

Rehumanizing Medicine Through Compassionate Communication

by Miki Kashtan, Ph.D. and Monica Rosenthal, M.D.

Introduction

In the recent past, patient satisfaction has been a major concern of administrators and patient advocacy groups. However, patient satisfaction cannot be improved without addressing the stress and dissatisfaction of those providing the medical care. Dissatisfied physicians are likely to radiate their frustration when interacting with patients, leading to more patient complaints and increasing clinician dissatisfaction. In addition, a sole focus on improving patient satisfaction runs the risk of creating more work for physicians, thus adding to their stress levels.

Much of what physicians do involves interacting with other people: patients, colleagues, and other members of the medical team. Repeated episodes of tension in these interactions contribute to frustration and cumulative discontent. Medical training does not provide physicians with tools for addressing communication breakdowns or for resolving the many interpersonal conflicts they experience on a daily basis. Accordingly, providing physicians with effective communication tools can result in major improvements in the quality of their work life.

Difficult encounters with patients provide a particularly powerful example for illustrating the use of these tools, because of two reasons. First, the results are often dramatic and immediate. Second, transforming patient encounters can lead to increasing both patient and provider satisfaction simultaneously.

Anatomy of a Difficult Patient Encounter

Conflict can arise in patient encounters in the following areas:

- **Inflow**
What is the physician hearing from the patient? Changing how physicians hear patients can relieve the impasse of many difficult encounters. There are multiple ways that the same message can be heard. The physician can choose to listen in ways that reduce her/his emotional burden while simultaneously giving the patient the relief of being completely heard.
- **Outflow**
What is the patient hearing from the physician? Physicians want to be heard effectively by patients, so they can offer adequate medical advice. For that to happen, physicians may need to empathize with the patient first, and to learn more effective means of expression.

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- **Results**
How is success defined? Reframing the definition of a successful encounter can lead to more satisfying experiences for both patient and physician.

Transforming Difficult Patient Encounters: A Step-by-Step Guide (I)

- **Observe what is actually happening, and separate it from the “story” about it**
Our experience is determined by the story we tell ourselves about what happens, not by the events themselves. Being able to separate the actual facts from our interpretation of the facts enables us to have more options for how to respond.
- **Notice what you are feeling in response**
Our feelings are keys to understanding what is important to us. Just noticing the feelings instead of either suppressing them or allowing them to “run” us actually gives us more power to choose.
- **Identify what’s most important to you**
In times of conflict, we tend to lapse into habitual reactive patterns. Some of us may resort to trying to convince the other person of the rightness of our position, withdrawing, or getting angry. Others will resort to giving in or to placating the other person. These behaviors are done automatically, without much consciousness. Tuning in to the deeper needs and concerns that fuel our behavior allows us more awareness, in turn leading to greater flexibility in our actions. This flexibility derives from the fact that our needs, once we know what they are, can usually be met by more than one strategy. Our habitual reactive patterns are rarely the most effective strategies to get us what we really want.
- **Choose what you want to do first: listen or speak**
The key to this choice is in discerning which is more likely to move towards greater connection and understanding with the other person. When someone is upset, suspicious, afraid, or angry, offering empathy first may be the single most important thing we can do to attend to our own needs in the situation. This may be counter-intuitive, as often the physician may urgently want to communicate information to a patient. Nonetheless, listening to the patient first is generally more likely to lead to success in the physician being listened to. The patient’s emotional state will soften when they experience being heard. They will see that their feelings/concerns matter, and that the physician cares about them. In this state the patient will be much more receptive to hear the physician’s concerns. Thus, learning to empathize with patients is a crucial tool that can lead to a win-win situation for both parties. Physicians will feel emotional relief as they are able to do their jobs more effectively and are exposed to less emotional harshness and anger in patient encounters.

If You Want to Listen . . . (Transforming Inflow Problems)

- **Don’t assume the patient is wrong**
Experienced physicians know that leaving open the possibility of misinterpreting a clinical finding during a patient examination makes them much better diagnosticians. The same holds true while interacting verbally with patients. Leaving open the possibility that in a particular case an interpretation of the



patient's needs and concerns may not be true will enable you to make more contact with the person in front of you, softening her/his harshness and giving her/him a better sense of being heard.

- **Reflect what you are hearing**

This is a powerful tool for building trust. Any time you reflect what you are hearing, it sends a message to the patient that you are taking them seriously, that you are paying attention, and that you care. Check with the patient what you are hearing.

- **Guess at patient's unexpressed feelings**

Beyond literal reflection, you can go deeper and try to decipher what the patient is not telling you. Knowing what you know about what might be going on for the patient, you can offer guesses and check with her/him: "Is there anything you are embarrassed to tell me about?"; "Are you scared to be admitted to the hospital because it is important to you to remain independent?"; "Are you frustrated because you want to be understood more easily?" The key is to guess, rather than know, and to check with the patient each step of the way.

- **Check with patient your understanding of their concerns**

To establish trust and confidence, your aim is to reach a state where both of you are heard and are able to hear each other. You start by modeling this attitude. Instead of focusing on getting the patient to take in information, focus on understanding the patient's concerns. Reflect your understanding to her/him, and check if your understanding is correct. Check both expressed and unexpressed concerns.

If You Want to Speak... (Transforming Outflow Problems)

- **Don't assume you are right**

Assuming that you are right in a time of conflict creates an adversarial relationship with the patient. Shifting the focus away from who is right and into communicating more clearly what's really most important to you, the more likely it is that you will be heard. The less authoritarian you make yourself to the patient, the more willing s/he will be to hear what comes next.

