



## CHAPTER

## 5

# Listening and Empathic Responding

Listening Well  
Empathic Responding  
Attitudes Underlying Empathy  
Nonverbal Aspects of Empathy  
Problems in Establishing Helping Relationships

## Overview

Listening to patients—trying to understand their thoughts and feelings—is crucial to effective communication. However, 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.” This chapter examines various skills involved in listening and empathic communication. The attitudes essential to empathic communication and the effects of such communication on pharmacist–patient relationships are also explored.

## Listening Well

When we think about skills of “effective communication,” we probably think first of the skills involved in speaking clearly and forcefully, in having an effect on others based on what we say. However, an equally critical part of the communication process, and perhaps the most difficult to learn, is the ability to be a good listener. You have probably experienced a sense of satisfaction and gratitude when you have felt that another person really listened to what you had to say and, to a large extent, understood your meaning. 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.

Chapter 2 described the components of the interpersonal communication model and explained the importance of the feedback loop to effective communication. As the receiver of messages, your ability to listen well influences the accuracy with which you are able to decode messages in a way that is congruent with patients' intended messages. In addition, your ability to convey your understanding back to patients will affect the degree to which they feel understood and cared for. If you fail to understand the patient, this can be uncovered and clarified in the feedback process. If your attempt to listen and understand is genuine, even "missing the mark" will not be damaging if the overall message being conveyed is one of caring and acceptance.

In addition to the communication barriers discussed in previous chapters, 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.



How can the pharmacist improve his attending behaviors?

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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, and 3) empathic responding. Empathic responding, as described below, includes “reflection of feeling” statements that verbally convey your understanding of the essence or emotional meaning of another person’s communication. In addition, nonverbal communication that shows caring and attention to the patient is a crucial component of effective listening.

### 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.

### 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.

The following are 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.

## 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.

## THEORETICAL FOUNDATIONS

The importance of empathy in helping relationships has been elucidated most eloquently by psychologist Carl Rogers. Rogers developed person-centered psychotherapy, which is part of a humanistic tradition in psychology. Central is the belief that, if individuals are able to express themselves honestly in an accepting, caring atmosphere, they will naturally make healthy, self-actualizing decisions for themselves. In such an environment, people are able to reach solutions to their emotional problems that are right for them. Thus, pharmacists can be helpful by providing a “listening ear” to help patients clarify feelings. The ability to listen effectively to the emotional meaning in a patient message is the essence of empathy. 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, nonjudgmental way. Rogers has noted the lack of empathy in most of our communications:

I suspect that each of us has discovered that this kind of understanding [empathy] is extremely rare. We neither receive it nor offer it with any great frequency. Instead, we offer another type of understanding which is very different, such as ‘I understand what is wrong with you’ or ‘I understand what makes you act that way.’ These are the types of understanding which we usually offer and receive—an evaluative understanding from the outside. But when someone understands how it feels and seems to me, without wanting to analyze me or judge me, then I can blossom and grow in that climate.” (Rogers, 1967)

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. The following examples, adapted from the section on paraphrasing, should illustrate the difference.

**Patient #3:** 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 #3:**

Paraphrase: He seems to be very inconsistent.

Empathic Response: You must feel uncomfortable going to see him if you never know what to expect.

**Patient #4:** I’m so 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 #4:**

Paraphrase: So there are a lot of activities to choose from.

Empathic Response: You seem to love living there.

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,

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or sincere, in the relationship. If the patient perceives you as phony, your “caring” a well-practiced facade, then trust will not be established. Being genuine may mean, at times, setting limits in the relationship. For instance, it may be necessary to tell a patient that you do not have time right now to discuss an issue in detail, but will telephone or set an appointment when you are not so busy. 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. The incongruence or discrepancy between what we say and how we act sets up barriers that are difficult to overcome.

Another essential condition 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. They will more likely tell you that they are having trouble taking their medications as prescribed or that they do not understand regimen directions if they know that you will not think them stupid or incompetent. One of the biggest blocks to effective communication is our tendency to judge each other. If we think that another will judge us negatively, we feel less willing to reveal ourselves. Acceptance and warmth, if genuine, allow patients to feel free to be more open in their communication with you.

