

# Engaged and person-centred listening in rehabilitation and healthcare conversations



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Kids Rehabilitation Hospital

**Bloorview**  
RESEARCH INSTITUTE



**CLEAR**  
Clinical Listening that is  
Effective And Research-Based

The logo for CLEAR (Clinical Listening that is Effective And Research-Based) features a stylized graphic of three curved, overlapping lines in shades of blue and purple to the left of the word "CLEAR" in a bold, black, sans-serif font. Below "CLEAR" is the tagline "Clinical Listening that is Effective And Research-Based" in a smaller, black, sans-serif font.

# Gillian King



- Professor, Occupational Science & Occupational Therapy, University of Toronto
- Canada Research Chair in Optimal Care for Children with Disabilities
- Background in model and measure development
- Interest in psychosocial aspects of disability and service delivery

# Research interests

Family-centred service



Engagement in therapy



The Pediatric Rehabilitation Intervention Measure of Engagement (PRIME) team

Solution-focused coaching



Resiliency of youth with disabilities



# Agenda and Learning Objectives



What is listening?



Characterizing effective listening



Why is listening important in healthcare conversations?



Why is listening difficult?



How can we measure clinical listening skills?



How can listening skills be improved?



Clinical Listening that is  
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“ The most common complaint from people who had experiences with healthcare providers was that they were not listened to.”

(Kagan, 2008, p. 59)



“

Careful listening is at the core of good communication and is a key element of patient safety and experience.”

(Myers et al., 2020, p. 267)



# Listening is central yet overlooked

DISABILITY AND REHABILITATION  
2022, VOL. 44, NO. 24, 7664-7676  
<https://doi.org/10.1080/09638288.2021.1982026>



## Central yet overlooked: engaged and person-centred listening in rehabilitation and healthcare conversations

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Listening is sometimes called a “**Cinderella skill**”, eclipsed by its sister skills of speaking and reading/writing, because of its tendency to be neglected

(Bodie, 2012; Spear-Swerling, 2016)

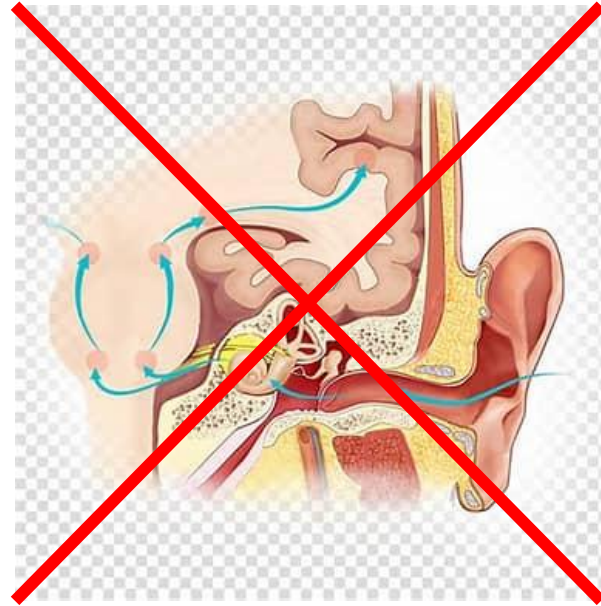
# Section 1: What is Listening?



# Listening is not the same as hearing

“Hearing and listening are not the same; hearing is a physical act, listening is a mental one.”

(Goranson, 2019)



# A relational perspective on listening

Conversations are intrinsically relational

They involve **back-and-forth exchanges** between two conversational partners, in which the partners take turns being communicators and listeners

(Hinz et al., 2022; Itzchakov & Kluger, 2017; Itzchakov et al., 2022; Worthington & Bodie, 2018)



# What is listening?

Listening is:

“...the process of **receiving**, **constructing meaning** from and **responding to** spoken and/or non-verbal messages...”

The International Listening Association (2012)

# Definitions of listening

Defined as a **multidimensional construct** comprised of components reflecting attention, understanding, and a **relational** or dyadic perspective

(Itzchakov & Kluger, 2017; Worthington & Bodie, 2018)

High quality listening is a **perception** arising from listener behaviors that convey attention, understanding, and **positive intentions** toward the speaker

(Castro et al., 2016; Itzchakov et al., 2023)

**MULTIFACETED  
RELATIONAL**

**SUBJECTIVE EXPERIENCE  
INTENTIONALITY**

# Listening and communication

‘Listening’ is generally considered to be a passive activity involving minimal speech

- Effective listening is not solely passive as it also involves **active listening** (e.g., attitude of empathy, unconditional positive regard, emotional involvement) (Mineyama et al., 2007)

Listening and communication are **fundamental and intertwined social processes** (Itzchakov & Kluger, 2017; Worthington & Bodie, 2018)

- Responding appropriately is an essential part of showing someone they have been understood (King, 2022)

# Pause and Reflect: Good Listening

Take a moment to think of a time that you did very well at listening, or a time that you felt truly listened to and understood...

