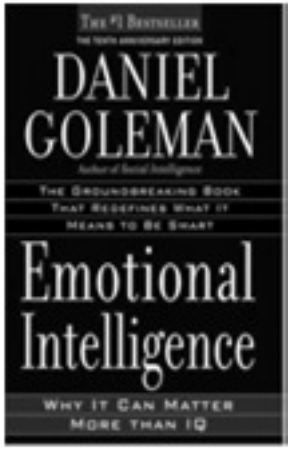
Emotional Intelligence & Audiology:

How Our Responses to Patient Emotions Directly Impact Patient Outcomes

Kris English, PhD
The University of Akron
Ohio US

Emotional Intelligence (1995)



"Five Domains of Emotional Intelligence"

- Knowing one's own emotions (self-awareness)
- Managing emotions (shaking off bad moods, self restraint)
- Motivating oneself (delaying gratification, controlling impulsivity)
- Recognizing emotion in others
- Handling relationships (managing emotions in others)

Patients' Emotions

FIGURE 2.1 Emotional Reactions to Hearing Loss

Alienated	Frightened	Self-Conscious
Angry	Frustrated	Sorry
Annoyed	Guilty	Spiteful
Anxious	Hassled	Suspicious
Bewildered	Hopeless	Tense
Bitter	Impatient	Unloved
Cheated	Insecure	Unsure
Confused	Lonely	Unwanted
Depressed	Lost	Upset
Distrustful	Misunderstood	Useless
Disturbed	Nervous	Wasted
Drained	Overwhelmed	Weary
Embarrassed	Panicked	Withdrawn
Enraged	Remorseful	Worried
Fearful	Responsible	

"Why Should I Talk About Emotion?"

(Adams et al., 2012)

Adams et al. (2012)

- Evaluated 79 patient-physician encounters
- Identified 190 instances of patient emotional expressions, and coded physician responses
- Three categories
  - Responses that *focused away* from emotion
  - Neutral (Focused neither away from or toward)
  - Responses that *focused toward* emotion

Ex: Focusing Away from Emotion

Patient: My bridge party friends roll their eyes when my friend Mary joins us. Her hearing aids don't help her and we have to shout at her all afternoon. I think my hearing is getting as bad as hers.

Aud: Feel free to give her my number, I could probably adjust her aids.

Adams et al. (2012)

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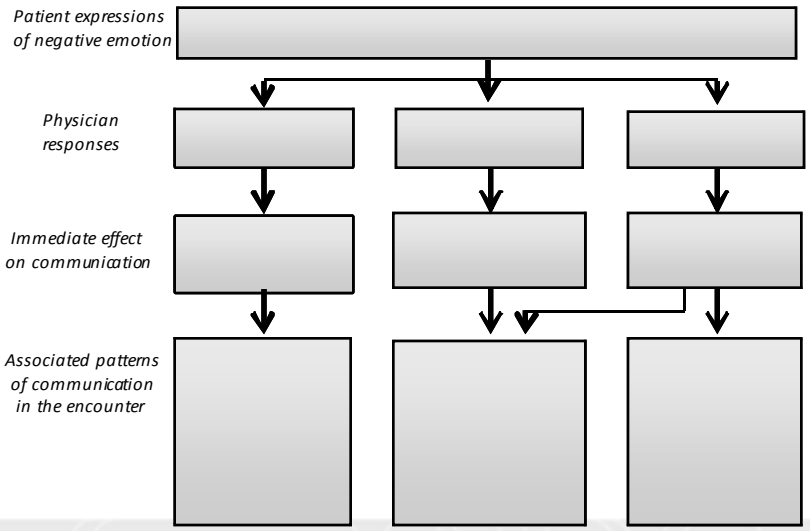
Example: Neutral

- Patient: ''I was so devastated when he said that it came back.''
- Physician: ''It came back.''

Example: Response *Toward* Emotion

(patient frustrated with impact of disease)

- PATIENT: ''That's the hardest part.''
- PHYSICIAN: ''Sounds like you've been through a lot….''
- PATIENT: ''I'm sorry. I'm not as strong as usually but I fight it all the time. This challenge is very difficult to go through, but I will stay strong and I will keep saying to myself, be strong! Be strong!''



Did *the Response* Make a Difference?

- When MDs focused comments *away from* emotion, outcomes unproductive
  - subsequent conversations: distance, antagonism
- Neutral comments and comments focused *toward emotion*:
  - Invitation: let's communicate further
  - … leads to positive relationships
  - Effect on outcomes? See cool meta-analysis!