Although Carl Rogers died in 1987, studies on what he described as the “core conditions” for a helping relationship have continued and have, in fact, increased in number since his death (Kirschenbaum and Jourdan, 2005). A meta-analysis (Greenberg et al, 2001) found a statistically and clinically significant relationship between empathy and positive therapeutic outcomes. The factor most related to positive outcome was the patient’s perception of being understood. Recent conceptualizations of therapeutic relationships have described the “therapeutic alliance” between provider and patient, which includes the core condition of empathy (Orlinsky et al, 1994; Martin et al, 2000; Feller and Cattone, 2003). In addition, recent theories of how providers can facilitate health behavior change, including the Motivational Interviewing approach discussed in Chapter 8, describe empathy as a crucial element in the provider–patient relationship (Miller and Rollnick, 2002).

### EMPATHY AND EFFECTIVE COMMUNICATION

Empathy has many positive effects. It helps patients come to trust you as someone who cares about their welfare. It helps patients understand their own feelings more clearly. Often their concerns are only vaguely perceived until they begin to talk with someone. In addition, an empathic response facilitates the patient’s own problem-solving ability. 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.

As an example, put yourself in the role of a community pharmacist. Your patient, Mr. Raymond, talks about his physician: “I’ve been to Dr. Johnson several times because I heard he was a good doctor. But he just doesn’t seem to care.

I have to wait endlessly in the waiting room even with an appointment. Then when I do get to see him, he rushes in and out so fast I don't have a chance to talk to him. Oh, he's pleasant enough. I just get the feeling he doesn't have time to talk to me."

Which of the following comes closest to being the type of response you would find yourself making to Mr. Raymond? Place a "1" next to a statement that you would definitely use, place a "2" next to a statement that you might use, and place a "3" next to a statement that you would never use.

- \_\_\_\_\_ a. "You have to understand that Dr. Johnson is a very busy man. He probably doesn't mean to be abrupt."
- \_\_\_\_\_ b. "Dr. Johnson is a very good physician. I am sure he gives patients the best care possible."
- \_\_\_\_\_ c. "I don't blame you for being upset. You shouldn't have to wait that long when you have an appointment."
- \_\_\_\_\_ d. "Tell him how you feel about the way he treats patients. Otherwise, find a different physician."
- \_\_\_\_\_ e. "I'm sure you just happened to see him when he was having a bad day. I bet if you keep going to him, things will improve."
- \_\_\_\_\_ f. "I know how you feel. I hate to wait in doctor's offices, too."
- \_\_\_\_\_ g. "No one feels that they have enough time to talk with their doctors."
- \_\_\_\_\_ h. "How long do you usually have to wait before you get in to see him?"
- \_\_\_\_\_ i. "Let me talk with you about the new prescription you're getting."
- \_\_\_\_\_ j. "You seem to feel there's something missing in your relationship with Dr. Johnson—that there isn't the caring you would like."

Now that you have indicated which statements you are likely to give, it is important to analyze how Mr. Raymond may perceive each statement. 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. Consider the possible hidden messages that you may have conveyed to Mr. Raymond with each of the above responses.

### JUDGING RESPONSE

While conveying understanding seems so obviously a part of good communication, a number of less helpful responses are frequently used in communication with others. Often, for example, 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. In the example above, responses [a] "You have to understand that Dr. Johnson is a very busy man. He probably doesn't mean to be abrupt." and [b] "Dr. Johnson is a very good physician. I'm sure he gives patients the best care possible." indicated that you thought Mr. Raymond was "wrong" or that he misperceived the situation. In either case, the judgment

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was conveyed that he “shouldn’t” feel as he does. Even response [c] “I don’t blame you for being upset. You shouldn’t have to wait that long when you have an appointment.” is an evaluative judgment that Mr. Raymond’s feelings are “right” or “justified” and also implies that it is appropriate for you to judge his feelings as “right” or “wrong.”