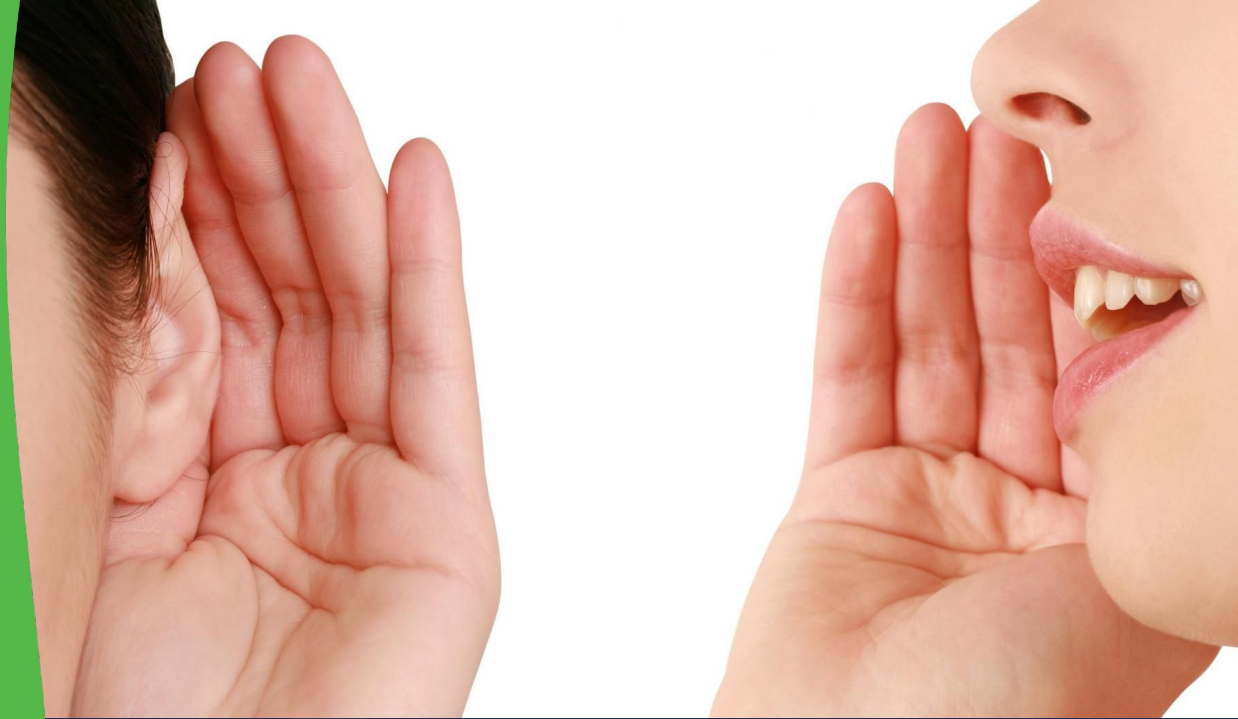
What are good listening behaviors?

What do good listeners do?





## Section 2: Characterizing Effective Clinical Listening





“

Listening in rehabilitation conversations is a core skill or advanced competency- not a 'soft' skill with little effect on client outcomes.”

(King, 2022, p.1)

# Why is listening overlooked?

- The term 'listening' is **widely used**, yet ignored in research and theory, as well as in clinician education
- It is **poorly understood** by clinicians, and its role in healthcare practice is obscured by it being seen as commonplace
- Listening is **considered simple and easy to do**, yet can be complex, challenging, and difficult to do well (King, 2022)

# NATURE OF CLINICAL LISTENING



- Purposeful, goal-oriented, relational
- Active
- Non-judgmental
- Want clients and families to feel “listened to” and understood

# Engaged and person-centred listening

DISABILITY AND REHABILITATION  
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# The ABCs of “Engaged Awareness”

‘Engaged awareness’ refers to how the listener ‘listens’—being actively attentive to the speaker, present in the moment, and engaged on an emotional level

‘Engaged awareness’ therefore aligns with the view that listening comprises cognitive and affective processes—**cognitively and affectively attending**

‘Engaged awareness’ also has a **behavioral aspect**; the listener responds verbally and nonverbally, showing that the speaker is being listened to

(King, 2022)