Patient-Centered Communication: An Evidence-Based Practice

Physician Communication and Patient Adherence to Treatment *

A Meta-Analysis

Kelly B. Haskard Zolnierek, PhD, and M. Robin DiMatteo, PhD†*

Medical Care • Volume 47, Number 8, August 2009

The Gold Standard: Meta-Analysis

- Conducted a literature search ranging across 60 years (1949 - 2008)
- Examined results of 106 correlational studies, 21 experimental interventions
- A strongly positive and significant relationship ($p < .001$) between patients' adherence and their physicians' communication skills

- We can improve adherence rates by earning patient trust as a careful listener and patient-centered communicator
- Also: communication training *increased* likelihood that patients would adhere to physician recommendations by 62%
- Conclusions: effective counseling is a teachable/learnable skill, and it is efficacious

What does Patient-Centered Communication Look Like?

- Eliciting, validating patients' concerns
- Inquiring about, legitimating patients' ideas and expectations
- Assessing impact of symptoms on QOL
- Responding to patient clues to emotional distress by using empathic language

What Does Audiology Conversation Tend to Look Like?

J Am Acad Audiol 26:36–50 (2015)

The Nature of Communication throughout Diagnosis and Management Planning in Initial Audiologic Rehabilitation Consultations

DOI: 10.3766/jaaa.26.1.5

Caitlin Grenness*†
Louise Hickson*‡
Ariane Laplante-Lévesque§**
Carly Meyer*‡
Bronwyn Davidson†

Methods:

- Video-recorded 62 patient-aud encounters
  - 60 of 62 patients were dx w/HL
  - 50 of 60 were recommended to obtain HA
  - 26 audiologists
- Communications analyzed (dx, management)

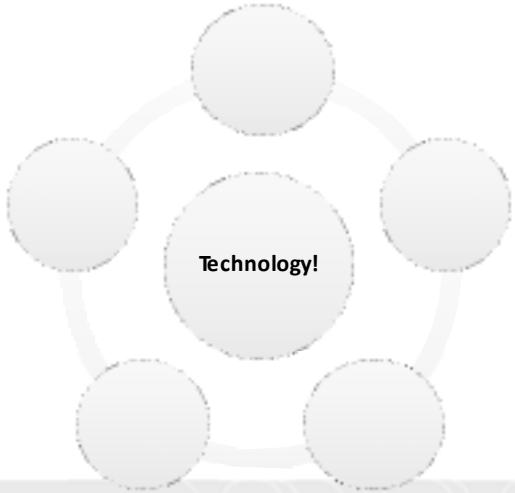
Communication Dynamics

- Content balance
  - Ratio of psychosocial/socioemotional talk compared with biomedical talk
- Communication control
  - Balance between aud question asking/information giving and pt question asking/information giving
- Verbal dominance
  - *N* utterances by audiologist compared with patient

Findings: Patient-Centered Communication Rarely Observed

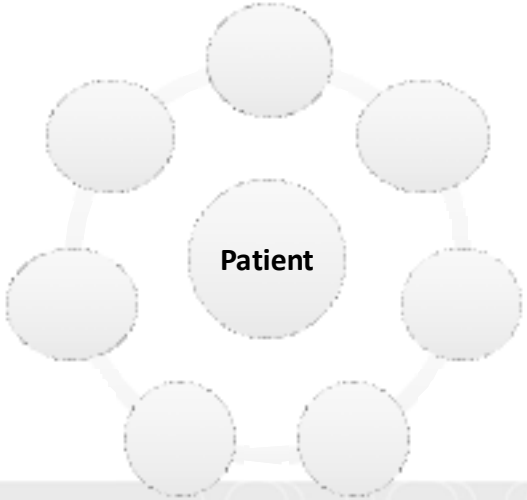
- Psychosocial concerns not addressed
- Missed opportunities to build relationships
- Patients: little involvement in management
- Majority of talk was about hearing aids
  - Recommendations made to 85% of patients
  - Only 56% followed recommendations
  - Alternative options rarely discussed
- Likely reflects our training, what we value:

