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## Vital Sign in Healthcare: Are You Missing It?

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## Vital Sign in Healthcare: Are You Missing It?

### Abstract

The ability to listen well, and to be deeply understood, enhances every aspect of our lives. The healthcare field is no different. This Work in Progress seeks to establish an ongoing dialogue.

### Keywords

communication, listening, health care, nurses, Dordt College

### Disciplines

Communication | Medicine and Health Sciences

### Comments

Presented at the 36th Annual Convention of the International Listening Association held in Virginia Beach, Virginia, March 25-28, 2015.

The Vital Sign in Healthcare, are you missing it?

Thanks for coming; this is a work in progress, so input is always welcome.

A little background about this program.

I have always loved the health care setting, I started as a nursing major, ended up choosing Communication, and worked in healthcare prior to teaching at DC. I've had my share of medical experiences and connections with my extended family, and one day in a conversation with a new colleague (Amy) at DC we began discussing listening and role of listening within the healthcare setting.

Long story short, we came up with a plan, we wanted our 4 year nursing students at DC to have the option to have more training in the listening field. Our students travel 1 hour to be able to do their practicums and as a result, their schedules are very tight with choosing courses.

Amy is in the nursing dept and has a workshop day/week with her 4<sup>th</sup> year students and so we created a day in November where we would talk about listening. Our long term goal was/is to be able to offer a listening course for the preceptors in our nursing program. Our plan is to do this in June, inviting all the nurses to our campus; to see our new Science facilities, as well as give them the opportunity to earn some CEU's at a relatively low cost. If they register, they will get .63 CEU's by the Iowa Board of Nursing for \$10. The nursing dept. sees this as way to give back to the nurses who help our students in their learning.

So what I'm going to do today, is go through some of the agenda of what we have planned. I'm not a nurse, Amy is, and she and I have collaborated much on this info. . I've done the listening component, she's the contact for the nursing info. Unfortunately it didn't work for her to attend; however, I promised her I would relay info back for both of us. So this presentation is focused on those in the nursing profession, but I think we can draw from it for ourselves, as well.

Our plan with the students was to give them a brief medical communication inventory, so everyone started on the same page. And from there we began to discuss some of the challenges one finds in the health care setting.

Some examples include how many deaths occur in a hospital that could be prevented, how medical error is the 3<sup>rd</sup> leading cause of death, and what the cost of medication errors are each year. Our conversation went on to include the listening challenges faced in the practitioner's office including how personal disclosure can be inhibited, to what directs care, filling out the forms or connecting with the patient? Documentation does take away from actual patient contact.

Other issues include realizing it isn't just the patient one is dealing with; it could also be the extended family. And then there are challenges with trust, when one sees a different provider or health care worker, to the entire question of who is liable for this bill, with Obamacare. And so this presents many listening challenges to the medical setting. Do feelings and relationships receive as much care and concern as symptoms and information?

The recent shift we've seen is having a patient as an active participant in managing his or her own care. This has underscored the need for healthcare providers to improve communication skills.

Since Dordt College is an organization that professes its faith, we began with a premise that is foundational to who we are

- o “The first service one owes to others in the community involves listening to them. Just as our love for God begins with listening to God’s Word, the beginning of love for other Christians is learning to listen to them. God’s love for us is shown by the fact that God not only gives us God’s Word, but also lends us God’s ear. We do God’s work for our brothers and sisters when we learn to listen to them. ...”

And he finishes with

- o “...Those who think their time is too precious to spend listening will never really have time for God and others, but only for themselves and for their own words and plans.”

Dietrich Bonhoeffer, *Life Together*, 195

Take a look at these 2 scenerios. . . what is different?

- o Mr. Peterson suffered a stroke and was left with expressive aphasia and motor function loss. Peggy was his assigned nurse and he began to develop a trusting relationship with her. While expressing his feelings about the stroke he said, “You know I used to be the number one car salesman at Liberty Car Sales.” Peggy quickly replied, “Oh you’ll soon be back to your old self, you’ll see. Many people have strokes and go on to have normal lives.” Mr. Peterson abruptly stopped talking and never mentioned his feelings again to any of the nursing staff or his family.
- o Sally’s husband John complained of abdominal pain. His doctor couldn’t find the problem. He recognized the seriousness of John’s distress, and sent him to the hospital. There he was checked by an internist who couldn’t find the problem and was prepared to send him home. John’s doctor said, “if this man says he’s in pain, we need to listen and find the cause.” An hour later, John was in surgery having his appendix removed shortly before it burst. The cost of listening was miniscule compared to the cost of the emergency that would have occurred.