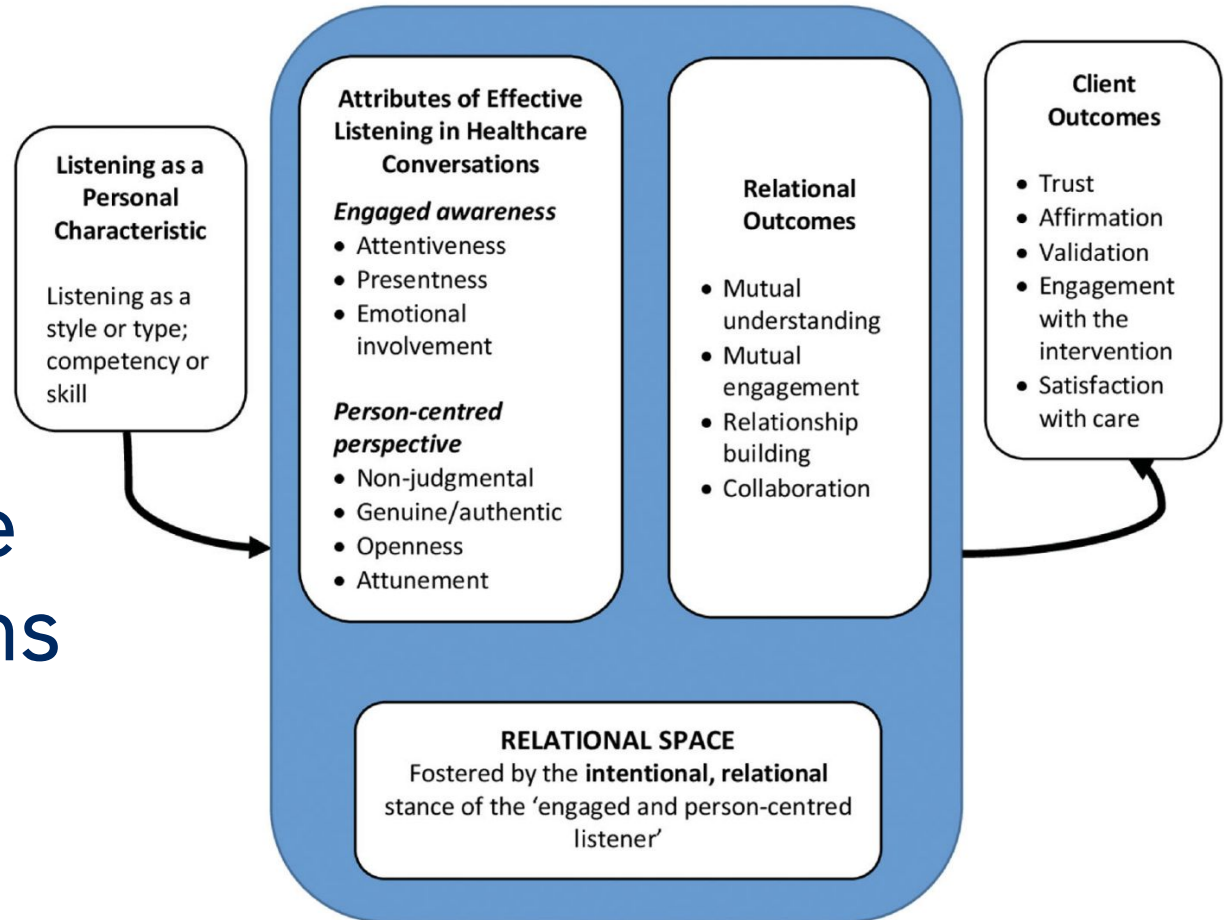
# Clinical listening and person-centredness

“ Listening in the healthcare context differs from everyday conversations in the importance of intentionally adopting a **person-centred perspective** characterized by being non-judgmental, genuine, open, and attuned to the client.”

(King, 2022, p. 7673)

# Conceptual Framework of Effective Listening in Healthcare Conversations

(King, 2022)





# Section 3: Why is Listening Important in Healthcare Conversations?



# Why listen?



Allows practitioners to **understand** clients' worldviews, needs, and priorities

Enables practitioners to **tailor** information & advice to the unique circumstances and concerns of families

Establishes a **common ground** that assists clients in making informed decisions and **moving forward**

(King et al., 2012)

# Clinical relevance

Listening and communication are a large part of **every clinical and interprofessional encounter** and therefore are essential skills for health professionals

Effective communication is an critical aspect of **high-quality care**, strongly linked to **client satisfaction** (Boudreau et al., 2009, Duffy et al., 2004)

Studies point to the integral role of listening in the ongoing **client-practitioner relationship** (King et al., 2012)



# OUTCOMES OF HIGH-QUALITY LISTENING



- **Trusting relationships**
- **Improved information exchange**
- **Reduced likelihood of miscommunication**

- **Collaboration on goals/treatment plans that improves follow-through**
- **Decreased anxiety, stress**
- **Increased client satisfaction**

# Clinical relevance

## It is vital...

... that parents of children with disabilities **talk about their experiences** with someone who will listen actively and non-judgmentally, seek and value their input, and understand their needs and situations

... for there to be good communication to **prevent misunderstandings, coordinate work,** and **effectively collaborate**

# Pause and Reflect: Poor Listening

Take a moment to think of a time that you listened poorly, or a time that you felt truly not listened to ...

What are poor listening behaviors?

What do poor listeners do?



