# EMPATHY CONVEYANCE:

## PRACTICAL TIPS FOR HEALTHCARE PROVIDERS

By Elizabeth Morrison LCSW, MAC

EM Consulting

www.emorrisonconsulting.com

## NOTICE

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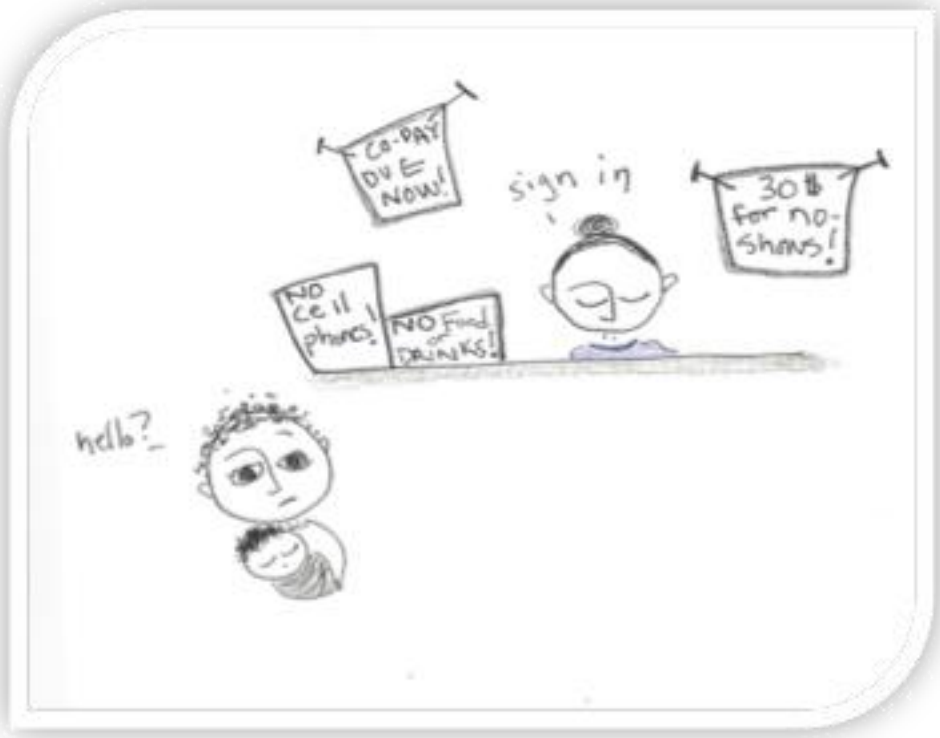
## EMPATHY IN HEALTHCARE

We are healthcare professionals and we are also patients. Our work is influenced by our education and professional experience, as well as our own (and our loved-ones') experiences of being on the receiving end of healthcare.

Given the enormously personal nature of healthcare and its importance in all of our lives, one might think that we would place significant attention on the science and art of communication. After all, communication in and of itself is treatment. In fact, it is perhaps the most common treatment procedure we engage in as healthcare professionals every day. Despite this, research and, frequently, our own interactions with healthcare providers show us that the encounters we have in the healthcare setting are too often marked by a lack of connection, compassion, and respect. While other industries have long understood the value of skilled, kind, authentic exchanges, the healthcare field has been slow to acknowledge the importance of focusing on the human aspects of receiving care.




What often results is an environment where a trip to a healthcare organization ends up feeling like a trip to the DMV, only that it is made worse by the significantly more personal nature of the visit. People may feel fear, pain, or dread even at the thought of going to a clinic or hospital. The customary greeting of "do you have an appointment", spoken without a smile or eye contact, and a directive "have a seat" in the cold, silent,

interminable waiting area, while being largely ignored until your name is bellowed from the door, all contribute to a dehumanizing experience that many have come to accept as normal. Often, we work in places where we wouldn't refer our own family members, not because of the technical care they would receive, but instead because of how they would be treated personally.

The cost of this sort of indifferent environment for a healthcare organization is high and the research demonstrating this is unequivocal. A lack of perceived empathy lessens a patient's confidence in care, increases their anxiety, decreases their satisfaction, and lowers their adherence to treatment recommendations and treatment plans, all of which lead to negative health outcomes. A lack of empathy also has negative impacts on us as healthcare providers. Research shows that the better our communication skills are, the higher our job satisfaction is. On the contrary, the worse our communication skills are, the lower our job satisfaction is.

