

## “Once and for all, we need our voices heard”: Examining patient-physician conflict through the lens of active-empathic listening

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### INTRODUCTION/OBJECTIVES

#### Background

Listening is crucial in patient-clinician interactions.

In addition to the functional aspect of listening, listening is also viewed as a manifestation of empathy.

Patient-clinician interactions are a context in which listening in this way is crucial because of the often psychological aspect of illness and the emotional support patients may rely on from clinicians.

Active-empathic listening (AEL) is one type of listening and has been defined as “the active and emotional involvement of a listener during a given interaction—an involvement that is conscious on the part of the listener but is also perceived by the speaker” (Bodie, 2011a, p. 278).

#### Research goal

To understand listening in the context of endometriosis patient-clinician interactions as perceived by patients, prompted by extant literature suggesting that some patients do not feel heard by clinicians.

#### Research questions

- 1) Is clinicians’ listening perceived by patients as something that is active and/or empathic?
- 2) What, if any, metaphors exist for listening?

### METHODS

Anonymous online survey of patients with self-reported endometriosis as part of a larger research project ( $N = 997$ ), from which free-text data were collected from 45% ( $n = 448$ ).

Data from 21 patients (100% non-Hispanic white) are included, as these were patients who used the words “listen” or “hear.”

Inductive content analysis was performed across comments, guided by the frameworks of AEL and **conceptual metaphor theory** (Lakoff & Johnson, 1980).

### RESULTS

#### Is clinician’s listening perceived by patients as something that is active and/or empathic?

Patients commented on their personal experiences in which clinician listening was *not* active or empathic, signifying an understanding that clinician listening *can* be active and empathic but that it was not reflected in their personal experiences.

##### Active listening

“Many years of my life were wasted and ruined because [clinicians] refused to listen...” (participant 05).

##### Empathic listening

“My third appointment was with a male who actually listened to my symptoms and complaints and immediately said “this sounds like endometriosis.” For once I had an answer and felt vindicated. Empathy wasn’t something I received before from female doctors” (participant 02).

#### What, if any, metaphors exist for listening?

Patients commented on their personal experiences in which clinician listening was *not* caring, trusting, or helping, also signifying an understanding that clinician listening *can* have those qualities but that those qualities were not reflected in their personal experiences.

##### (1) Listening is caring

“Throughout my 15 years of dealing with endometriosis I have found it extremely hard to find an expert and someone who really cares/listens” (participant 04).

##### (2) Listening is trusting

“I wish doctors would just listen to their patients and not discount how they are feeling, after all it’s our body and we know when something just isn’t right...” (participant 03).

### RESULTS

#### What, if any, metaphors exist for listening?

##### (3) Listening is helping

“I have luckily found a great physician who understands completely how to combat my condition and is willing to help me at all costs. Many girls are not so lucky. All of my previous doctors were so unhelpful and did not listen to me as much as I needed, and just wanted to blame the issue on other potential conditions” (participant 07).

### DISCUSSION/IMPLICATIONS

Feeling not listened to by clinicians was a common theme in the open-ended comments of this research.

Patients perceive clinicians’ listening behavior, in general, as active and empathic in nature and, when demonstrated, as a sign of caring, trusting, and helping.

These findings highlight a need to further investigate what features of clinician interactions patients perceive as resembling not listening, as well as the potential need for patient-centered communication training, especially for gynecologists, to facilitate patients’ feeling heard by clinicians, and ultimately as though clinicians care for them, trust them, and are willing to help them.

### SELECTED REFERENCES

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