through our speech and our silence, we diminish or enhance the other person, and we narrow or expand the possibilities between us.
- How we use our voice determines the quality of our relationships, who we are in the world, and what the world can be and might become. Clearly, a lot is at stake here.

Patient Satisfaction

Press Ganey

Improving patient satisfaction has a clear and direct impact on organizational results:

- For a hospital with annual revenues of \$120 million, improving patient satisfaction generates an estimated \$2.2 million to \$5.4 million in additional revenue every year.
- For every 10 patients who complain to hospitals, there are up to 200 who do not and will tell their family, friends, co-workers, and physicians.
- For every lawsuit avoided by improving patient satisfaction, hospitals save approximately \$53,000 in costs to prepare cases and \$173,000 in payments.

Four Principles of Interpersonal Communication

King Communications, Donnell King, 2009

- These principles underlie the workings in real life of interpersonal communication. They are basic to communication. We can't ignore them
- Interpersonal Communication is:
 1. Inescapable
 2. Irreversible
 3. Complicated
 4. Contextual

Interpersonal communication is *inescapable*

- We can't not communicate.
- The very attempt not to communicate communicates something.
- Through tone of voice, gesture, posture, facial expression
- People judge you by your behavior, not your intent.

Interpersonal communication is *irreversible*

- You can't really take back something once it has been said.
- The effect must inevitably remain.
- Russian proverb says, "Once a word goes out of your mouth, you can never swallow it again."

Interpersonal communication is *complicated*

Whenever we communicate there are really at least six "people" involved:

1. who you think you are;
2. who you think the other person is;
3. who you think the other person thinks you are;
4. who the other person thinks he/she is;
5. who the other person thinks you are; and
6. who the other person thinks you think he/she is.

Interpersonal communication is *complicated*

- We don't actually swap ideas, we swap symbols that stand for ideas.
- Words (symbols) do not have inherent meaning;
- No two people use the same word exactly alike.
- The more communication there is, the more difficult it is for communication to succeed.

Interpersonal communication is *contextual*

- *Psychological context* - who you are and what you bring to the interaction, your needs, desires, values, personality, etc.
- *Relational context* - your reactions to the other person
- *Situational context* - the psycho-social "where" you are communicating.

Interpersonal communication is *contextual*

- *Environmental context* - the physical "where" you are communicating. (Furniture, location, noise level, temperature, season, time of day)
- *Cultural context* - the learned behaviors and rules that affect the interaction (cultural context)

When you respond to a patient's complaint, you are responding to the patient's sense of helplessness and anxiety

A complaint is an urgent statement of fact

- I am here and I don't want to be
- I am frightened and unsure what will happen next
- I put my trust in you and now something is wrong
- How can I be sure I will be ok?

When a Patient is Angry

- Pause and be attentive
- Avoid being defensive
- Stay curious about the patient's story
- Acknowledge the difficulty of the interaction
- Find out the specifics of the story-- encourage the patient to give the details

When a Patient is Angry

- Express empathy for the patient--acknowledge the emotion by name
- Make a statement guessing at the meaning behind the patient's anger and validate
- Take an action on the patient's behalf if possible. Be an advocate
- When possible, link the patient with the resources that can help
- Transition to purpose for the visit

Covey sums up four typical listening responses:

- Ignoring
not listening at all
- Pretending
not listening at all, but with mindless responses
- Selective listening
not listening to everything, but hearing what you want to hear
- Attentive listening
really listening to the words

Empathic listening responses:

- mimic content
just repeat what was just said
- rephrase content
repeat, but in your own words
- reflect feeling
express what you think the other feels
- rephrase content and reflect feeling
combine the latter two

Empathic listening:

Do

- Listen for emotion and content
- Watch body language
- Have a sincere desire to understand

Empathic listening:

Don't

- Listen with the intent to reply
- Clutter your brain with thought
- Use empathic listening as a technique

Choosing Words with Intention

Dave Ellis, *Falling Awake*

- Obligation (I should, I have to, I better)
- Possibility (I might, I could, maybe I will)
- Preference (I prefer to, I want to)
- Passion (I'd love to, I can't wait, I'm excited about)
- Plan (I expect to, I plan to)
- Promise (I will do, I promise to)

Strategies for Full Listening Falling Awake

- Remember – communication at best is challenging
- Commit to full listening
- Be a sender or a receiver
- Wait before responding
- Ask for more

Strategies for Full Listening Falling Awake

- Listen actively
- Listen through a filter
- Listen as if you're the only listener
- Handle distractions
- Listen with two minds

Strategies for Full Listening

Falling Awake

- Focus on the message, not the messenger
- Remember that understanding is not agreeing
- Avoid piggybacking and counterpointing
- Be careful of advice
- Be careful of questions

Strategies for Full Listening Falling Awake

- Listen without obligation to act
- Listen with your body
- Allow and encourage emotion
- Say your thanks