



# **LISTENING AND EMPATHIC RESPONDING**

**Lecture: 8**

**Course Name: Pharmaceutical Communication Skills**

**Course Code: 0520515**

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# OVERVIEW

- Listening to patients—trying to understand their thoughts and feelings—is crucial to effective communication.
- **Empathic communication requires more than understanding.**
- The understanding you have must be **conveyed back** to patients so they know you understand.
- In addition, you must **genuinely care** about patients and not be afraid to communicate your concern to them.
- Finally, patient feelings **must be accepted without judgment** as to being “right” or “wrong.”

# LISTENING WELL

- In the relationship between a health professional and patient, the patient's **feeling of being understood** is therapeutic in and of itself.
- It helps to ameliorate the sense of isolation and helplessness that accompanies a patient's experience of illness and his or her frustration in negotiating the health care system.
- Your ability as a pharmacist to provide your patients with the **sense that they are understood is a crucial part** of your effectiveness in communicating with them.

# LISTENING WELL (CONTINUED)

- Listening well involves **understanding** both the **content** of the **information** being provided and the feelings being conveyed.
- Skills that are useful in effective listening include:
  - 1) Summarizing
  - 2) Paraphrasing
  - 3) Empathic Responding

## **SOME COMMUNICATION HABITS CAN INTERFERE WITH YOUR ABILITY TO LISTEN WELL**

- Trying to do two things at once makes it evident that patients do not have your full attention.
- Planning ahead to what you will say next interferes with actively trying to understand the meaning of patients' communication.
- Jumping to conclusions before patients have completed their messages can lead to only hearing parts of messages—often pieces that fit into preconceived ideas you have.
- Focusing only on content, judging the person or the message as it is being conveyed, faking interest, communicating in stereotyped ways—all cause us to miss much of the meaning in the messages people send us.

# FIRST: SUMMARIZING

- When a patient is providing information, such as during a medication history interview, it is necessary for you to try to summarize the critical pieces of information.
- Summarizing allows you to be sure you understood accurately all that the patient conveyed and allows the patient to add new information that may have been forgotten.
- Frequent summary statements serve to identify misunderstandings that may exist, especially when there are barriers in communication, such as language barriers.

# SECOND: PARAPHRASING

- When using this technique, you attempt to convey back to the patient the essence of what he or she has just said.
  - **Paraphrasing condenses aspects of content as well as some superficial recognition of the patient's attitudes or feelings.**
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## Examples of paraphrasing:

- **Patient #1:** I don't know about my doctor. One time I go to him and he's as nice as he can be. The next time he's so rude I swear I won't go back again.
- **Pharmacist #1:** He seems to be very inconsistent.
- **Patient #2:** I'm glad I moved into the retirement village. Every day there is something new to do. There are always lots of things going on—I'm never bored.
- **Pharmacist #2:** So there are a lot of activities to choose from.

**THIRD:**

**EMPATHIC RESPONDING**



## EMPATHY DEFINED

- Many of the messages patients send to you involve the way they feel about their illnesses or life situations.
- If you are able to communicate back to a patient that you understand these feelings, then a caring, trusting relationship can be established.
- Communicating that you understand another person's feelings is a powerful way of establishing rapport and is a necessary ingredient in any helping relationship.
- Rogers (1980) defined empathy as the “sensitive **ability** and **willingness** to **understand** the client's thoughts, feelings, and struggles from the **client's point of view** . . . It means entering the private conceptual world of the other.” Empathy conveys understanding in a caring, accepting, non-judgmental way.

# THEORETICAL FOUNDATIONS

- The main difference between an empathic response and a paraphrase is that **empathy serves primarily as a reflection of the patient's feelings** rather than focusing on the content of the communication.
- In addition to using empathic responses, two other attitudes or messages must be conveyed to the patient if trust is to be established.

**First**, you must be **genuine**, or sincere, in the relationship. Being genuine may mean, at times, **setting limits** in the relationship.

The fact that you were direct and honest about your limits will probably do less to harm the relationship than if you had said, "I'm listening," while nonverbally conveying hurry or impatience.