**ADVISING RESPONSE**

We also 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. The best source of problem solution resides within the patient. It is presumptuous of us to feel we can offer a quick “solution” to another’s personal concern. In addition, it conveys to patients that we do not perceive them as competent to arrive at their own decisions. Even when the advice is reasonable, it is not a decision that patients have arrived at themselves. Relying on others for advice may keep patients “dependent,” seeing others as the source of problem solving. In the example with Mr. Raymond, your advice in response [d] “Tell him how you feel about the way he treats patients. Otherwise, find a different physician.” gives a quick (and rather presumptuous) “solution” to what is a complex problem in the eyes of Mr. Raymond.

There are times when patients do want advice and are looking for help with their 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. In this type of response, you are serving as a sounding board for decisions the patient makes rather than providing your own solutions.

There are times, of course, when patients are not capable of coping with their own feelings or problems. A typical example is the patient who is severely depressed. Being able to recognize the signs of depression and referring patients to sources of help, such as the family physician or a local mental health service, are professional functions you must be prepared to perform. However, most people who are ill have transient feelings of depression and worry that are a normal reaction to the illness. They need to be provided with concerned, empathic care.

**PLACATING OR FALSELY REASSURING RESPONSE**

A third mode of response to a patient’s feelings is a placating or falsely reassuring response. Telling a patient who is facing surgery “Don’t worry, I’m sure your surgery will turn out just fine” may seem to be helpful, but is really conveying in a subtle way that the person “shouldn’t” feel upset. 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. Response [e] "I'm sure you just happened to see him when he was having a bad day. I bet if you keep going to him, things will improve." is a falsely reassuring response that predicts a positive outcome you have no way of knowing will occur.

### 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. Response [f] "I know how you feel. I hate to wait in doctor's offices, too." would fit in this category. Response [g] "No one feels that they have enough time to talk with their doctors." also indicates that Mr. Raymond's feelings are not unique or special in any way. The "everyone feels that way" response, again, is meant to make Mr. Raymond feel better about his problem but instead makes him feel that you do not consider his concerns to be very unique or important.

### QUIZZING OR PROBING RESPONSE

Another type of response to feelings is a quizzing or probing response. We feel comfortable asking patients questions—we have learned to do this in medication history taking and in consultations with patients on over-the-counter drugs. 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. Asking Mr. Raymond how long he has to wait for an appointment (response [h]) does not convey an understanding of the essence of his concern, which was his perception of a lack of caring from his physician.

### DISTRACTING RESPONSE

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

### UNDERSTANDING RESPONSE

Contrast each of the other responses to Mr. Raymond with response [j] "You seem to feel there's something missing in your relationship with Dr. Johnson—that there isn't the caring you would like." Only in this response is there any



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indication that you truly understand the basis of Mr. Raymond's concern. By using such a response, you convey understanding without judging Mr. Raymond as right or wrong, reasonable or unreasonable.

The above discussion reviewed different responses that you may make to feeling statements. The following dialogue is an example of a patient-pharmacist communication that may invite quite different reactions from the patient. The situation involves Mrs. Raymond, who engages the pharmacist, Jeff Brown, in conversation when she picks up a prescription for her husband, George. The patient-pharmacist conversation is in the left column, and an analysis of the conversation is in the right column.

**CASE STUDY 5.1****INITIAL APPROACH****Conversation**

**Mrs. Raymond:** *(deep sigh)* George has been sick for so long, sometimes I wonder if he's ever going to get well. I don't know if I can keep my spirits up much longer.

**Jeff:** Now, of course George is going to get well and you can keep your spirits up. You've been so strong about it.

**Mrs. Raymond:** But it's been so long. It seems that Dr. Johnson should be getting George well pretty soon.

**Jeff:** Now, you know Dr. Johnson is a good doctor and you shouldn't be questioning his care of your husband. It's important to trust your physician.

**Mrs. Raymond:** Well, he's certainly not getting anywhere with George!

**Jeff:** How long has it been now that George has been sick?

**Analysis**

Placating response. Mrs. Raymond's reaction to this might be "How can he be so sure George will get well? And he thinks I've been so strong: He has no idea how terrified I've been most of the time."