Of course, rarely is a lack of empathy purposeful. In fact, one of the main difficulties with empathy is that feeling it has little correlation with successfully conveying it. We likely all have a relative that we know who cares about us deeply, yet responds to us in a way that does not convey that care. Or, for those of us with children, we certainly know how much we love them, but admit that there are times when they exclaim to us, "You are not listening to me!" or "You don't care about me!". Feeling empathy is distinct from effectively *communicating*, or *conveying* empathy. Bridging this empathy gap in healthcare is the focus of this book.

One of the most uplifting facts in the midst of all of this is that we can improve our empathy and communication skills with practice. The more time and energy we put into it, the more we not only benefit our patients and colleagues at work, but also ourselves and our loved ones at home, as we can use the exact same techniques with friends, neighbors, partners and children as we do with those in our professional setting.

## The Study of Empathy

Research on empathy and its effects on patient experience and treatment outcomes originated in the field of psychology during the 1950s with the work of Carl Rogers, who can largely be credited for establishing the foundational importance of empathy in the behavioral health field. Over the past fifteen years there has been an even greater expansion of interest in studying the connection between empathy and healing in the medical field, which has demonstrated equally positive findings.

The empathy literature is varied and fascinating. Research has shown that when medical providers (and their teams) effectively convey empathy it has the potential to lower blood sugar levels in diabetics, improve success in weight loss, lessen the duration and severity of the common cold, increase weight loss in those with obesity, and lower self-reported pain levels, to name only a few of the significant research findings. Higher levels of empathy communication skills have even been shown to decrease medical errors and improve diagnostic accuracy. Of particular interest to the behavioral health field, research demonstrates that communicating empathy decreases symptoms of depression, anxiety, and problematic alcohol use. Conversely, conveying a lack of empathy, often accompanied by judgment, has been shown to lower adherence to treatment recommendations, increase weight gain in diabetics, increase self-reported pain levels, and worsen alcohol use. A lack of empathy and increase in judgment also decreases meaningful health disclosures, resulting in more inaccurate diagnoses. As a result, the American Psychological Association Task Force on Evidence-Based Therapy Relationships has designated empathy as an evidence-based element of the therapeutic relationship.

It is also important to note that it is not only the empathy of medical providers that impacts a patient's health, but also the empathy conveyed by the entire organization. Empathy is fundamental to the work of receptions, nurses, medical assistants and billing staff. Research has shown that empathy conveyed from support staff has a significant and measurable impact on a patient's experience and their subsequent treatment adherence and health outcomes. Not surprisingly, successfully conveying empathy on all levels of an organization also has the further benefit of lowering patient complaints, grievances and litigation rates.

## Open-Ended Questions

In general, open-ended questions are considered to be the gold standard of assessment and skilled interpersonal interaction in the medical and behavioral health fields. They show curiosity, convey an interest in what others think or feel, and can make a patient feel less guarded since they are less likely to perceive the conversation to be bound by a rigid agenda.

When questions are truly open, we don't know what we will hear next or where things might go in the conversation and that is okay! In asking open- ended questions, we are telling the patient that we value their story and their perspective– not imparting our own judgment or opinions on their experience. Open-ended questions are an invitation for the patient to share what's on their mind, allowing us to see things from their point of view and catch a glimpse of their beliefs, values, and strengths.

*Here are some open-ended question stems:*

- ✓ *"Tell me more about...."*

Even though this is more of a request than a question, it is incredibly effective. "Tell me more" is versatile and can be used in front of any subject. It can guide the conversation to a specific place if we need it to go there, while still keeping the question open and, thus, empathetic.

**Open-ended questions are considered to be the 'gold standard' of communication by the Institute of Medicine.**

- ✓ *"How did you decide...?*
- ✓ *"What are your thoughts about...?"*

Note that even though "why" is also an open-ended question stem, it isn't very effective. "Why" sounds judgmental, even when we don't mean it to be. It tends to put people on the defense and closes the door to a fuller conversation. Just think about what happens when we say "why" to our kids. Watch how quickly they fold their arms and shut down.

