



Listening to Patients

HAROLD L. PRUETT, PHD

ABSTRACT Being able to listen to patients is a basic and necessary tool in any helping profession. While dentistry's primary job is evaluating and carrying out procedures, taking the time to learn effective listening can help establish better working relationships with patients. In this article, active and passive listening are discussed and broken down into several skills, which can be learned and practiced in order to be a more effective listener.

AUTHOR

Harold L. Pruett, PhD, is an adjunct professor at the University of California, Los Angeles, Graduate School of Education and Information Sciences. He is a clinical professor of psychology at UCLA in the Department of Psychology, and recently retired as the Director of Student Psychological Services at UCLA.

The ability to “really” listen to patients is one of the most important tools in the helping professions. The art of listening is the most basic skill needed to form good working relationships and should be the foundation of any helping profession.

The practice of dentistry is one of those helping professions with built-in road blocks to effective listening. The patient does not, or is not, in a position to discuss his or her fears and concerns, let alone topics of the day. With mouth wide open and instruments and probing occurring, the patient is in no position to do a lot of talking.

The dentist faces a real challenge: How to establish rapport in a limited amount of time. Establishing rapport requires interest and active attention and listening and can't be done in the middle of a procedure. The dentist must take time, no matter how short, to establish a working relationship prior to a procedure.

People often say, “But I already know how to listen and I do it all the time.” The truth is most of us haven't the slightest idea how to actively listen so that we communicate our interest. Fortunately, there are basic skills

that can be learned in order to become a more effective listener.¹ This article presents the skills and some examples.

Carl Rogers, a prominent psychologist and proponent of active listening, at one time noted, “In work with various groups it has been sobering to observe how little the members attend to what others say. Without attention there can be no understanding and hence, no communication. Apparently the act of attending carefully to another person is a difficult task for most people. They are usually thinking what they will say when the speaker stops.”²

While attending to what someone is saying is basic, it is not enough. There are other behaviors necessary in order for the speaker to feel heard. Eye contact, attentive body language, and verbal following are ways to communicate interest and concern.

EYE CONTACT. We show interest in a person by looking at them. In addition, facial expression and body language are more evident. Pain and tension become obvious by looking at the patient and is valuable information for a dentist. When dentists don't look at patients, they don't pick up nonverbal cues and don't show our interest.

ATTENTIVE BODY LANGUAGE comes with a comfortable, relaxed style with patients. A slight, forward lean is usually how one conveys interest. A nodding head, a smile, arms relaxed are also important. Folded arms across the chest, a nonsmiling face and looking away are not going to communicate interest or concern.

VERBAL FOLLOWING relates to what the patient has said and encourages further focus on an idea and expresses attention. Comments such as “I see what you mean,” or “I can really appreciate that,” often help the patient and assures them they are being heard. Using short phrases such as “I see,” “uh huh” are also helpful in communicating interest.

To summarize effective attending behaviors: establish contact through looking at the person who is talking; maintain a natural, relaxed, open posture, which indicates interest, and use natural gestures; and use verbal encouragements, which relate to the patient’s statements without interrupting unnecessarily.

In addition, there are more active verbal behaviors that facilitate communication and express interest. Paraphrasing, clarifying and perception checking are primary.³

PARAPHRASING is simply the restatement of the patient’s basic message but in simpler and fewer words. The primary purpose of paraphrasing is to test whether the dentist understands what the person is saying and to communicate that the dentist is trying to understand the basic message. Dentists should ask themselves, “What is the basic message this person is saying to me?” An example of a leading phrase into paraphrasing might be, “Sounds like you’re saying ...”

CLARIFYING brings vague material into a sharper focus. It goes beyond paraphrasing in that the doctor makes a guess at what the basic message might be and offers it to

the patient or admits confusion. Some examples are, “I think I lost you there, let me see if I understand ...” “I am not sure I understand; could you say more?” “You seem to be saying ... is that correct?” When clarifying, admit confusion about the patient’s meaning and try a restatement or ask for clarification, repetition, or an illustration.