Mrs. Raymond seems to be protesting Jeff's glib response that she has nothing to worry about.

Judging response. Mrs. Raymond's response to this might be "Of course, he'd stick up for the physician. And it isn't really that I question his treatment of George. I'm just discouraged and no one understands that."

Quizzing or probing response. Having this bit of information at this point is probably not as important as focusing on Mrs. Raymond's feelings.

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**Conversation**

**Mrs. Raymond:** Thirteen months.

**Jeff:** Sometimes these things take time. Maybe you just need to get away more. I think it would do you good to have someone come in and stay with George, say one day a week, so you can get out more.

**Mrs. Raymond:** I don't want to get out more. I want George to get well.

**Jeff:** He will, believe me. He is getting the best care possible.

Contrast the above exchange with the following between Mrs. Raymond and Bill Reynolds, another pharmacist.

**SECOND APPROACH****Conversation**

**Mrs. Raymond:** (*deep sigh*) George has been so sick for so long, sometimes I wonder if he's ever going to get well. I don't know if I can keep my spirits up much longer.

**Bill:** It must be heartbreaking to see George so ill.

**Mrs. Raymond:** It is. I sometimes feel that it's hopeless.

**Bill:** You seem discouraged.

**Mrs. Raymond:** (*Head nod and nonverbal struggle to control tears*)

**Bill:** (*after long pause*) Is there something I can do to help?

**Analysis**

Advising response. While this advice may be reasonable, the fact that Jeff offered this as a quick solution may outrage Mrs. Raymond. It's as if he can presume to tell her how to cope with the situation when she *has* been coping with it for thirteen months. If anything, she could probably teach him a thing or two about coping.

**Analysis**

Understanding response. Bill shows that he recognizes the stress that Mrs. Raymond has been under.

Mrs. Raymond confirms that Bill is accurate in his understanding and goes on to reveal a little more about her feelings.

Often the response to an accurate understanding will not be further exploration of feelings. The fact that someone has listened and understood may be all she needs at the time. Bill lets her decide how much she wishes to reveal by leaving the door open without forcing disclosure through probing.

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**Mrs. Raymond:** Sometimes it helps just to be able to talk to people. Dr. Johnson always tells me not to worry. How can I help but worry?

**Bill:** It sounds as if people try to cheer you up instead of understanding how painful it is for you.

**Mrs. Raymond:** I don't blame Dr. Johnson. I know he's a good doctor. But sometimes I get frustrated by how long it's taking.

**Analysis**

A patient who feels discouraged or angry often needs simply to know that others understand. Mrs. Raymond is not "blaming" Bill or the physician but is lashing out because of her own frustrations and feelings of helplessness. 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.

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**

Underlying empathic responding is an empathic attitude toward others. This attitude means that you want to listen and try to understand a person's feelings and point of view. It means you are able to accept feelings as they exist without trying to change them, stop them, or judge them. 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. Health professionals feel frustrated and helpless if they cannot prescribe a medication and "cure" a patient's

problems. Yet the emotional concerns patients bring to you along with their physical problems cannot be “cured” or “treated” in that way. This does not mean that you have no help to provide; it does mean that you must define “helping” in a new way.

In addition, with empathic communication, it is not sufficient to feel that you understand another person—empathy requires that you effectively convey to the person that you do, in fact, understand. How can this be done? One approach is to briefly summarize or capsulize what you understand the person’s feelings to be. In the conversation between the second pharmacist (Bill) and Mrs. Raymond, Bill said “You seem discouraged,” which captured the essence of what Mrs. Raymond had been communicating and served to convey to her that Bill had heard and understood her concerns.

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.” Reflection of feeling has been defined as restating in your own words the essential attitudes and feelings expressed by the patient. Reflection of feeling is not simply a repetition of what the patient has said; instead it conveys your attempt to grasp the meaning of the patient’s communication. It further implies that you are checking to make sure that your understanding is accurate. In this sense, the reflection of feeling is not a bold, declarative statement but rather a tentative and provisional one. For example, Mrs. Raymond describes another problem to Judy Lang, the pharmacist:

My daughter seems to get sick a lot—headaches or nausea and vomiting. I’ve had her to the doctor but he says there’s nothing wrong. I’ve noticed that she seems to get sick whenever there’s a big exam she’s supposed to take or a speech she’s supposed to give at school. It isn’t that I think she’s faking, mind you. She really is sick—vomiting and everything.