*Example at work:*

- ✓ *"Tell me about your medicines" or "What are your thoughts about smoking?"*

*Example at home:*

- ✓ *"How did you make that decision?" or 'Tell me more about your thoughts on that."*

# A Quick Word on Closed Questions

Closed questions only allow for "yes" and "no" or similar one-word answers. They demonstrate that we are really concerned with our agenda, narrowing the recipient's focus to what we feel is important. Closed questions squeeze out the other person's freedom to speak about what they believe is really important concerning a given topic or subject.


***Here are some examples of closed questions that tend to lead to one-word answers:***

- ✗ *"Did you have a good day?"*
- ✗ *"Do you get along with your mom?"*
- ✗ *"Are you taking your medication?"*
- ✗ *"How often are you taking your medications?"* ✗ *"When did you meet her?"*

Narrow questions also limit dialogue and squash rapport. While they may obtain transactional information, they aren't very effective at conveying empathy.

***Now, consider these closed questions:***

- ✗ *"What classes are you taking in school?"*
- ✗ *"Do you think you're ready now, or do you want to wait?"* ✗ *"Is your medication working?"*

We can observe how much more empathetic the same questions sound when framed as open questions:

- ✓ *"Tell me more about your classes."*
- ✓ *"How do you feel about going now?"*
- ✓ *"What are your thoughts about how the medications are working?"*

## Reflective Listening

Reflective listening involves repeating back what we have heard the other person say. This demonstrates that we are paying attention and that we want to make sure we've heard someone correctly. More importantly, it reflects that hearing them is important to us.

***Research demonstrates that using reflective listening actually saves time during appointments. When others feel heard, they tend not to dwell on things and repeat themselves.***

In practice, reflective listening can take the place of a question, prompting someone to talk further, without having to pose an inquiry. Reflective listening also replaces evaluative judgments. These are statements like "that's great!" or "how horrible". Reflecting, instead of evaluating, gives the other person the freedom to evaluate what they feel and think for themselves. By reflecting back what we've heard, we are signaling that we are "with" the person and that we are willing to suspend our own reactions to hear more about theirs.


Repeating back selected pieces of what another person has said might seem counter-intuitive and often, reflective listening is one of the empathy conveyance techniques that people find most challenging. This is for good reason! While we were growing up, others rarely used reflective listening with us, and sometimes when it is unskillfully used in professional settings, it can sound insulting or disingenuous. However, with practice, reflective listening can be a powerful empathy conveyance technique - perhaps the one with the biggest pay off for patient care outcomes (and our own personal relationships!).

### *Example at work - Medical Assistant speaking to a patient:*

- ✓ *"You want to make sure the doctor knows the medication isn't working. You also want to ask about your lab results and to find out the status of the referral for your foot."*

This is an "exact word reflection". The patient feels confident they've been heard and reassured that their issues will be addressed. The patient likely will not feel the need to repeat these things.

### *Example at home - Spouse speaking to partner who has disclosed multiple events at work that were distressing today:*

- ✓ *"Wow, that sounds like a really tough day"*

This is a "summary reflection". Summary reflections attempt to capture the general nature of what was shared, instead of reflecting back the specific list of items that were shared.

### *Example at home or work:*

*"It's been really tough for me to lose all this weight this year."*

- ✓ *"It's been tough...."* (Selected exact word reflection)
- ✓ *"Sounds like it has been hard for you."* (Summary with a stem. Stems are phrases like 'Sounds like...' and 'I hear you saying....')

### *Unfortunately, instead of reflecting, we often use ineffective responses:*

*"It's been really tough for me to lose all this weight this year."*

X *"Don't lose too much too quickly!"* (Advice)

X *"It's wonderful that you've lost weight!"* (Cheerleading)

X *"I don't think that's necessarily a good thing"* (Judging)

X *"Don't worry, it is tough for everyone"* (Reassurance and dismissing) X *"You need to take better care of yourself"* (Correcting)

All of these responses block the person making the statement from describing how *they* feel about losing so much weight.