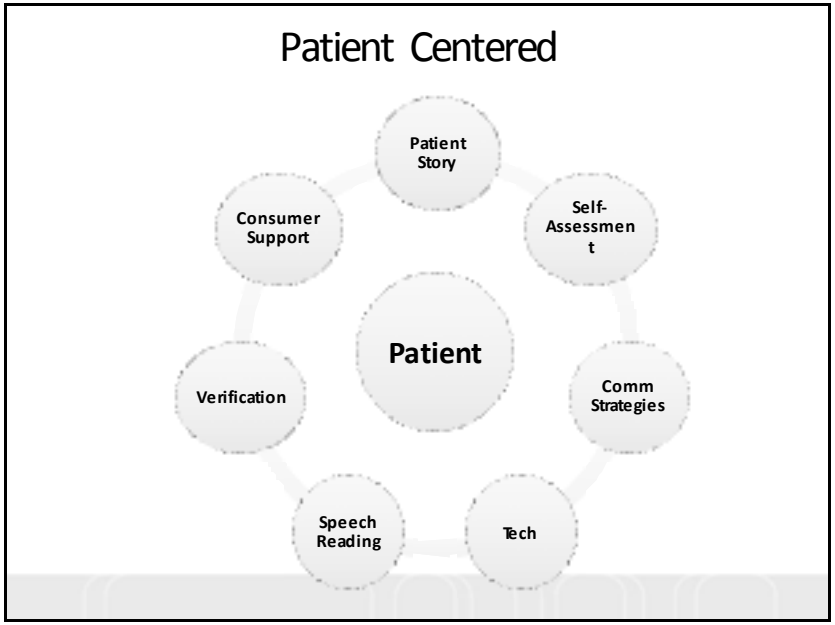
Techno-Centric Model (Montano, 2011)

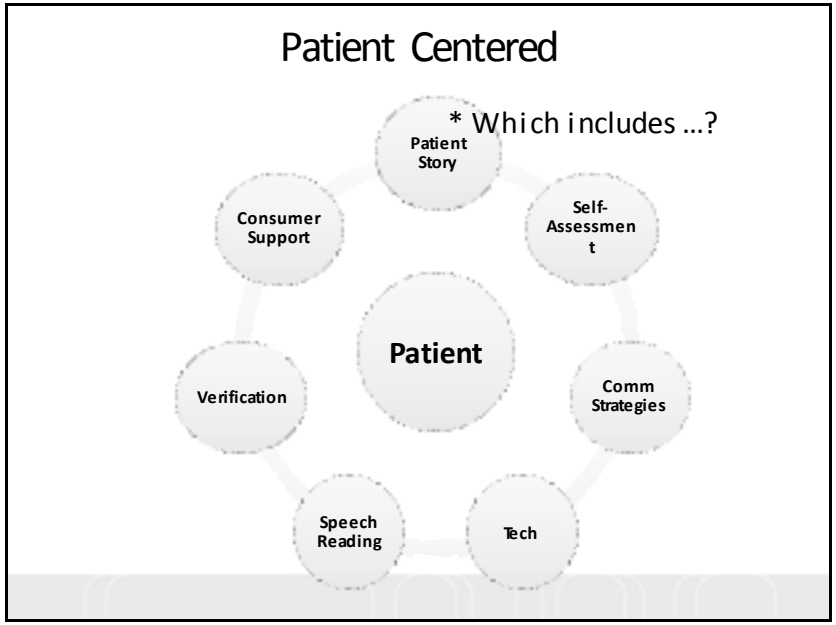


Techno-Centric Model (Montano, 2011)

Patient Centered




Patient Centered
Patient Story
Self-Assessmen t
Comm Strategies
Tech
Speech Reading
Verification
Consumer Support
Patient


Patient Centered
* Which includes …?
Patient Story
Self-Assessmen t
Comm Strategies
Tech
Speech Reading
Verification
Consumer Support
Patient

About Patient Trust:

- We can improve adherence rates by earning patient trust as a careful listener and patient-centered communicator

trust

/trəst/

noun

1. firm belief in the reliability, truth, ability, or strength of someone or something.
   "relations have to be built on trust"
   synonyms: confidence, belief, faith, certainty, assurance, conviction, credence; reliance
   "good relationships are built on trust"

"The optimistic acceptance of a vulnerable situation in which the truster believes that the trustee will act in the truster's best interests."