If Judy were to respond “Your daughter seems to get sick a lot—usually right before a big exam at school,” she is simply repeating what Mrs. Raymond has told her. Mrs. Raymond might reasonably respond “That’s what I just told you, isn’t it?” However, if Judy were to go beyond the surface meaning of Mrs. Raymond’s statement and try to reflect her concern in fresh words, Judy’s response might be something like this: “It sounds like you’re afraid your daughter may be reacting to the stress she feels at school by becoming physically ill. Is that what you think is happening?”

Judy’s response captured Mrs. Raymond’s concern but was put into Judy’s own words and so was perceived by Mrs. Raymond as showing understanding. In this response, Judy did not jump to unreasonable or unsupported conclusions about what the problem was. Her response is a tentative “let’s see if I understand” kind of response. In addition, she avoided any threatening labels or interpretations such as “You seem to feel your daughter’s illnesses are psychosomatic.” Such a word would have been too “clinical” and frightening for Mrs. Raymond and would have hindered Judy’s attempt to show understanding.

If Judy had tried to convey her understanding by saying “I know how you feel” or “I understand your concern,” the response would not have been as effective as a reflection of feeling response in conveying empathy. “I understand” is a cliché that can be used as a standard response to any feeling statement and thus is not perceived

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as a response unique to the person with whom you are talking. Because the response also does nothing to convey what your understanding is, it is much less personal and effective than actually trying to reflect the feeling the patient is expressing.

An empathic response implies neither agreement nor disagreement with the perceptions of the patient. If a patient says to you as manager of a pharmacy, "Your clerk was extremely rude to me. She acts as if she doesn't care about your customers," your first impulse may be to check up on the facts. While this is, of course, important and necessary, it does not convey understanding of the patient's perceptions. The patient talking to you does not *feel* cared for, regardless of what the objective truth about the clerk's behavior happens to be.

### EMPATHY CAN BE LEARNED

There is a widespread belief that empathic communication skills are not something one can learn. The belief is based on the notion that you either are an empathic person or you are not. 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. As health care providers, we must develop communication skills that allow us to effectively convey our understanding and caring to patients.

### EMPATHY AND TRUST IN HEALTH PROFESSIONAL–PATIENT RELATIONSHIPS

The trust patients have in their health care providers means that they have confidence that providers will act in their best interests. Mechanic and Meyer (2000) describe the vulnerability of patients and the risks they take in trusting people they hardly know (health professionals) in circumstances where misplaced trust can have devastating consequences. These investigators identified interpersonal (not technical) competence 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. In addition to helping establish trust in patient–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 (Roter et al, 1995).

### Nonverbal Aspects of Empathy

In conveying your willingness to listen, your nonverbal behavior is at least as important as what you say. As discussed earlier, you can do a number of things nonverbally to convey your interest and concern. 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.

Sensitivity to the nonverbal cues of patients is also a necessary part of effective communication. Asking yourself “How is this person feeling?” during the course of a conversation will lead to the discovery that feelings and attitudes are often conveyed most dramatically (sometimes exclusively) through nonverbal channels. A person's tone of voice, facial expression, and body posture all convey messages about feelings. To be empathic, you must “hear” these messages as well as the words patients use.

### Problems in Establishing Helping Relationships

There are countless sources of problems in interpersonal communication between pharmacists and patients. However, certain pharmacist attitudes and behaviors are particularly damaging in establishing helping relationships with patients. These include stereotyping, depersonalizing, and controlling behaviors. The following section describes these common deficiencies and offers suggestions for improvement in these key areas.