***Another common mistake is making the reflection into a question:***

X *"So, you're feeling sad?"*

***Instead, try:***

✓ *"I hear you're sad..."*

Rest assured that if you are incorrect in your reflection, the other person will let you know, and the reflection will still have the impact of conveying empathy.

***Parent speaking to child:***

Parent: *"I hear you're sad"*

Child: *"No, not sad, just frustrated"*

Parent: *"Just frustrated...."*

## FOCUS ON STRENGTHS

Orienting our communication in a way that recognizes and validates another person's strengths benefits the relationship that we have with them. It indicates that we see that the other person as fundamentally good and whole. It shows them that we are focused and
attuned to what is best about them and that we are aware of their inherent worth and unique abilities. This strengths perspective represents a paradigm shift in the field of healthcare. It is a move away from traditional deficit and pathology-based communication models and towards truly whole-person care.

Focusing on strengths, however, is much harder than it sounds. It requires not following the 'problem' and instead highlighting the goodness that lies beneath the concern.

***Examples at work:***

*"I don't smoke in the car when my kids are with me."*

- ✓ "You really care about the health of your children."
- ✗ Instead of: "*There is likely still second hand smoke exposure*"(Problem focused)

***Or:***

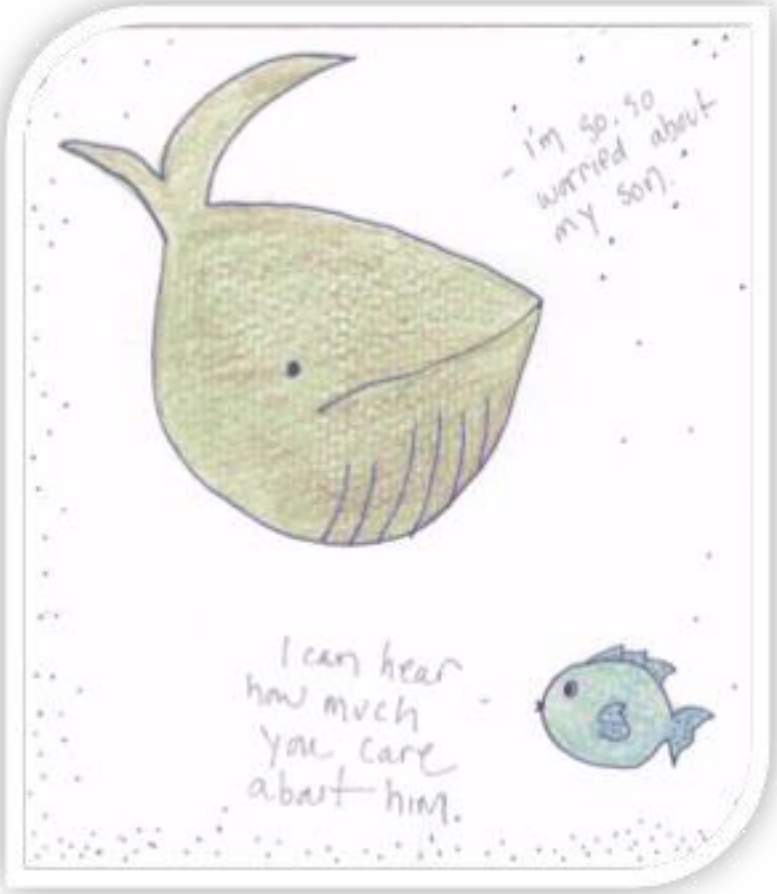
*"I can't seem to stick to a diet, or exercise. It's hopeless."*

- ✓ *"You really want to be able to make healthy changes to your lifestyle."*
- ✗ Instead of: *"Have you tried the Paleo diet?"*(Advice)

***Or:***

"I'm sick of waiting for 2 hours every time I come here."

- ✓ "I sure appreciate how honest you are about your feelings. I know I'd feel the same way."
- ✗ Instead of: "The doctor had a delivery at the hospital this morning" (Explaining)




***Examples at home:***

"I hate math!"

- ✓ "I'm amazed that you can continue to work on it even though you can't stand it. That's real grit."

