The art of active listening
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The art of active listening

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Think of someone you know who listens well, to whom it is good to talk when you have something on your mind, or are just feeling a bit low. What is it about their listening that makes it so effective?

It is likely that they are good to talk to because, even if they might not agree with or fully understand what you are saying, they seem:
- to be present
- to be interested
- to have time
- to have respect.

You might also want to consider the impact of good listening. Why does it help when you choose this person to talk to? You may feel that someone has heard your story, that they understand your concerns, and possibly even that you can now take the next step forward yourself. You may also have experience of an occasion when someone failed to listen, and so did not understand you.

Much has been written about listening as part of the consultation because it creates the foundation for good rapport, and for better patient outcomes. Active listening, which is explored in detail in person-centred counselling and motivational interviewing, involves encouraging someone to ‘tell their story’, checking that you are understanding their approach and meaning, and reassuring them that you are interested in what they are saying.

There are steps that all clinicians can take to improve the quality of each listening encounter.

Good listening in consultations is key to rapport with patients and better outcomes, and nurses can use specific techniques to improve the quality of their listening.
CASE STUDY
Listening that bit further
Mary, a friend, told me of an incident that occurred while she was attending a stroke rehabilitation programme. Another elderly woman appeared not to have washed for several days, and the staff were keen to help her have a shower. But every time they offered to take her to the bathroom, she told them to put the kettle on. They concluded that she was still confused. By listening further as the woman carried on talking, Mary discovered that there was no hot water in the woman's home, and she had to boil the kettle every time she needed a wash.

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CREATING THE RIGHT ENVIRONMENT
We have all had important conversations in a corridor, or on the stairs, but a warm, quiet, private consultation room helps people to relax, and enables both participants to engage in the discussion. There should be no interruptions, such as telephone calls or people wandering through, unless the circumstances are exceptional.

To be ‘present’ at a consultation requires preparation. You may be running late after a difficult appointment, and there is a danger that you will carry your stress and concerns into the next one. This is readily perceivable, and will damage your focused attention. Make a note of anything you need to act on, and then pause to put the piece of paper aside, to readjust the chairs as necessary and to look at the information on the next patient. You will then be able to concentrate on initiating welcoming body language and good eye contact when the patient enters, rather than checking details or shifting the furniture.

Your consultations are limited in time, and sometimes nurses are afraid that if they invite a patient to fully explain the problem, they will be hard to stop. It has been shown that most doctors interrupt patients after about 18 seconds, but that if they allowed them to finish, most patient stories last less than a minute, and none longer than 2 minutes. To be heard fully, without interruption, is very affirming; try this out with a colleague, asking them to listen to you describing a tricky incident while just demonstrating that they are focused and interested, but without interrupting.

DEVELOPING LISTENING SKILLS
A clinical guide on how to give psychological support as a health professional identifies skills that may be attributed to a ‘good listener’. Some people are naturally good listeners, but there are also techniques that can be used to nurture these attributes, and build on our listening skills.

Giving good attention
The listener will demonstrate that they are listening by the way they stand or sit, focusing on the person talking, and having good eye contact. They may sit slightly forward in their chair, with hands still, and look directly at the person who is speaking. Too much eye contact can be threatening, but how often have we complained that ‘he clearly wasn’t listening – he was looking at his computer screen, not at me’?

Sometimes you need to check facts, or note important information; allow the patient your full attention for 2 minutes before you turn to the screen, and keep turning back to reassure them of your interest. Gentle focused attention is evidence of being present, not thinking of something else, or the next review question, or even how you can help.

Creating a sense of understanding
Think back again to the friend who listens well. How does he or she signal that they understand, and can appreciate how you are feeling? It is probably a composite of several factors; they nod, or say ‘uh-huh’ at intervals, they may use empathetic phrases, such as ‘That must have been difficult’ or ‘Great!’, and they may check their understanding by reflecting back what you have said: “You felt angry because she never rang you back?’