# CLIENT PERSPECTIVE

Things that make clients feel clinicians are not listening

- Using technical language or jargon
- Not showing appropriate concern for problems voiced by client
- Not pausing to listen
- Not verifying the client has understood
- Using an impersonal approach
- Not being available/present



# Feeling “listened to” versus “not listened to”

A person **who is listened to** feels engaged, understood, and in control of the conversation

The subjective experience of **not being listened to** can lead to various inferences

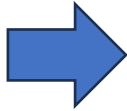
- The listener is inauthentic, neglectful, disrespectful, not caring, pre-occupied, and/or disengaged
- Perhaps even arrogant, critical, or judgmental

(Itzchakov et al., 2022; Jagosh et al., 2011)



# Poor-quality listening

**Not paying attention** to a client's expression of concerns in a healthcare conversation



Could be considered **disrespectful, anxiety-arousing, or emotionally wounding**

Could be attributed by the client to the clinician having **minimal time** to spend with them in an appointment



Thus, poor quality listening may trigger **negative emotions, disengagement, and/or avoidance of further healthcare interactions**

(King, 2024)

# Harms of poor-quality listening

- **Critical review** of the literature in the fields of communication, the workplace, and health care (King, 2024)
- Listening research has focused on **benefits for the speaker** rather than **detrimental effects** arising from poor-quality listening
- The evidence indicates wide-ranging and **cascading effects on client emotions, thoughts, and actions**, as well as **relationships with healthcare providers**



Poor collaboration, poor-quality relationships with healthcare providers, and a lack of person-centred care

# Detrimental effects & harms of poor listening

“ She kept telling me the same thing over and over. I understand but how do we get past that? She doesn't understand sensory stuff. She doesn't collaborate with anyone else. It's basically a dead end ... It is a waste of time and money, and parents get **frustrated**.”

(King, Pozniak et al., 2024)

## Section 4: Why is Listening Difficult?



# Pause and Reflect



**How do you know  
when you're  
not listening?**

**What do you notice  
about yourself?**



# Complex Listening Situations

What makes a listening and communication situation more complex?



# Complex listening situations

- **Information is unclear** or difficult to obtain
- The meeting does **not unfold as you expected**
- The child's **health/behavior/functioning is complex**
- The family/others have **different viewpoints or priorities**
- The situation is **high risk** or it's difficult to determine the risk level
- **Time sensitive issues** may drive the process rather than child's/family's readiness
- The situation is **highly emotional**
- There are **many stakeholders**
- The **family is disengaged** from the therapy process

# Barriers to Listening



I stop listening  
when I try to solve  
the problem.

I'm thinking of  
what to say  
next...not really  
listening.



# Difficulties in Listening



When a parent reacts strongly to news I am giving them, it's really hard for me to know where to go with the conversation.

Sometimes I feel so much pressure to 'get the job done' that I feel like I don't have time to sit and listen.

# Difficulties in Listening

Sometimes the level of emotion is so high that I can't concentrate on what is being said.

When someone is really angry I find that I am reacting to that instead of really listening to what they are saying.



# Valuing and practicing silence



“We have two ears  
and only one tongue  
in order that we may  
hear more and speak  
less.”

Diogenes Laërtius

HERE'S WHY  
LISTEN AND  
SILENT  
SHARE THE  
SAME LETTERS

# Feeling Comfortable with Pausing and Sitting in Silence

- Effective listening requires being silent, which is often difficult
  - Being silent is antithetical to the **imperative 'to take action'** that underlies intervention (Kagan, 2008)
- Being silent can be **challenging**
  - Clinicians struggle to 'sit on their hands' or relinquish control of the direction of therapy (Graham et al., 2018)
- Being silent, yet truly present and listening, can be particularly hard for more **novice clinicians**
  - They receive extensive training on intervention approaches and techniques rather than core interpersonal competencies (King, 2022)



# Being silent is hard

**Long silences** ( $\geq 3$  seconds) **create discomfort** (Tree, 2002)

- In typical conversations, up to 95% of between-speaker gaps are  $< 1$  second
- In **clinical conversations**, between-speaker silences tend to be longer, and these gaps increase with task complexity (Bull & Aylett, 1998)

Clinicians tend to **dominate their conversations** with clients (Giambra et al., 2018)

Clinicians can allow sustained silences to **spur client reflection** (Carr & Smith, 2014)

- One proposed solution involves clinicians taking a **'vow of silence'** (Kim, 2015)—essentially adopting a listening orientation

# Section 5: How Can We Measure Clinical Listening Skills?



# History of our work on clinical listening

2007

Work begins on developing an Effective Listening Measure (ELICS)

2009

ELICS measure developed

2012

Validation of ELICS measure published

2013

Work begins on developing authentic clinical simulations

2014

Mixed methods pilot study using clinical simulations

2017

Development of Introduction to ELICS video

2023

Continued development and evaluation of educational interventions to promote effective listening and communication





THE SOURCEBOOK OF  
**LISTENING  
RESEARCH**

METHODOLOGY AND MEASURES

EDITED BY  
DEBRA L. WORTHINGTON  
GRAHAM D. BODIE

WILEY Blackwell



Effective Listening and  
Interactive Communication Scale



Disability and Rehabilitation



ISSN: 0963-8288 (Print) 1464-5165 (Online) Journal homepage: [www.tandfonline.com/journals/idre20](http://www.tandfonline.com/journals/idre20)

**Development of a measure to assess effective listening and interactive communication skills in the delivery of children's rehabilitation services**

Gillian A. King, Michelle Servais, Linda Bolack, Tracy A. Shepherd & Colleen Willoughby

To cite this article: Gillian A. King, Michelle Servais, Linda Bolack, Tracy A. Shepherd & Colleen Willoughby (2012) Development of a measure to assess effective listening and interactive communication skills in the delivery of children's rehabilitation services, *Disability and Rehabilitation*, 34:6, 459-469, DOI: [10.3109/09638288.2011.608143](https://doi.org/10.3109/09638288.2011.608143)