(Hall 2001)

Three Key Features

- Relational
- Involves a degree of vulnerability, risk
- Based on expectation: the other will have concern for my interests

Trust *vs* Satisfaction

- Trust: more sensitive indicator of outcome than patient satisfaction
- Differences:
  - Trust: forward-looking
    - Reflects an attitude to a new or ongoing relationship
  - Satisfaction: backward-looking
    - Based on past experience

Three Domains

- Technical competence (self-evident)
- Interpersonal competence: Communication, relationship building
  - Listening
  - Understanding
  - Providing complete and honest info
  - Expressing care
  - (i.e., counseling)

- Agency: putting the patient first
  - Patient's welfare overrides concerns of costs or other considerations
  - Welfare includes successful adjustment to technology
    - *and* communicating better
    - *and* enjoying life more
    - *and* learning how to advocate for oneself
    - *and* learning about/using HATs …

Measuring Trust in Providers

- Several scales available
  - Commonly used in US: "Trust in Physicians Scale"
  - 11 items, some items expressed in negative

Item
1. I doubt that my doctor really cares about me as a person.*
2. My doctor is usually considerate of my needs and puts them first.
3. I trust my doctor so much I always try to follow his/her advice.
4. If my doctor tells me something is so, then it must be true.
5. I sometimes distrust my doctor's opinions and would like a second one.*
6. I trust my doctor's judgments about my medical care.
7. I feel my doctor does not do everything he/she should about my medical care.*
8. I trust my doctor to put my medical needs above all other considerations when treating my medical problems.
9. My doctor is well qualified to manage (diagnose and treat or make an appropriate referral) medical problems like mine.
10. I trust my doctor to tell me if a mistake was made about my treatment.
11. I sometimes worry that my doctor may not keep the information we discuss totally private.*

Parents' Trust in Their Child's Physician: Using an Adapted Trust in Physician Scale

Kathryn L. Moseley, MD; Sarah J. Clark, MPH; Achamyeleh Gebremariam, MS; Michelle J. Sternthal, BA; Alex R. Kemper, MD, MPH, MS

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Item

1. I doubt that my child's doctor really cares about my child as a person.*
2. My child's doctor is usually considerate of my child's needs and puts them first.
3. I trust my child's doctor so much that I always try to follow his/her advice
4. If my child's doctor tells me something is so, then it must be true.
5. I sometimes distrust my child's doctor's opinion and would like a second one.*
6. I trust my child's doctor's judgment about my child's medical care.
7. I feel my child's doctor does not do everything he/she should for my child's medical care.*
8. I trust my child's doctor to put my child's medical needs above all other considerations when treating his/her medical problems.
9. My child's doctor is a real expert in taking care of children like mine.
10. I trust my child's doctor to tell me if a mistake was made about my child's treatment.
11. I sometimes worry that my child's doctor may not keep the information we discuss totally private.*

What if we adapted this scale?

1. I doubt my audiologist really cares about me as a person.
2. My audiologist is usually considerate of my needs and puts them first.
3. I trust my audiologist so much I always try to follow his/her advice.
4. If my audiologist tells me something is so, then it must be true.
5. I sometime distrust my audiologist's opinions and would like a second one…

Speculation:

- What results would we get?
- What should we do if results were not generally positive?

Trust Correlations Carefully Measured: One Example (Fiscella et al., 2004)

- 100 MDs consented to have standardized patients (SPs) make two unidentified, audio-recorded office visits
  - One SP mimicked heartburn symptoms
  - One SP reported ambiguous symptoms, designed to capture MD reactions to vague information

Recorded Visits Analyzed

- Visit length calculated in minutes
- Conversations scored with "Measure of Patient-Centered Communications" (MPCC) scale
- MPCC has 3 components. For our purposes:
  - Component 1: "Exploring Both the Disease and the Illness Experience"

Scoring the MPCC

- Rating response to each SP concern scored
  - "nonresponse"
  - "preliminary exploration"
  - "preliminary and further exploration"
  - "validation"
- Post-appt, SP also completed "Primary Care Assessment Survey" trust subsection

Results

Two factors significantly associated with SP ratings of trust

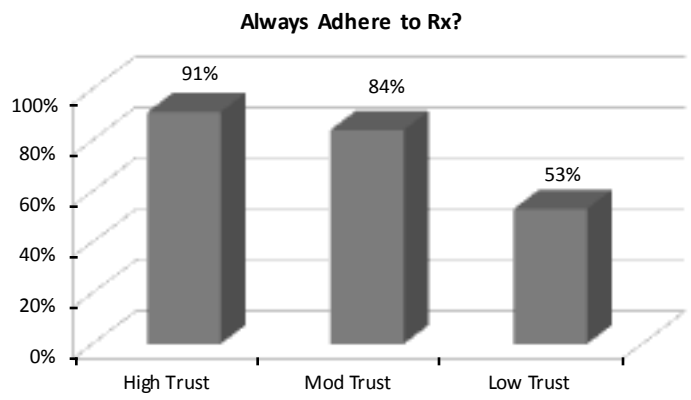
1. Specific verbal behaviors in "exploration of both disease and illness experience"
   - Eliciting, validating concerns, inquiring about ideas and expectations, assessing impact of symptoms on function, empathetic language
2. Length of visit
   - Every minute spent in visit was associated with an incremental increase in patient trust

