# Handout: Listening

## What do good listeners do?

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|  | To be more productive, I respond to emails and instant messages while I'm speaking to people on the phone. |  |
|  | I repeat points back during a conversation to clarify my understanding of what the other person is saying. |  |
|  | When people speak to me about sensitive subjects, I make an effort to put them at ease. |  |
|  | I feel uncomfortable with silence during conversations. |  |
|  | As I listen, I compare the other person's viewpoint with my own. |  |
|  | To get people to elaborate on their point, I ask open questions (ones that can't be answered with "yes" or "no"). |  |
|  | When someone is speaking to me, I nod and say things like "OK" and "uh-huh" occasionally. |  |
|  | I play ‘devil's advocate’ to prompt responses from the other person. |  |
|  | I catch myself asking leading questions to encourage the other person to agree with my viewpoint. |  |
|  | I interrupt people. |  |
|  | When people speak to me, I stay completely still so that I don't distract them. |  |
|  | I try to read the other person's body language as I listen. |  |
|  | If the other person is struggling to explain something, I jump in with my own suggestions. |  |
|  | If I'm busy, I let others talk to me as long as they're quick. |  |

## Why is listening so difficult?

For many health professionals/health coaches, listening is the skill we use the most, do poorly and rarely think we can improve on this important skill.

Listening is difficult because:

listening happens in real time

the patient is not in control of how quickly you are speaking

* often the patient listening has no written material to refer back to later to check that what they understood is correct.

If the people you are working with don’t have English as their first language and you are speaking in English, make sure you don’t speak too quickly, and check that you have understood what they are saying and that you have been clear.

Listening is difficult in a healthcare context because there are usually so many things to do. This means it is very easy to fall into the habit of multi-tasking – sending emails while speaking on the phone, writing notes on the computer as the patient is talking to you, and looking things up on the computer while the patient is talking to you.

In the end, you are not listening to the patient You are ‘hearing’ what is being said but are not getting the full message and therefore you are missing crucial information.

***“We have two ears and one mouth, so we can listen twice as much as we speak.”***

Zeno of Citium

Greek philosopher

(334BC–262BC)

## Two types of listening

1. Listening to reply (usually when health professional/health coach is asking questions to make a diagnosis).

2. Listening to understand.

As a health professional/health coach, you need to listen to understand.

***“Most people do not listen with the intent to understand; they listen with the intent to reply.”***

Stephen R Covey

(1932-2012)

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| **Listening to reply** | **Listening to understand** |
| **Rehearsing your answer as the patient talks** | **Paying attention, and checking your understanding and that you have been clear** |

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| **Tips** | |
| **Ask yourself:**  **Who is doing most of the talking in this conversation?** | **Remember, wait and give the person time to finish before you start talking again.** |

## Stages of listening to understand

We are not always good listeners. It is very easy to get distracted while someone is talking to you. Listening to understand is a skill that you can learn and practise. There are five main stages of listening to understand.

### Stage one – get ready to pay attention

##### Remove any distractions e.g. turn cell phone off.

##### Focus on the person.

##### Do not think about how you will reply (that is listening to reply).

###### Use ‘open’ body language.

If you have trouble staying focused on the person, make notes.

### Sta**g**e two – show the person you are listening

You can do this by nodding and saying things like *“yes”* or *“okay”* and writing notes of what the person has said e.g. a list of their questions.

### Stage three - paraphrasing

Paraphrasing means saying back what we think the person has said to check you have received their message.

##### *“Are you saying that …”*

##### *“I just want to check that I heard that right, you …”*

##### *“So the doctor said this and then …”*

###### *“I think you are saying …”*

#### Emotional messages and paraphrasing

Often when you are listening to understand you pick up an emotional message. This means that you can see or hear that the person has strong feelings about something. You will pick this up through body language, tone of voice and from the person’s words.

Sometimes, it is helpful if you identify these feelings when you are paraphrasing. This shows the person that you are listening.

*“You sound like you are under a lot of pressure, is that right?”*

* *“It sounds like this is making you feel really unhappy.*”

### Stage four – let the person finish speaking

Sometimes people have not finished saying everything they want to say before we start talking again. Make sure the person has finished and don’t interrupt the person while they are speaking.

Take a short pause after the person has stopped talking. This is called ‘wait time’. The person may have stopped just to get their thoughts or emotions together and might want to continue talking.