Notice the difference between these two settings. . . and discuss

Unfortunately, too many people, healthcare professionals, caregivers and patients alike, find themselves in situations that could have vastly improved or better yet, been prevented with better listening. The ability to listen well, and to be deeply understood, enhances every aspect of our lives.

Listening is learnable; it is practical for one’s professional and personal life. As Dr. Michael Nichols describes in his book, “The Lost Art of Listening,” Deep listening infuses people with vitality and energy. This is important for overworked nurses, as it is for overwhelmed patients.

Listening will not always seem purposeful and may feel like a waste of time. Speaking up is vital for patients and families. We need to hear every voice, not only the loudest and those that validate our thoughts. We need to hear about the doctor who spent 3 hours on the phone negotiating with a patient’s insurance company, the nurse who is on her fourth 12 hour shift, or the housekeeper who makes a couple bucks above minimum wage. We need to understand these stories because they are the truth of our environment. We will not learn enough if we listen to stories in isolation, because they all overlap. As nurses, we need to learn to listen to our patients’ stories, because all of them are different. Admirable innovation can occur when one places listening to patients at the center of healthcare.

So we then give the participants the listening profile test from PACT.

- o **People**—demonstrate care and concern for others, focus on feelings and emotion
- o **Action**—concise, direct, impatient with others, often finishes others' sentences
- o **Content**—likes technical info, can be overly detailed
- o **Time**—time efficient, likes bulleted lists which are quick and brief

After a discussion on the various strengths and weaknesses of each person's listening we look at real life situation.

One nurse wrote in her blog, that she have been out of work for about a week now, and on her first night back, this was her encounter. "My relief was waiting to get report, as I finished up on my last patient. You know the drill, rapid a-fib, IV, o2, monitor, EKG, cardizem IV, etc. So, when I finished doing basically everything so that she was well setup for the beginning of her shift,

I go to the desk to give her report. I am midsentence, literally! when an MD comes up to the desk. She turns around, with her back to me, "Hi Dr. Lollipop, blah blah blah," all chatty with how nice it is to see him, how handsome his tie is, WHATEVER. Meanwhile it is almost 2320, and I am exhausted as I had pneumonia/bronchitis and probably went back to work too soon.

So I say to her, "Can I finish giving you report before you get too chatty?" She is obvious displeased that I interrupted her conversation, then interrupts ME while giving her report, at one time even saying, "Okay, that's all I need to know. On to the next one!" At which point I said, "no, it's not all you need to know. IV's in, o2 in place, EKG done, all secondary initial assessments done, cardizem 20 mg IV given, VSS, patient being admitted and Dr. Cardiology in seeing patient at this time."

Again, after this statement, obvious displeasure. And so I continued with the rest of assignment, again with her attempts to have me tell her the bare minimum

What kind of listener do we have here?

What are the challenges if we are focused only one way?

Our next activity includes some Model cases we took from the Nursing Forum magazine that deal specifically with public health nursing, which is what our students are engaged in this academic year. It creates more discussion and more specific to what they are doing.

We often have more than one listener preference types, depending on the situation we are involved in. Some are contradictory and some are confusing; however, it is often dictated by the situation. We must adjust to the listeners' needs, because we maintain attention longer, get better results and build closer relationships.

As a nurse, one must be able to capture and understand messages from all types of communication styles. Understanding is the key to establishing rapport and building relationships. The *Nursing Forum* indicated that "a nurse must be ready to listen before one can engage in a process that signifies real listening." How one listens, influences the perceptions of one's healthcare.

Active listening is vital to provide understanding, avoiding judgment, developing trust, and allowing for a safe place to disclose thought and feelings without fear of evaluation. Verbal and nonverbal are vital.

We then put our students in groups to plan go on a “lunch date.” At this date we work with their preferences and put a person, action, content and time orientated person in each group. If we have none, we do some assigning.

P: You are new in the community and you want to build relationships with others. That’s way you came to this lunch date.

A: At this lunch date, you want to organize a shopping day to Sioux Falls.

C: During this lunch date you want to discuss the rising cost transportation, including the price of gas at the pump.

T: This lunch meeting is at 12, you are on a time crunch, as you have a dentist appointment scheduled for 1 PM. This is you biannual dental appointment

When we reconvene from groups, we discuss our barriers and challenges or habits we have as listeners. We talk about how to avoid the distractions and focus on listening, as often times our barriers are self-induced.

Each student was given a prompt as course work, in which they were to describe a setting that occurred in their practicums and write about, and then reflect on their listening, and how they perhaps could have listened better. We choose some to use, with permission, to reinforce the need for listening in different settings.