#### STEREOTYPING

Communication problems may exist because of negative stereotypes held by health care practitioners that affect the quality of their communication. What image comes to mind when you think of an elderly patient? . . . a welfare patient? . . . an AIDS patient? . . . a chronic pain patient? . . . a noncompliant patient? . . . an illiterate patient? . . . a “hypochondriacal” patient? . . . a dying patient? . . . a “psychiatric” patient? Even the label “patient” may create artificial or false expectations of how an individual might behave. If you hold certain stereotypes of patients, you may fail to listen without judgment. In addition, information that confirms the stereotype may be perceived while information that fails to confirm it is *not* perceived. For example, if a pharmacist has a negative stereotype of people who use analgesics, especially opioids, on a chronic basis, he may view a patient who complains about lack of effective pain control as “drug seeking” rather than as someone who is not receiving appropriate and effective drug therapy.

What does the issue of stereotyping mean for pharmacists? First, before we can be effective in communicating with patients, we must come to know what stereotypes we hold and how these may affect the care we give our patients. We must then begin to see our patients as individuals with the vast array of individual differences that exist. Only then can we begin to relate to each patient as a person, unique and distinct from all others.

**64** COMMUNICATION SKILLS IN PHARMACY PRACTICE**DEPERSONALIZING**

Unfortunately, there are a number of ways communication with a patient can become depersonalized. If an elderly person is accompanied by an adult child, for example, we may direct the communication to the child and talk about the patient rather than with the patient. We may also focus communication on “problems” and “cases.” Many aspects of disease management make communication narrow and impersonal. For example, discussing only the disease or the problems a patient might have managing treatment without commenting on the successes in treatment or even the everyday aspects of the patient’s life places the focus on narrow clinical rather than broader personal issues. A rigid communication format of a pharmacist monologue rather than pharmacist–patient dialogue can also make communication seem rote and defeat the underlying purpose of the encounter.

**CONTROLLING**

Numerous studies have found that an individual’s sense of control is related to health and feelings of well-being (Rodin, 1968; Langer, 1983; Taylor et al, 2000). A review of literature (Taylor et al, 2000) concluded that beliefs such as perceived personal control and optimism actually protect both the mental and physical health of individuals. When health care providers do things that reduce the patient’s sense of control over decisions that are made regarding treatment, they may actually be reducing the effectiveness of the therapies they prescribe. Fostering a sense of control in patients is important in patient–practitioner relationships (see Schorr and Rodin, 1982, for a description of the theoretical foundation). 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 (Kaplan et al, 1989). Yet actual communication between health care providers and patients may decrease rather than enhance the perceived personal control of the patient (Schorr and Rodin, 1982). Illness often results in disturbing feelings of helplessness and dependence on health care providers. Added to this patient vulnerability is the unequal power in relationships between providers and patients and the tendency of providers to adopt an “authoritarian” style of communicating. Patients are “told” what they should do and what they should not do—decisions are made, often with very little input from the patient on preferences, desires, or concerns about treatment. Yet in the process of carrying out treatment plans, patients do make decisions about their regimens—decisions of which we may remain unaware. In this way, patients reassert control of the management of their own conditions. Labeling certain patient decisions as “noncompliance” is not helpful. Such labeling misses the point that the goal of treatment is to help patients improve health and well-being; it is *not* to get them to do as they are told. Instead of blaming the patient, we must appreciate the degree to which treatment decisions are inevitably shared decisions. We must ensure that information and feedback are conveyed by both patients and ourselves in a give-and-take process. We must actively encourage patients to ask questions and urge them to discuss problems they perceive with

treatment, complaints they have about their therapy, or frustrations they feel with progress. This encouragement requires above all else our empathic acceptance of the patient's feelings and perceptions. Patient input is not seen as peripheral to the provision of health care. Instead, we see the patient as the center of the healing process. Establishing a relationship where patients are active participants in making treatment decisions and in assessing treatment effects is crucial to provision of quality care.

## 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.

## REVIEW QUESTIONS

1. Describe the four skills of effective listening, i.e., summarizing, paraphrasing, empathic responding, and nonverbal attending.
2. Empathic responding has several positive effects. What are they?
3. How can active listening be inhibited by stereotyping, depersonalizing, and controlling?

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