# Rationale for the ELICS



- Therapists' listening/communication skills are **fundamental** to the delivery of children's rehabilitation services
  - Good listening and communication skills are required to practice in a **holistic, strengths-based, and family-centred manner**
  - **Few measures comprehensively assess these skills**
- Listening is often conceptualized simplistically or taken for granted
- The ELICS was developed to reflect a **multifaceted conceptualization** based on evidence in the literature
  - Listening to understand, to develop a relationship, and to decide on the next step to be taken in intervention (doing/taking action)

# ELICS measure



## Effective Listening and Interactive Communication Scale

### What is this questionnaire about?

Listening is an essential clinical skill that is often overlooked. This **24-item scale** is a self-assessment of your listening and communication behavior in professional practice. It should take **5 to 10 minutes** to complete and score this scale.

We recognize that because of your caseload, organizational policies, and other factors beyond your control, you may not be able to act in ideal ways. Your confidential responses will NOT be viewed as a judgment of you or of how you provide services.

### What should I do for each question?

- 1) Please think about your professional experiences **over the past 6 months**.
- 2) Decide **how much you show the behavior** with people to whom you provide services.
  - o Please describe your actual behavior, not what you feel would be ideal.
  - o Do not rate how often you displayed each particular behavior or skill. Instead, rate your level of involvement and investment in practicing the behavior.
- 3) **Select a rating** on a scale from Not at All (1) to To a Very Great Extent (7).
- 4) Use the scoring rubric to **calculate your score** for each of the four scales

**Thank you for completing the ELICS!**

To learn more, visit [CLEARcommunication.ca](https://clearcommunication.ca)

### To what extent do you...

	TO A VERY GREAT EXTENT	TO A GREAT EXTENT	TO A FAIRLY GREAT EXTENT	TO A MODERATE EXTENT	TO A SMALL EXTENT	TO A VERY SMALL EXTENT	NOT AT ALL
	7	6	5	4	3	2	1
1	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<https://hollandbloorview.ca/ELICS>

# Effective Listening and Interactive Communication Scale (ELICS): Stances

Receptive Listening

Exploratory Listening

Consensus-Oriented Listening

Action-Oriented Listening



# Receptive Listening

- Involves being open to the client's input, experiences, beliefs, and life situations
- Paying attention to what is *not* being said
- Using both verbal and nonverbal means to show that they truly understand what the speaker is saying
- The intent is to gain a full understanding of the client's situation, concerns, and expectations regarding intervention, and to acknowledge the legitimacy of their concerns



# Exploratory Listening

- A more active form of listening involving information sharing, dialogue, questioning, encouraging, and challenging of clients
- The clinician shares information related to the client's worries and concerns, and encourages the client to ask questions
- The intent is to clarify the nature of the issues, thereby helping the client move toward desired change
- Clients sometimes have diffuse ideas about what they want to see change or are “stuck” and unable to move forward



# Consensus-Oriented Listening

- Specific strategies include brainstorming with the client about how to proceed, checking for clarity about what has been said and agreed upon, and explaining reasons and rationales for what is proposed
- Co-creating a sense of mutual meaning through a process of affirming one another's interpretations
- The intent is to establish a shared perspective or understanding regarding decisions and jointly determined goals



# Action-Oriented Listening

- Directed towards implementation or outcome-oriented aspects of practice
- Moves the intervention process along by engaging the client in prioritizing issues and determining next steps
- Thereby facilitating the client's sense of control regarding the nature, direction, and pace of the intervention





# Take-home messages



- Clinical encounters in rehabilitation involve various **types of listening/communication skills**
  - Receptive listening, exploratory listening, consensus-oriented listening, and action-oriented listening
- The ELICS is a **valid and context-appropriate tool** for the self-assessment of listening and communication skills in the context of pediatric rehabilitation practice
- The ELICS allows clinicians **to assess and reflect** on their listening/communication skills
  - It may enhance the **relationship-based practice** of clinicians who provide therapy services to children with disabilities and their families

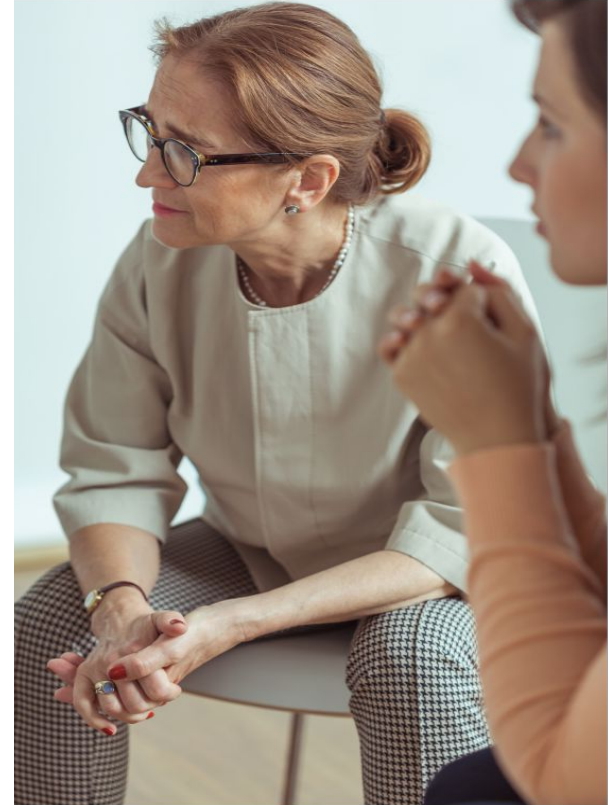
**Section 6:  
How Can Listening  
Skills be Improved?**