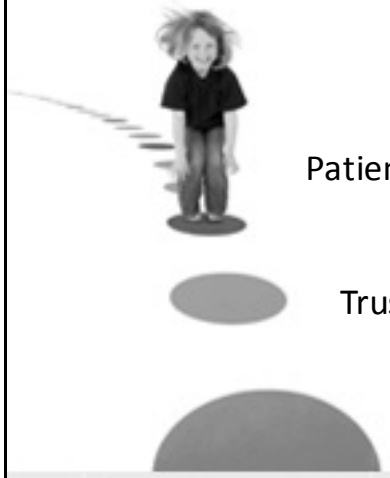
(Same results from 4746 actual patients)

Trust a Strong Predictor of Adherence

- For example, Hall et al. (2002)
  - Using "Trust in Physicians" Scale
  - 62% of patients in highest quartile in trust category reported they always took prescribed meds, followed MD recommendations
  - Compared to 14% in lowest trust quartile

Thom et al., 2002





Patient-Centered Communication Increases Trust

Trust Increases Adherence Rates

And … trust is a feeling, not a rational experience

Journal of Personality and Social Psychology
2005, Vol. 88, No. 2, 736–748

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0022-3514/05/$12.00 DOI: 10.1037/0022-3514.88.2.736

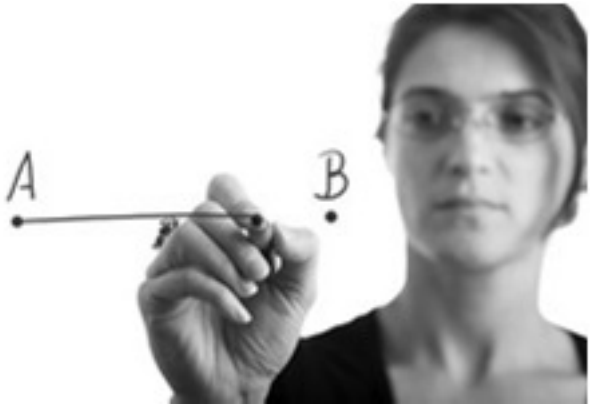
Feeling and Believing: The Influence of Emotion on Trust

Jennifer R. Dunn and Maurice E. Schweitzer
University of Pennsylvania

The authors report results from 5 experiments that describe the influence of emotional states on trust. They found that incidental emotions significantly influence trust in unrelated settings. Happiness and gratitude—emotions with positive valence—increase trust, and anger—an emotion with negative valence—decreases trust. Specifically, they found that emotions characterized by other-person control (anger and gratitude) and weak control appraisals (happiness) influence trust significantly more than emotions characterized by personal control (pride and guilt) or situational control (sadness). These findings suggest that emotions are more likely to be misattributed when the appraisals of the emotion are consistent with the judgment task than when the appraisals of the emotion are inconsistent with the judgment task. Emotions do not influence trust when individuals are aware of the source of their emotions or when individuals are very familiar with the trustee.

Why Distrust?