**WHILE A DENTIST’S
primary job may
not be to listen
to patients,
listening is basic
to good working
relationships.**

PERCEPTION CHECKING is simply asking the patient for verification of your perception of what was said over several statements. It is asking for feedback about the accuracy of listening. Perception checking is effective as a listening skill in that it is a method of giving and receiving feedback on the accuracy of the communication. Examples include, “I was wondering if the procedure you chose is the one you really want. You expressed some doubt if I heard you correctly.” “I want to check with you before we proceed to see if I understand.”

REFLECTION OF FEELING although not a basic listening skill, is helpful in enhancing communication and exploring concerns. It involves expressing in fresh words the essential feelings, stated or implied, by the patient. By selectively attending and reflecting observed feelings, the listener is consciously reinforcing emotional states. The purpose of reflecting on feelings is to focus on emo-

tion rather than just content, to bring vaguely expressed feelings into clearer awareness and to assist the patient to own his or her feelings. The usefulness of this or any other skill depends upon what we want to accomplish. Many times dentists are primarily interested in content, but feelings often give content the color and help to overcome difficulties. Sometimes a patient may be saying one thing, but there is an underlying fear or concern they have. By reflecting on this fear or concern, clarifying and having the patient discuss it, dentists are more likely to have a better working relationship with this patient. Otherwise, dentists may never see the patient again.

Summary

In summary, the following steps are important in reflecting feelings: the feeling must be labeled, which might be the actual words used by the speaker or through observation. An example might be using a sentence stem such as “You seem to feel ...” or “Sounds like you feel ...”

Although listening is a basic and important skill, the time limitations of the dentist make it important to focus the conversation and to take the lead. The purpose of leading is to encourage the patient to respond in the direction wanted. Indirect leading and direct leading are two techniques to get conversation moving.

INDIRECT LEADING is used to get the patient started and to keep responsibility on him or her for keeping the conversation going. Examples are, “Tell me more about that.” “You were saying.”

DIRECT LEADING is a method of focusing the topic more specifically. Example: “Suppose we explore your ideas about doing that a little more.” “Can you think of another example?” When leading, determine the purpose of the lead;

express the purpose in words, which elicit specific elaboration; allow the patient the freedom to follow your lead.

Many of the leads used are in the form of open-ended questions. Open-ended questions leave the patient free to take a conversation where he or she wishes. "When did you first notice the pain?" "What decided you to make the appointment?" Open-ended questions usually begin with "what," "how," or "why," or "could." "What" questions are usually associated with facts and information gathering. "How" questions are associated with process and feelings, and "Why" questions with reasons.

The purpose of this brief paper is to emphasize a few basic skills, which help to make a better listener and communicator. While a dentist's primary job may not be to listen to patients, listening is basic to good working relationships. A dentist is trained to perform a multitude of procedures, most of which involve the open mouth and listening is not a major job. Communication and listening are a challenge under those circumstances, yet most patients want their dentist to be well-trained and skilled in dentistry, and at the same time to be compassionate, concerned, and understanding. A little practice in listening skills will go a long way to show interest and concern and promote better relationships with patients. ■■■■

REFERENCES

1. Brammer LM, *The Helping Relationship: Process and skills*. Prentice-Hall, Englewood Cliffs, NJ, 1973.
2. Rogers C, *Client-centered therapy*. Houghton Mifflin, Boston, page 349, 1951.
3. Cormier S, Nurius PS, *Interviewing and change strategies for helpers*. Brooks/Cole, Pacific Grove, Calif, pages 84-112, 2003.

TO REQUEST A PRINTED COPY OF THIS ARTICLE, PLEASE

CONTACT Harold L. Pruett, PhD, 3165 Corinth Ave., Los Angeles, Calif., 90066.