# Training to develop effective communication

Clinicians can be too focused on **action and solutions**, at the expense of understanding the patient's experience, values, preferences, and needs through effective listening

Training and education can help clinicians develop by providing them with information about their **levels of listening competency or skill**, and by **illuminating the reasons why listening can be hard**



# Training to develop effective communication

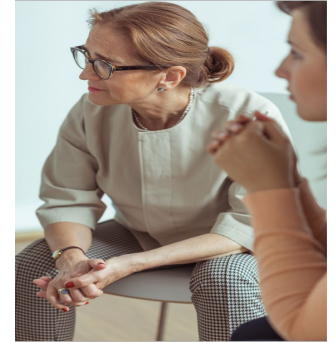
Clinicians can confuse being person-centred with ensuring clients like them

- **Effective person-centred care is not about satisfaction**, but about moving the clinical interaction forward through effective listening

Clinicians need to know how to enact listening, and so **explicit training and practice are necessary**

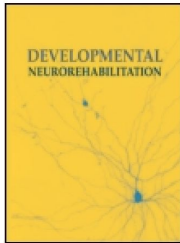
In universities, there is often very little training of healthcare clinicians in listening beyond the basics (e.g., showing listening by making eye contact)

- These nonverbal behaviors **may not stem from authentic attention** or engagement, and may be seen as **“fake listening”** by clients



# Interprofessional listening intervention

- Supported by a SIM-one Simulation Research and Innovation Grant
- The intervention involved **facilitated discussions** of problematic listening situations, along with **personalized coaching**



Developmental Neurorehabilitation



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**Developing authentic clinical simulations for effective listening and communication in pediatric rehabilitation service delivery**

Gillian King, Tracy A. Shepherd, Michelle Servais, Colleen Willoughby, Linda Bolack, Deborah Strachan, Sheila Moodie, Patricia Baldwin, Kerry Knickle, Kathryn Parker, Diane Savage & Nancy McNaughton

# Video simulations

- Authentic, high-fidelity
- Problematic listening-related situations
- Pediatric intervention context
- Involving standardized patients/clients
- Key learning objective
- Increasing in complexity

(King et al., 2016)



Photo credit: Antoni Shkraba (7579306 on Pexels)

# A listening skill educational intervention

**DEVELOPMENTAL  
NEUROREHABILITATION**

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ORIGINAL ARTICLE

## **A listening skill educational intervention for pediatric rehabilitation clinicians: A mixed-methods pilot study**

Gillian King<sup>1</sup>, Michelle Servais<sup>2</sup>, Tracy A. Shepherd<sup>2,3</sup>, Colleen Willoughby<sup>2</sup>, Linda Bolack<sup>2</sup>, Sheila Moodie<sup>4</sup>, Patricia Baldwin<sup>2</sup>, Deborah Strachan<sup>5</sup>, Kerry Knickle<sup>6</sup>, Madhu Pinto<sup>1</sup>, Kathryn Parker<sup>3</sup>, & Nancy McNaughton<sup>6</sup>

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# Participants

Six experienced clinicians

Average of 22 years in clinical practice

1 Behavioral Therapist

2 Occupational Therapists

3 Physical Therapists





# Study design

Time 1

ELICS  
Time 1  
Assessment of  
expertise levels

Intervention

Video & discussion  
(Session 1)  
Individual coaching  
(Session 2)  
Video & discussion  
(Session 3)  
Individual coaching  
(Session 4)