Recommendations = Change

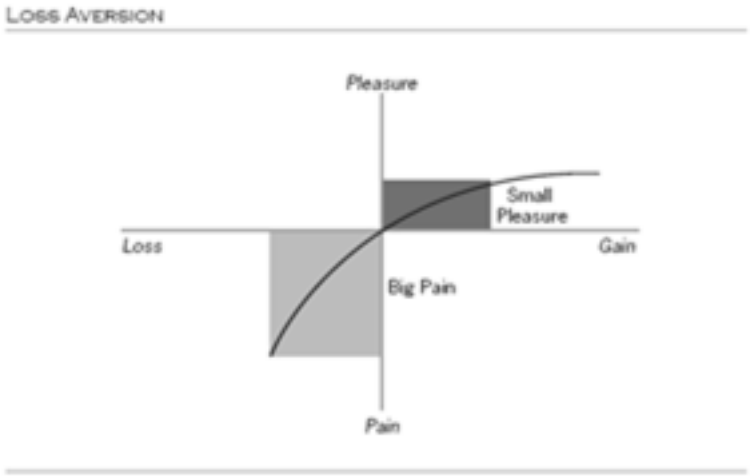


- Self-concept
- Body image
- Status
- Functionality
- Others' perceptions

Stigma

Loss Aversion: Powerful Mental Habit

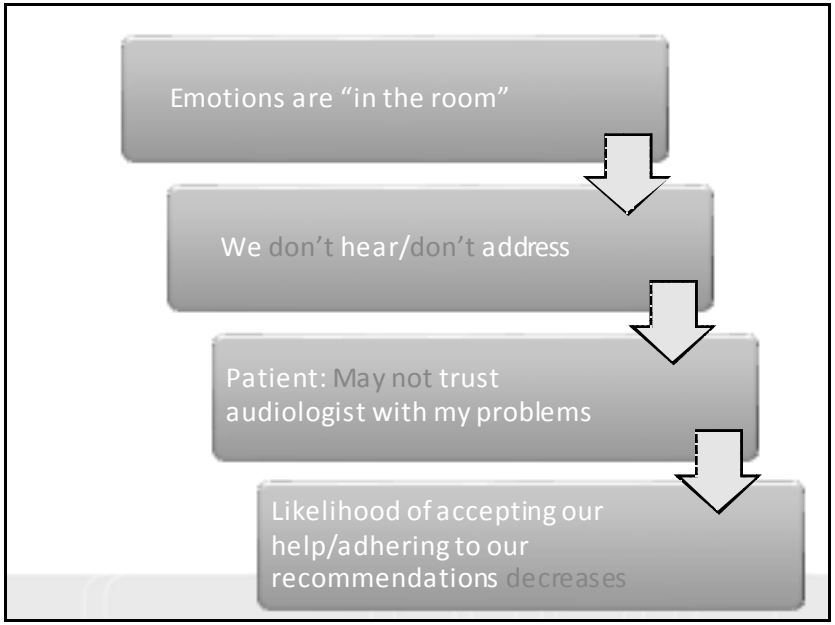
- When considering change, people become conservative
  - would rather hold on to a sure thing than take a chance
- Holding on to status quo is easier
- Avoiding loss = inertia

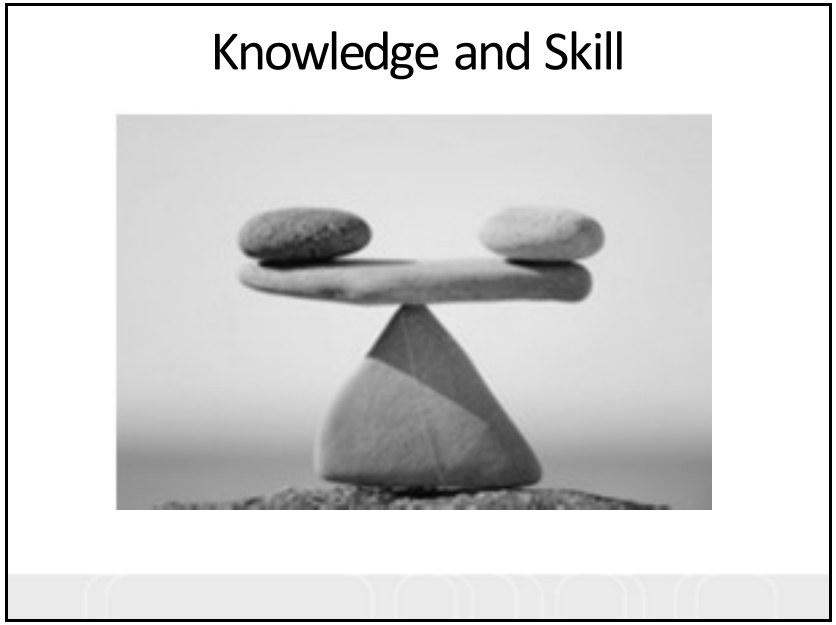


Pain from a loss: twice as strong as rewards from a gain!

Emotional Intelligence & Audiology:

How Our Responses to Patient Emotions Directly Impact Patient Outcomes


Emotions are "in the room"
We don't hear/don't address
Patient: May not trust audiologist with my problems
Likelihood of accepting our help/adhering to our recommendations decreases


Knowledge and Skill

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