**Second**, is **respect** for and **acceptance** of the patient as an autonomous, worthwhile person. If you convey an ongoing positive feeling for patients, they may be more open with you since they do not fear that they are being judged. Acceptance and warmth, if genuine, allow patients to feel free to be more open in their communication with you.

# EMPATHY AND EFFECTIVE COMMUNICATION

## Empathy has many positive effects

- 1- It helps patients come to **trust** you as someone who cares about their welfare.
- 2- It helps patients **understand their own feelings** more clearly. Often their concerns are only vaguely perceived until they begin to talk with someone.
- 3- An empathic response facilitates the **patient's own problem-solving ability**.

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- If they are allowed to express their feelings in a safe atmosphere, patients may begin to feel more in control by understanding their feelings better.
  - Patients may also feel freer to explore possible solutions or different ways of coping with their own problems.

Many times, we attempt to **say** something that we feel is valuable to patients, but our statements are **perceived very differently** by the patient.

This is due, in part, to **possible hidden messages** that we convey.



## 1- JUDGING RESPONSE

- we tend to judge or evaluate another's feelings.
- We tell patients in various ways that they “shouldn't” feel discouraged or frustrated, that they “shouldn't” worry, that they “shouldn't” question their treatment by other health professionals.
- Any message from you that indicates you think patients “wrong” or “bad” or that they “shouldn't” feel the way they do will indicate that **it is not safe to confide in you.**

## 2- ADVISING RESPONSE

- We tend to give advice. We get so caught up in our role as “expert” or “professional” that we lose sight of the limits of our expertise.
- Obviously, we must, as pharmacists, give patients advice on their medication regimens. That is part of our professional responsibility.
- However, the advising role may not be appropriate in helping a patient **deal with emotional or personal problems**.
- Assisting them in identifying **sources of help** they can call on may be an appropriate way to help patients.
- Suggesting **alternatives** for consideration may also be helpful.

### 3- PLACATING OR FALSELY REASSURING RESPONSE

- We often use this kind of response to **try to get a patient to stop feeling upset** or to try to **change a patient's feelings**, rather than **accepting the feelings as they exist**.
- This type of response may be used **even** when the patient is facing a situation of real threat, such as a terminal illness.
- We may feel helpless in such a situation and ***use false reassurance to protect ourselves from the emotional involvement*** of listening and trying to understand the patient's feelings.

## 4- GENERALIZING RESPONSE

- *Another way in which we try to reassure patients is by telling them “I’ve been through the same thing and I’ve survived.”*
- While it is comforting to know that others have had similar experiences, this response may take the focus away from the patient experience and onto your own experience before patients have had a chance to talk over their own immediate concerns.
- It also can **lead you to stop listening** because you **jump to the conclusion** that, since you have had an experience similar to the patient’s, the patient is feeling the same way you felt. This may **not**, of course, be **true**.
- The “everyone feels that way” response, again, is meant to make the patient feel better about his problem but instead makes him **feel that you do not consider his concerns to be very unique or important.**

## 5- QUIZZING OR PROBING RESPONSE

- However, asking questions when the patient has expressed a feeling can take the **focus away from the feeling and onto the “content” of the message.**
- It also leads to the **expectation** that, if enough information is gathered, a solution will be forthcoming.
- **Many human problems or emotional concerns are not so easily “solved.”**
- Often patients simply want to be able to **express** their feelings and know that we understand.
- Meeting those needs for a **“listening ear”** is an important part of the **helping process.**

## 6- DISTRACTING RESPONSE

- Many times we get out of situations we don't know how to respond to by simply changing the subject.
  - With response → “Let me talk with you about the new prescription you're getting.”
- Patient gets no indication from you that his concerns have even been heard, let alone understood.