Time 2

ELICS Time 2  
Live SIMS  
and feedback  
Individual  
reflection

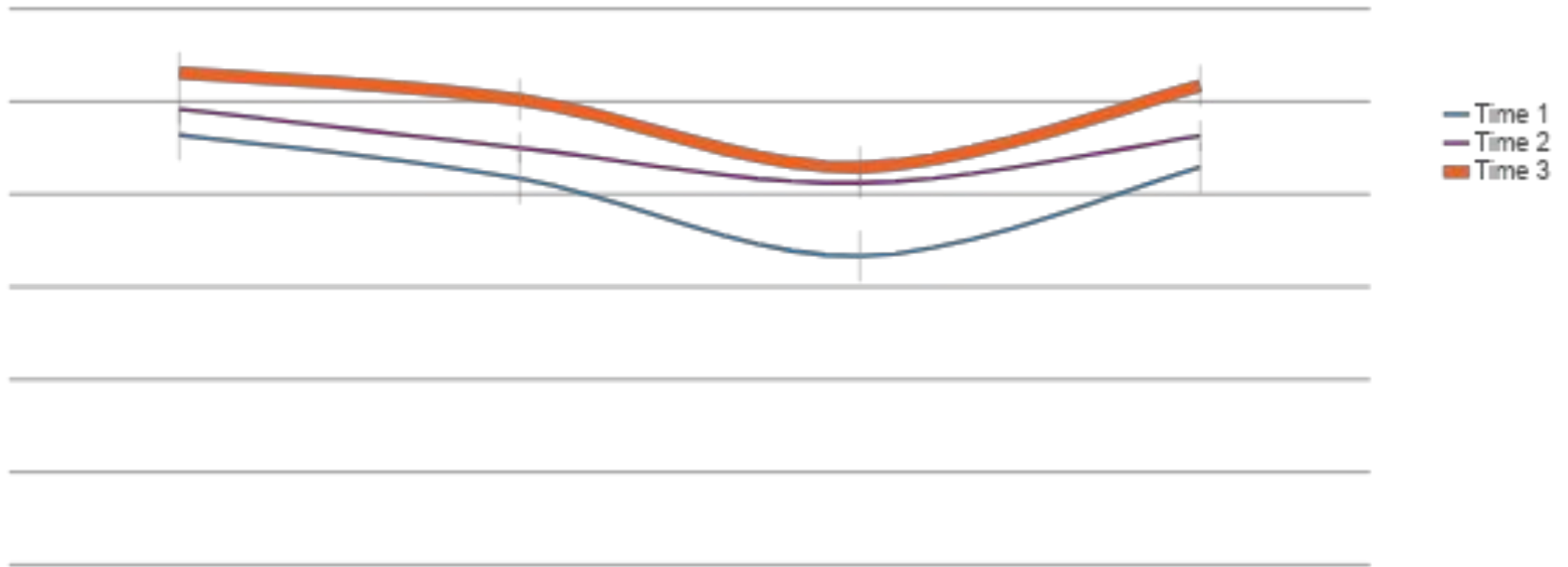
Time 3

ELICS Time 3  
Qualitative  
interviews  
(end-of-study  
interviews)

Time 4

Member  
checking (final  
meeting)

# ELICS scale scores



# The overall experience



*“When I reflect on the overall experience, I’m really, really glad that I got to do it.”*

*“It was a great experience...a really **powerful experience.**”*

*“The **learning has been tremendous.**”*

*“I felt more confident in my listening skills.”*

*“It was very hard...parts of it were very, very, very hard...but, I’m still glad that I took part in it.”*

*“I don’t remember ever having been part of something that was so **impactful so quickly** for learning.”*

*“I learned some things about listening and about myself.”*

# Novice therapists: The Learning to Listen study



To examine:

**pre-service novice clinicians’  
perspectives** about the impact of an  
educational intervention on their  
listening and communication skill  
development

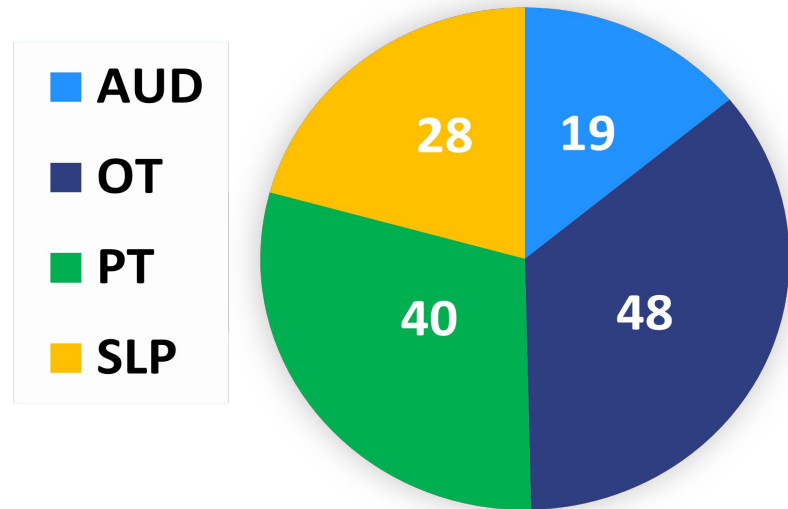
King et al. (2012)

# Study participants

**135 novice clinicians** completed the Learning to Listen Module and participated in this study (57% participation rate)

Mean age of participants:  
**23.6 years** (range = 21 to 36 years old)

**Number of Participants By Discipline**



# What we did: Educational intervention

Novice clinicians completed a Learning to Listen educational module



Learning to Listen video and lecture



A self-assessment of clinical listening skills (ELICS measure)