***Or:***

*"I don't know why Ethan is mad at me again. We had another argument at school."*

- ✓ *"You really value harmony in your friendship with him."*

***Or:***

*"I feel bad about this, but sometimes I don't want to be around Grandma."*

- ✓ *"I'm impressed you were willing to tell me. It's often hard to talk about feelings we feel bad about."*

# ELICITING

When someone asks for advice, it is quite tempting to jump right in and tell them what to do. Instead, we should take a step back and start by asking them what they think. Asking others for their thoughts before we share our own often takes practice and a fair amount of discipline, but it is important so that we can discover what the person thinks about their problem first.


***Examples of eliciting:***

*"I mean, what am I supposed to do after hearing something like that?"*

- ✓ *"Yes, wow. What are your initial thoughts?"*

***Or:***

*"And now my sister is saying that my mom should move in with us! How is that possible?"*

- ✓ *"What are your thoughts about that?"*

***Or:***

*"What do you think is causing these panic attacks?"*

- ✓ *"I'd love to hear your thoughts on that. What comes to you when you've asked yourself that question?"*

Often, we do need to provide information to patients (or to family and friends). We may want to let a patient know about the effects of failing to lose weight or quitting drinking. We might want to let our child know what the consequences will be if he/she doesn't clean their room.

However, there is a difference between giving information and giving advice. Giving information is not telling someone what they should do. Rather, it is offering data to inform their decision. The skillful giving of information is characterized by asking permission ("can I give you some information?"), making sure you aren't telling someone what they already know ("what do you already know about smoking during pregnancy?"), and using pronouns that avoid 'you' statements ("what we know about smoking during pregnancy, is that it can cause...."). Finally, it is about asking how the information was received ("what are your thoughts about that?").

***When we give advice to others, the most common response is a defensive defiance to protect our autonomy and personal decision-making.***

When giving information, an easy way to remember these skillful steps is AATA or Ask Ask Tell Ask.

**Ask** what they already know about the subject in which you want to give information.

**Ask** permission to give information they don't already have.
**Tell** them the information, keeping it short and avoiding the 'you' pronoun when possible.
**Ask** them what their thoughts are on what you shared.

## Body Language

Research shows that we tend to believe what we see in someone's body language and hear in their tone of voice more than their actual words. An "I'm sorry" with a genuine look of concern and a slight leaning in is believable. An "I'm sorry" with a surly tone and arched eyebrows is received entirely different. To this end, it is important to remember that our body language and tone of voice can naturally convey empathy when we are feeling open and caring of others. However, when we are tired, irritable, judgmental, fearful, or distracted it takes some extra conscious thinking to manage our body language and tone.

***Studies have found that when we are communicating with someone, words only account for 7% of the overall message. Tone of voice accounts for 38% and body language accounts for the remainina 55%.***

We know quite a bit about what types of body language and tone of voice convey empathy (whether we are feeling it that day or not) from cross cultural research.


**Eye contact** provides the most powerful non-verbal way to convey empathy. Maintaining eye contact becomes more difficult as we become more familiar with others. As a result, our families often get the least amount of eye contact of all. Initial eye contact when a patient walks up to reception, or when a provider walks into a room, must happen within the first few seconds for it to be effective.

**Smiling** is one of the only ways we can convey goodwill to someone non-verbally. Smiling is incredibly powerful in conveying empathy and has been researched extensively. It has been written about by many spiritual leaders of different traditions. It is sometimes referred to as "holding hands" without touching.


**Open body posture** that is "squared" to the other person conveys engagement and care. Crossed arms or side positioning can indicate disengagement or judgment. Likewise, leaning slightly forward, when sitting or standing, conveys empathy. On the other hand, leaning back conveys a lack of engagement and, in some circumstances, judgment, as well.

# NORMALIZING

Normalizing is the opposite of making something bad, wrong, or pathological. It is letting others know that they're not the only ones to have ever felt this way, done this, or had this happen to them. Maybe the same thing has even happened to us. Normalizing strengthens the relationship, increases self-disclosure and encourages the other person to tell us more.

***These examples illustrate the difference between pathologizing and normalizing:***

*"I know I shouldn't, but I actually started talking to my ex-boyfriend again."*

- ✓ *"Gosh, we've all done things we know we shouldn't. Tell me more."* (Normalizing)
- ✗ Instead of: *"You know where that leads - the same place every time"* (Judgment).