This led to a discussion of repeating, rephrasing and paraphrasing, as well as the need for open-ended questions. As well as our responses of our head nodding and the uh-huh’s to indicate listening and undivided attention.

- o Mrs. Connors, an 87 year old patient is being transferred to a nursing home. Her nurse, Joe initiates a conversation with her to orient her to the nursing home. She tells Joe “I feel useless and old. Nobody comes to visit me anymore and nobody cares what happens to me.” Joe replies, “I care about you, Mrs. Connors.” The patient begins to smile as she reaches out and takes Joe’s hand. Mrs. Connors begins to relax and asks Joe to tell her more about the nursing home.
- o Joe also reassured Mrs. Connors nonverbally through the use of body language (smiling, leaning forward), tone of voice, eye contact and touch.

Listening includes so much more than just our ears. We need to remove the clouds of assumption, tradition and habit. We need to listen with our ears, our eyes, our undivided attention and our heart. The Chinese symbol:



How do we respond? Immediately, or do we give others a chance to complete their sentences? Do we count to 3 before we respond? If we did, would others have the chance to finish their thoughts. I give them an opportunity to practice this for a short time.

Open-ended questions. . .sometimes difficult for students do, so we role play a scenario for students to see how to obtain information, facilitate patient expression and indicate concern for patients.

“Can you give me some idea of what you understand about diabetes?”

Through reflecting and listening a nurse can assess the emotional impact of a long-term condition.

“I’m sensing you are finding it difficult to cope with your diabetes.”

By remaining silent, one can encourage the patient to respond.

“So what do you need in order to feel supported and to optimize your effectiveness in communicating critical information?”

Beth Boyton RN has made a model for the nursing profession that incorporates listening--GRRR Model

**Greeting**—Recipients can set the tone for a professional dialogue with a kind ‘Hello’ and use of the caller’s name. “Hi Beth, this is Nursing Supervisor Jones or Dr. Smith, how can I help?” This is a simple, quick and respectful way to begin a stressful conversation.

**Respectful listening:** Let the other party finish sentences without interruptions. But do make occasional acknowledgments such as “ok” or “Hmmm” Allowing for brief pauses can ease anxiety and allow the other party a chance to think and transmit critical information. If it is a F2F conversation, eye contact and nodding with receptive body language can promote a calm rapport even in the middle of an emergency.

**Review:** Summarize the information the speaker has conveyed to indicate you understood the message correctly and to give the speaker the chance to correct any misunderstanding. Called validating, this technique allows you to clarify your concerns and express additional thoughts without being intimidating or humiliating. A few seconds of validations can help the speaker feel he or she has been heard, respected and ultimately understood.

So how can we validate a patient? Go back to our diabetic patient. . . how can we validate this person? (recognition of another’s thoughts, feelings and behaviors)

A listener must separate their perspective and response from that of the speaker.

**Recommend or request more information:** Once the speaker is finished conveying his or her report and you have validated or clarified it, you have enough information to make recommendations or request more information Even if you disagree with the speaker’s message, be sure to maintain a collaborative approach and avoid put downs.

The following response is collaborative: “A chest tube is a reasonable suggestion, and the objective information you’ve provided is great. This patient has some CHF, too, and that could be part of the problem. Let’s do a chest X-ray and ABGs stat. Take a minute and get those tests ordered. Then let’s review her med list.”

Compare this with a combative response: “you’re wasting my time. Just get the chest XRay and ABGs stat.”

We need to take time to build relationships when working with the GRRR model. We should promote collaboration.

**Reward:** Rewarding the person for the information conveyed helps that person feel like a respected team player. For example: after listening to the person, one might say, “Thank you for your attention to the patient’s needs” or “I appreciate your call.” Inviting further discussion such as “Call me if problems persist” is an empowering strategy that reduces reluctance to call again in the future, thereby promoting a collaborative problem-solving environment.

Addressing communication problems in healthcare settings gives us the opportunity to build healthy work relationships by incorporating respectful listening into communication training and workplace policies. This also shifts us toward collaboration.

The session ends with a reminder of the need to listen, recognizing that body language is part of what we listen to. We also discuss confidentiality and recognizing that when feeling ill patients may not be accurately communicating. Students were encouraged to practice more GRRR listening in their profession.

Since then, I’ve heard how their listening has aided their work in the public health sector, they recognize they work with all ages, and many cultures and listening is crucial.

We also are in the process of making the arrangements for our preceptors, so any suggestions you have would be greatly appreciated

Questions or suggestions?

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