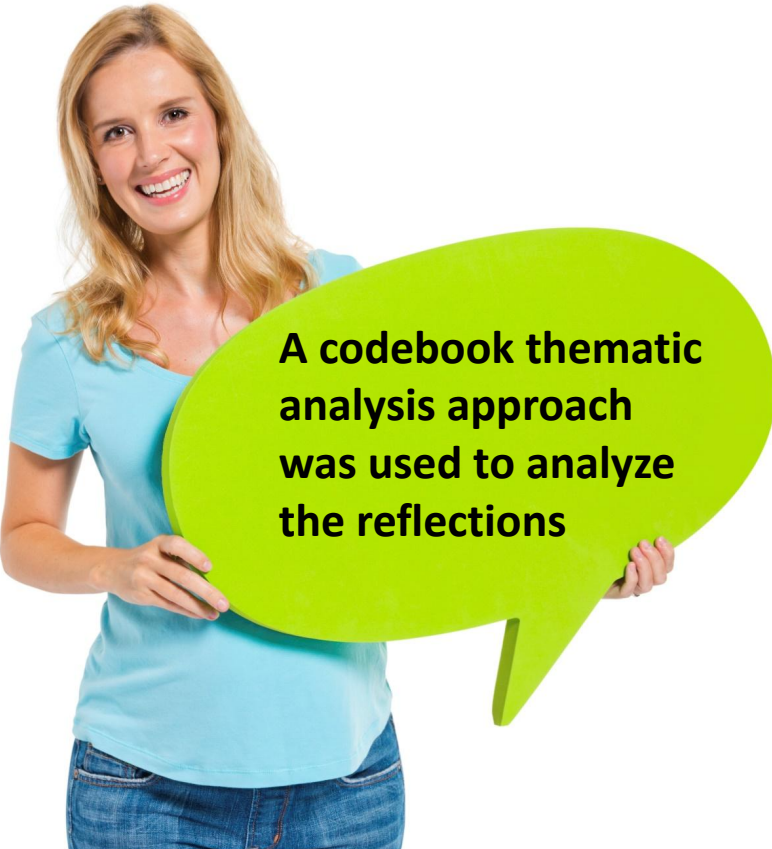
Facilitated interprofessional discussions of clinical listening videos



Written reflections during and after training



# What did we find?



**A codebook thematic analysis approach was used to analyze the reflections**

The Learning to Listen educational intervention supported novice clinicians' listening and communication skill development:

- **Increased their awareness and knowledge** of clinical listening skills and identified personal strengths and areas to improve
- Resulted in a **better understanding of clinical listening stances and strategies** to improve listening
- Impacted **clinical practice** and their **everyday conversations**

# Theme: Awareness of own listening skills

Increased awareness and knowledge of clinical listening skills and identified personal strengths and areas to improve

*"There is a lot more detail that goes into effective listening than I initially thought."*

*"I was not aware there were certain aspects of listening that I was not doing during conversations with others."*

*"Knowing what to focus on: increased awareness of strengths and areas to improve."*





# Theme: Understanding the power of listening



Good listening results in better conversations and speakers feeling heard

*“What struck me was the power that having someone hear you, and really hear you, can have, and how therapeutic it can be for people.”*

# Theme: Intention to focus on speaker

Novice clinicians shifted their listening **intention** to focus on the other person, not themselves; to prioritize listening over responding

*“I noticed that I was often distracted by trying to come up with the next question and was not taking the time to truly listen to what the client was saying. Upon making this realization, I ensured that I stayed present in the conversation and gave my full attention to the client.”*



# Theme: Listening to understand

Recognized the need to listen to understand, rather than to problem solve

*“He didn’t need to hear suggestions about how he could improve the situation, or feedback. In the moment, my feedback wasn’t important—he just needed someone to listen to his experience and validate his feelings.”*



# Theme: Understanding listening stances

Gained a better understanding of clinical listening stances and strategies to improve listening

*“When I practiced Exploratory Listening, I noticed [my friend] shared a lot more, giving more personal and emotional information...Exploratory Listening actually helped me to have a more in-depth conversation.”*

*“As a result of this experience, I think I will appreciate the effectiveness of Receptive Listening a bit more and will understand that listening to another individual’s concerns and really taking the time to understand their point of view is incredibly valuable for both me and whomever I am talking with.”*



# Theme: Impact on clinicians

Found educational components valuable; supported learning and listening skill development, and impacted clinical practice and their everyday conversations



*“It will make me a more confident healthcare provider and improve my relationship with my patients.”*

*“Learning about using the listening stances is a powerful tool that can result in more meaningful conversations, getting more information.”*

# Good clinical listening strategies

- Be self-aware, self-regulate, engage in self-care (to be **mindful and present**)
- Set the stage/space, **create a safe environment**
- Establish **clear expectations** at the beginning
- Engage in **active listening**; be open, curious, show interest, and be attentive
- Adopt a **relational, collaborative approach** (vs. telling/not listening, expert model, using jargon, own agenda)
- Attend to **non-verbal cues** (eye contact, body language, facial expressions, tone of voice, emotions, gestures)
- **Acknowledge, compliment, affirm**

# Summary: Learning objectives

We have covered...

- ❖ The nature of clinical listening
- ❖ Why it is important in healthcare conversations
- ❖ Difficulties in listening authentically
- ❖ Measurement
- ❖ How interventions can improve listening skills



## KEY POINTS

- Power of person-centred and engaged listening
- **Intentionality of the listener** is paramount
- Value of **interprofessional, simulation-based interventions** for practicing clinicians and novice, pre-service clinicians



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# Thank you to members of the CLEAR team



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**Thank you!**