- **Own your perceptions and responses**

Instead of impersonal explanations, hiding behind your authority and stating "facts", you can make a more powerful connection by expressing what is true inside of you as being your own perceptions, feelings, needs, interpretations, etc. For example, instead of "You are not making sense," say "I am frustrated, because I want to be able to understand what you are saying and can't."

- **Ask the patient to reflect your concerns**

Literally ask your patient to reflect back what s/he has heard you say. Use phrases such as: "I want to make sure that I expressed myself clearly. Would you tell me what you have gotten so far from what I have said?" This step is important, because in its absence the patient may be reacting to something you didn't actually say. Reflecting to you what s/he heard will clear up such misinterpretations easily before they do damage. The more you say things like "I really want to see the results of this test in order to be able to understand what's going on with you," rather than "You need to have this test done," the easier it will be for the patient to reflect it back to you. This will assist the patient in seeing you as a caring human being.



- **Be clear what you want from the patient**

Instead of insisting on one possible outcome, be open to a step-by-step approach towards trust building. Having expressed your concerns, for example, and gotten clear that the patient heard them, it may be significant to hear from the patient their reasons for not wanting to follow your advice or recommendation. Having understood those reasons, you may offer the patient another alternative, and check again her/his level of willingness. Or you may want to ask the patient to express to you her/his understanding of what may happen if s/he doesn't follow your advice. The key is to focus on the next step, not the final decision, until that moment when the final decision is the next step.

Transforming Difficult Patient Encounters: A Step-by-Step Guide (II)

- **Alternate speaking and listening**

Regardless of where the dialogue starts, for the connection and understanding to take hold, an actual exchange and engagement is crucial.

- **Aim for mutual decision making**

The key to success is the formation of a bond that enables the patient and the physician to work together towards finding a solution that's acceptable to both. As physician and patient understand each other and develop trust, more possibilities emerge. The patient may come around more easily, and the physician may find more willingness to let go of a particular treatment plan or strategy for helping the patient, and see the value in what the patient wants to do.

Redefining Success

Success in a patient encounter can be defined in at least the following ways. Expanding your internal definition of a successful encounter can leave you feeling more satisfied more of the time.

- **OUTCOME: From patient compliance to patient empowerment**

The short-term satisfaction of getting the patient to say "yes" may not pay in the long run. A deeper understanding of the patient's experience and issues is more likely to create a sense in the patient of making her/his own choice, which will make it easier for her/him to stick by it.

- **INTENTION: From quality of information and knowledge to quality of connection**

A focus on explaining critical information backfires in the absence of a solid sense of connection. At times of difficulty, if trust is lacking, a patient is more likely to resist information.

- **PATIENT EXPERIENCE: From "being told what to do" and isolation to being heard and gaining an ally**

A key ingredient in patient satisfaction is the experience of being heard. When the patient and the physician argue, the patient is left alone with her/his concerns, unable to hear the physician, and unable to get the support s/he so wants.



- **PHYSICIAN EXPERIENCE: From frustration and long-term burnout to integrity and felt sense of contribution**

The experience of trying to explain something over and over again to a resistant patient is painfully frustrating, leaving the physician feeling helpless and confused. In the long run, burnout is likely to occur if such experiences accumulate without any understanding of how to transform them. Using the tools of Compassionate Communication during difficult patient encounters enables the physician to experience human connection with the patient, often resulting in gratitude and understanding when least expected.

Further Thoughts

A frequent concern raised about the use of the kind of dialogue outlined above is that it might take up too much of the limited time available for direct clinical interaction. In practice, however, taking these steps rarely requires a significant amount of time, and often results in more effective use of time during the rest of the encounter.

The potential uses of these tools are not limited to patient interactions. The same considerations and shifts in attitude can be applied to interactions with other people both at work and at home. In addition, the process of Compassionate Communication can be a powerful method for addressing frustrations related to the many systemic factors affecting physicians' lives.

These tools are simple, yet they often require remembering to do things that appear counter-intuitive or even contrary to one's training. To learn more about the techniques of Compassionate Communication you can explore books, videos, classes and practice groups. For further information, you can contact the **Bay Area Center for Nonviolent Communication (BayNVC)** at:

Phone: 510-433-0700 • Fax: 510-452-3900,
55 Santa Clara Avenue, Suite 203, Oakland, CA 94610
Email: nvc@baynvc.org
Web: www.baynvc.org

Miki Kashtan, Ph.D. is
Monica Rosenthal, M.D. is



About Nonviolent Communication

From the bedroom to the boardroom, from the classroom to the war zone, the Nonviolent Communication (NVC) process is changing lives every day. NVC provides an easy to grasp, effective method to get to the root of conflict, violence and pain peacefully. By examining the unmet needs behind what we do or say, the NVC process helps reduce hostility, heal pain, and strengthen professional or personal relationships.

The NVC process is now being taught in corporations, classrooms, prisons and mediation centers around the globe. And it is affecting cultural shifts as institutions, corporations and governments integrate NVC consciousness into their organizational structures and their approach to leadership.

International peacemaker, mediator, author and founder of the Center for Nonviolent Communication, Dr. Marshall Rosenberg spends more than **250** days each year teaching the NVC process, including some of the most impoverished, war-torn areas of the world. More than **180** certified trainers and hundreds more teach this life-enriching process in **35** countries to approximately **250,000** people each year.

About the Center for Nonviolent Communication

The Center for Nonviolent Communication (CNVC) is an international nonprofit peacemaking organization whose vision is a world where everyone's needs are met peacefully. CNVC is devoted to supporting the spread of Nonviolent Communication training and consciousness around the world.

Access local, national and international training opportunities, download trainer certification information, connect to local NVC communities and purchase a variety of other NVC learning materials at:

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