## 7- UNDERSTANDING RESPONSE

- *“You seem to feel there’s something missing in your relationship with the doctor that there isn’t the caring you would like.”*
- **Only** in this response is there any indication that you truly understand the basis of a patient’s concern.
- By using such a response, you **convey understanding** without judging patient as right or wrong, reasonable or unreasonable.
- A patient who feels discouraged or angry often needs simply to know that others understand.
- **Rather than placating her** (“He’s getting the best care possible”) or judging her feelings (“You shouldn’t be questioning his [physician’s] care of your husband”) the **pharmacist can be helpful instead by showing concern and understanding.**

# IN CONCLUSION

- We try in various ways to get patients to **stop or change** their feelings.
- We may feel **uncomfortable** in dealing with expressions of emotion, so, to protect ourselves, we cut off patients' communication of feelings.
- We may try to **distract** them by changing the subject; we may try to **show** them that things are not as bad as they seem; or we may direct the communication to subjects we feel comfortable with, such as medication regimens.
- **These responses tend to convey to patients that we are not listening and, perhaps, that we do not want to listen.**
- Yet it is a gratifying experience for a patient to feel that someone has listened and, to a large extent, understood feelings expressed.
- As a pharmacist, monitoring how well you are **listening to patients is as important as** carefully choosing the words you use in educating them about their **medications**.

## ATTITUDES UNDERLYING EMPATHY

- You are **not afraid** of a patient's emotions and are able to just **be** with the person and not necessarily **do** anything except listen.
- An empathic person is able to trust that **people can cope** with their own feelings and problems.
- If this attitude is held, you will not be afraid to allow patients to express their feelings and arrive at their own decisions.
- An empathic person also believes that listening to someone is helpful in and of itself. In fact, it is often the only means of help you have to offer.
- One approach is to briefly summarize or capsulize what you understand the person's feelings to be.
- The ability to capsulize the essence of a patient's feelings and convey this understanding back to the patient involves what is called **"reflection of feeling."**

## EMPATHY CAN BE LEARNED!!

- As with any new behavior, learning to alter existing habits of responding *is* very difficult.
- Pharmacists who are not accustomed to conveying their understanding of the meaning of illness and treatment for their patients will **at first feel awkward** using empathic responses.
- As with any new skill, being an empathic listener **must be practiced** before it becomes a natural part of how we relate to others.
- However, empathic communication skills **can be learned** if individuals have **value systems** that place importance on establishing therapeutic relationships with patients.

## EMPATHY AND TRUST IN HEALTH PROFESSIONAL–PATIENT RELATIONSHIPS

- **Interpersonal competence** (not technical) was identified as the principal component mentioned by patients as key to **trust** in their providers.
- The traits identified most often were provider **willingness to listen** and the provider's **ability to display** caring, concern, and compassion.
- Provider relationships, provider recognition of, and problem-solving response to, patient emotional distress has been found to be related to **actual reduction in patient emotional distress.**

## NONVERBAL ASPECTS OF EMPATHY

- Establishing **eye contact** while talking to patients, **leaning** toward them with no physical barriers between you, and having a **relaxed** posture all **help to put the patient at ease and show your concern.**
- Head **nods** and **encouragements** to talk are also part of empathic communication.
- A **tone of voice** that conveys that you are **trying to understand** the person's feelings also complements the verbal message.
- Establishing a sense of **privacy** by coming out from behind the counter and getting away from others who may be waiting help convey your **respect** for the patient.
- Conveying that you have **time to listen** —that you aren't hurried or distracted—makes your concern seem **genuine.**
- **To be empathic, you must “hear” these messages as well as the words patients use.**

# PROBLEMS IN ESTABLISHING HELPING RELATIONSHIPS

## 1- STEREOTYPING

- If you hold certain stereotypes of patients, you may fail to listen without judgment.
- Information that confirms the stereotype may be perceived while information that fails to confirm it is *not* perceived.
- We must see our patients as individuals with the vast array of individual differences that exist.

## 2- DEPERSONALIZING

- We may direct the communication to the child and talk about the patient rather than with the patient.
- Communication on “problems” and “cases.”
- A rigid communication format of a pharmacist monologue rather than pharmacist–patient dialogue

## 3- CONTROLLING

- Interventions to **increase levels of patient participation and control** in the provider–patient relationship have yielded positive results that include improved clinical and quality of life outcomes give-and-take process

# SUMMARY

- Listening well is not a passive process; it takes involvement and effort.
- It also takes practice to be able to convey understanding in a way that makes it seem natural rather than mechanical or artificial.
- **However, when a relationship between you and a patient is marked by empathic understanding, the patient is helped in ways medications cannot touch.**

THANK YOU