***Or*:**

*"I've been yelling at my kids a lot lately."*

- ✓ *"When we are stressed, it seems to come out on those closest to us."* (Normalizing)
- ✗ Instead of: *"You can't take your stress out on them."* (Judgment)

***Or:***

"I picked up cigarettes again last week."

- ✓ "Gosh, cigarettes are so tough. We all have those things we struggle with. How are you feeling about it?" (Normalizing)
- ✗ Instead of: "Again? You've got to start taking care of yourself" (Pathologizing, Advice).

***Or:***

"I ended up dropping out of school this semester, it was just too much."

- ✓ "I've had to drop commitments before when I was overwhelmed too. Tell me more about it". (Normalizing)
- ✗ Instead of: *"When I was in school, I had two kids and I was working."* (Shaming)

# ACKNOWLEDGING FEELINGS

*"Never meet a feeling with a fact"* is a phrase we often use to talk about acknowledging feelings. Acknowledging feelings is one of the fundamental cornerstones of effective human interaction, although depending on our upbringing, it can be exceedingly difficult to do initially. Many of us didn't have our feeling acknowledged when we were growing up. Remember hearing comments like these?

*✗ "You don't have anything to cry about."*

*✗ "You shouldn't be angry about this, it's nothing." ✗ "Don't be embarrassed."*

*✗ "You should be happy about...."*

Hearing such remarks as kids often led us to believe that what we were feeling wasn't "real" or important. As a result, today, we may find it difficult to acknowledge our feelings, much less the feelings of others. We may continue saying similar phrases to patients and our loved ones out of habit or routine.

Acknowledging another person's feelings shows care and concern for their experiences. Often, the mere act of acknowledging someone's feelings by repeating their "feeling words" helps them feel better. It can increase their tolerance for a difficult feeling and lessen the feeling's intensity. Simply put, when our feelings are acknowledged, we feel valued and cared about. Dismissing another person's feelings does exactly the opposite. It can make someone feel alone, ignored, or shamed. Ignoring feelings also increases their intensity. Psychologists often use the phrase 'name it to tame it' when describing acknowledgement. This applies to others feelings as well as our own. This doesn't mean that we discuss all feelings deeply, or that we need to "process" all feelings, it only means that we acknowledge the feeling.

### *Here are some ways to acknowledge others' feelings:*

*"I'm so nervous about surgery.'"*

- ✓ *"Sounds like you have some worries about it." (*Reflection of a stated feeling)
- ✓ *"You're feeling really nervous." (*Reflection of a stated feeling*)*

✗ Instead of: *"There's no reason to be scared. The surgeon has done this procedure 100 times."* (Dismissing)

### *Or:*

*"Every time I come here, I have to wait for two hours in this waiting room!"*

- ✓ *"I hear your frustration with the wait time."* (Reflection of a stated feeling)
- ✓ *You must be really frustrated."* (Reflection of a stated feeling)

✗ Instead of: *"Have a seat and I will check to see when you will be called"* (Ignoring the feeling, fixing)

Acknowledging the feelings of friends and family is equally important in maintain good relationships and conveying empathy. These are also the things we can regularly think about saying to ourselves.


***Examples at home:***

*"I'm too embarrassed!"*

- ✓ *"You feel really embarrassed"* (Reflecting a stated feeling)
- ✓ *"This is tough for you." (Reflecting a demonstrated feeling)*
- ✗ Instead of: "*Don't be embarrassed! No one even notices!"* (Dismissing/Reassuring)

***Or:***

*"I feel so hopeless."*

- ✓ *"You are really feeling down..."* (Reflection of an expressed feeling*)*
- ✓ *"You've had a hard time lately." (Reflection of an expressed feeling)*
- ✗ *Instead of: You don't have any reason to be depressed, your life is great."* (Judging/Dismissing)

# PUTTING IT ALL TOGETHER

Empathy conveyance is a treatment in and of itself. When combined with other treatments, it increases their efficacy, improving treatment outcomes. Those of us in healthcare entered the profession to help and we typically go to great lengths to continually learn and grow in our skills as helpers. Spending time learning, enhancing and practicing our empathetic communication skills is an investment in our professional effectiveness, as well as in our most cherished personal relationships. Here are a few additional examples that tie together everything we have covered.