Sometimes patients can be deemed to be ‘in denial’ just because they haven’t responded quickly enough to questions or suggestions.

### Stage five – asking questions to clarify

Once you have listened to the person you sometimes want to know more. This means you need to ask questions to get more information. To check that you have heard the answers to the questions correctly, use paraphrasing.

##### *“I just want to check that these are all the things that are worrying you.”*

##### “*So, from what you have told me you want to change what you are doing.”*

###### *“So, I think you are saying that you think the rehab programme will not be right for you.”*

## Script of Dina conversation 1

**Health Professional:** So Dina, it’s great that you’re thinking about your health. So tell me, are you getting plenty of exercise in the week?

**Dina:** I’m actually not getting any exercise at all. I’m just finding I’m too busy to fit anything in.

**Health Professional:** That’s really hard. I know you’ve got kids at home.

**Dina:** I have.

**Health Professional:** That’s really challenging. I think so many of my clients have the same problem and it’s like busy life, kids, job and trying to keep the home sorted out so, yep, you’re not alone. But it is really important to prioritise. You’ve got your whole life ahead of you and 30 minutes a day now is just going to give you health, long-term health and the lifestyle that you want when you’re older instead of being really unfit and falling apart at the seams sort of thing. So it is something that you really do need to start.

**Dina:** I will aim for 30 minutes a day if I can.

**Health Professional:** Okay, good for you. Why don’t we start with walking because it doesn’t cost anything, you don’t have to have any special equipment. As long as you’ve got a pair of shoes you can just go out your door. So let’s start with trying to do at least three times a week just getting out for a good walk. What about that to start with?

**Dina:** I could do that but then it’s finding the time when I can do that because in the mornings I’m busy, at work I’m finding that I really don’t have the time to go out and do a 30 minute walk and then in the evenings I’m really too tired.

**Health Professional:** That sounds pretty tricky. Do you think you could maybe have a chat with your boss at work and say look I’m not getting time at lunchbreak and I actually really need to prioritise that. I need to go out for a walk half an hour at lunch time. Maybe you could start a walking group at work. You could all go together.

**Dina:** That’s a possibility.

**Health Professional:** That sounds good. So can you start that this week?

**Dina:** I could do. I don’t see why not.

**Health Professional:** Great.

## Script of Dina conversation 2

**Health Professional:** So, Dina, great that you’re thinking about your health.

**Dina:** Yeah.

**Health Professional:** How are you feeling about things overall?

**Dina:** Well, I’d really like to try and fit in maybe around 30 minutes a day of exercise. I mean failing that even 15 minutes a day because at the moment I’m not doing any.

**Health Professional:** You’re not doing any – okay. So, when you say you’d like to fit in 15 or 30 minutes, is that something you’ve done before, that’s worked before?

**Dina:** It has worked before but that was before I had children so it’s fitting it around my current commitments, fitting it around work and the pick-up of the children and drop off. So it’s just trying to find a way of fitting it in my day.

**Health Professional:** Okay, so thinking about your routine each week what do you think might work? When do you think you could put something in do you think?

**Dina:** Probably the weekends or maybe when the children have gone to bed I could probably go out for a 15, 20 minute walk now summer’s coming up so it’s lighter for longer. I could do that. The kids go for a swimming lesson on a Sunday so probably we could go swimming as a family afterwards. There’s some, yeah, there’s some ….

**Health Professional:** There’s a couple of options that you might enjoy. What do you think would be the one thing you could do to start with as a step towards that then you can build on the success?

**Dina:** Maybe trying to get to work a little bit earlier, maybe about 10 or 15 minutes earlier and then just doing a couple of walks around the block could be one idea.

**Health Professional:** That’s a really good idea. What do you need to put in place to make that happen, to get to work 15 minutes earlier?

**Dina:** Well, I’d have to make sure that I’ve got all the kids ready on time and the traffic’s not bad. And then may be if I spoke to my boss, maybe I could stay a little bit later and if I come in a bit later in the morning, if I do my walk first and then stay a little bit later after work just to make up the time. That’s a possibility.

**Health Professional:** That’s a great idea. Would anything likely stop you from putting that into place?

**Dina:** I can’t think of anything at the moment that would stop me unless the traffic’s really bad or I can’t get the kids to school on time. But then maybe I could do the walk at lunchtime so there’s other opportunities I suppose.

**Health Professional:** Great.