Good listeners can sense when a comment, or encouragement, would be helpful, but often a gap, and a small space, can help someone reflect, and move their thoughts forward – consider the scenarios in Box 1. Silence can also be supportive, and show respect for painful feelings. You will have experience of the moments when quietness was what was required, but where good attention was not broken.

Using reflection and summarising, which takes the words of the speaker, and, without questioning or challenging the thought, condenses it, and offers it back, the listener can establish that they
have heard and understood what has been said. If the listener has not quite understood, they have provided the perfect opening for modification and the reaching of a shared understanding: 'I found the second paper much tougher than the first.'
'The second exam paper had harder questions?'
'No, not harder, but I hadn’t revisited that topic nearly as thoroughly'.

Creating a sense of safety
An important attribute is the ability to create a sense of freedom and safety, so that the speaker can express thoughts and experiences without fearing a response of disapproval or rejection, correction or critical comment, or even unsolicited advice.
Within this environment, a patient can explore difficult issues, such as impotence, or anger at a relative with dementia, without feeling embarrassed; you may be the person of whom they say later – 'I really could talk to her about anything.' Demonstrating through eye contact, a lack of interruption and affirmative encouragement, that you are not shocked or phased by what they say will reduce their anxiety and fear of their own feelings.

You may be anxious that you will not be able to handle what might be expressed. There are two important points to note here:
- explain to a patient if you think someone can offer more specialist help than you are able to. They will know that you can signpost them if they ask
- it is important to be aware that a good listener does not need to know all the answers – in fact, many answers can only be found by the individual concerned.

HEARING THE STORY
As individuals, we all have many stories about our lives, which are best expressed in our own words. The way someone uses language, and describes an event, or their feelings, conveys much more than the bare facts.

Health professionals have been challenged to consider the contribution of narrative-based medicine, where the story, and the telling and sharing of it, is as much part of the evidence as the data and incidents within it. A nurse who actively listens to a patient telling their story is receiving and affirming the patient, and enabling them to build on that story. Many of you will have had the experience, over a series of consultations with the same patient, of hearing a changed history unfold as current and past illnesses are fitted into the bigger picture. You may also have helped someone go away with a more connected sense of their health, because you have enabled them to link parts of their story together, and plan a way forward. Much of this process happens through active, focused listening.
Conclusions
Practice nurses use consultations to support people in retaining good health and control in times of poor health. By using active listening we can create the rapport for a real partnership with patients who have been heard and affirmed.

Points for Practice
- Create a welcoming and relaxed space
- Let patients explain in their own words
- Allow them time to tell their story – it is unlikely to take more than 2 minutes
- Develop an environment of safety so that they can raise difficult issues
- Demonstrate respect and understanding through good eye contact, vocal affirmation and summarising the key points they make

References

Resources
- Partners in Care Short course for practising listening skills www.educationforhealth.org.uk

Product Promotions
The world’s first seamless flat-knit compression glove
Jobst® Elvarex® Soft Seamless compression glove is constructed entirely without a seam from pleasantly soft, hard wearing and breathable fabric. This unique, custom-fit flat knit compression glove provides unrivalled patient comfort during wear. Its perfect anatomical fit guarantees even, uninterrupted and consistent compression for optimum oedema management, even in critical areas. Most importantly, the glove affords comfort, without loss of manual dexterity.

Control Best Practice from Europe 09 Masterclass
The international conference on 5th February was held at Barbican Centre in London with approximately 200 delegates. A series of lectures and sessions ran throughout the day and Andrew Kingsley, Clinical Manager Infection Control and Tissue Viability North Devon Healthcare Trust ran a 45 minute Masterclass sponsored by BSN medical which was attended by 70 delegates.

The aim of the Masterclass was to identify infection in open wounds using clinical signs and symptoms, exploring the issues of prophyaxis and treatment and offering a standardised yet individual approach to antimicrobial wound therapy.

Andrew Kingsley spoke about the successful use of CUTIMED Sorbact on non-healing venous leg ulcers together with antibiotics and compression therapy.

To view the presentation visit www.publicserviceevents.co.uk/main/workshop_dtls.asp?event_client_ID=1625&event_ID=69

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