### *Example 1*

"*Sometimes in the morning, I look in the mirror and I just hate myself.*"

- ✓ "(With empathetic tone of voice and body language) *Ah, you sound angry at yourself* (Acknowledgement). *Many of us have felt that way before* (Normalizing). *I appreciate your willingness to share this with me* (Strengths focus). *Tell me more about how you feel* (Open-ended question)."

### *Example 2*

"*I can't stand checking my blood sugar!*"

- ✓ "*You really dislike it* (Acknowledgement, reflection). *It must be such a chore to have to do it every day* (Acknowledgment). *I'm so impressed that you actually continue to do it. Your health must be really important to you* (Strengths focus). *Tell me more about your experience with it* (Open-ended question)."

### *Example 3*

*"I can't lose weight. I've tried everything, and nothing works."*

- ✓ "(With empathetic tone of voice and body language) *You've tried everything* (Reflection). *It must be so frustrating that nothing has worked* (Acknowledgment). *I'm amazed you've continued to try so many things* (Strengths focus). *What are your thoughts about your weight now* (Open- ended question)?"

***Responding empathically to good news correlates to happiness in intimate relationships.***

### *Example 4*

*"I got a job interview!"*

- ✓ "*You got an interview!* (Reflection). *You must have done a lot of footwork to make that happen!* (Strengths focus). *How are you feeling?* (Open-ended question)."

# 10 Tips for Empathetic Communication

1. **Use advice and reassurance sparingly.** Although both usually come from a place of caring, both can also convey that we don't want to hear any more from the other person; that we instead want to "*fix*" their feelings, tell them what to do, and be *done* with it.
2. **Use open-ended questions,** encouraging the other person to share *their thoughts and feelings*. Closed questions tend to shut the conversation down.
3. **Use cheerleading sparingly**. Cheerleading ("that is great!" or "how awesome!") is well-meaning, and most of us are in the habit of using it quite a bit. Cheerleading, however, doesn't invite others to share with us how they feel about their accomplishments. When we do feel the desire to give positive feedback, we can provide others with *specific praise,* such as "I'm so impressed by the effort and time you put into your homework."
4. **Acknowledge the other person's feelings before trying to 'fix' anything**. This creates a positive bond, and often if we do this well, we don't need to "fix" anything!
5. **Avoid "control words", like "should", "must", "have to", "need to"**. As human beings, we have a natural tendency to protect our autonomy. *When we hear words that tell us what we 'must' do, we tend to resist.*
6. **Practice focusing on the strength that underlies the other person's disclosure.** Focusing on strengths *before* addressing the difficulty that has been shared is a very impactful way of showing empathy and goodwill.
7. **Avoid qualifying responses with a "but" as this will often signify a shift from an empathetic response to judgment or advice-giving.** For example, resist "You've done so well on your weight loss this year, *but* you still need to work on the smoking."
8. **Consciously use body language to convey empathy.** Remember that so much of what we are communicating is being conveyed through *body language and tone of voice*.
9. **Engage in reflective listening.** This allows the other person to know that *their thoughts and feelings* are important to us, and that we are truly *hearing them*.
10. **Practice, repair and practice again!** Enhancing empathetic communication is enriching for *our patients, our loved ones, and ourselves!*

# Citations and Acknowledgements

An annotated bibliography on empathy's impact on all aspects of healthcare from the Institute for Healthcare Communication can be found at http://healthcarecomm.org/wp-content/uploads/2011/05/Empathy-Effect- bibliography_3-22-17.pdf

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## About the Author

An accomplished trainer, therapist and consultant, Elizabeth Morrison specializes in helping health care organizations enhance human connections in care provision. Her areas of expertise and passion are building effective and sustainable integrated behavioral health (IBH) services, developing patient- centered complex care programs, and providing research-based training in empathetic communication for healthcare professionals. Originally inspired by Carl Rogers' research on the primary role of empathy in healing, she uses evidence-based strategies to design trainings and consultations tailored to meet the needs of a wide range of organizations.

More information about Elizabeth and her work can be found on her website, www.emorrisonconsulting.com. Elizabeth can also be reached via email at emorrisontraining@icloud.com.