Communication Matters

A Steeper Climb toward Civility

Dear friends,

At a time when so many people are feeling divided, rather than connected, we are pleased to bring you some food for thought.

With gratitude,

Kathleen Bonvicini, MPH, EdD
Chief Executive Officer

Barbara Andrews, MPPM, MPH
Director of Grants & Projects, Editor

Elizabeth Morrison, LCSW, MAC
Master Trainer

As public discourse has reached a new level of contentiousness, many fear that the norms for acceptable behavior are under attack. At this difficult moment, rudeness and disrespectful behavior garner shrugs—and sometimes even applause. The pathway toward universally respectful treatment of others has always been challenging; today it feels very steep, indeed (Launer 2016).

REAL HARMS

A recent study by Riskin et al., published in the January 2017 issue of *Pediatrics*, notes a brain-based explanation for harmful effects of rudeness (Riskin 2017). There are many interesting features to this study, and a host of intriguing implications. The study in this report "sought to explore the impact of rudeness on medical teams' performance and test interventions that might mitigate its negative consequences." NICU teams were confronted with a simulated patient and randomly assigned to rude or neutral treatment. Additional teams exposed to rudeness received either a prior preventive intervention or later therapeutic (narrative) intervention. The teams' functioning was evaluated independently, by judges blind to the teams' exposures. The authors' conclusions are as follows:

> ***"Rudeness has robust, deleterious effects on the performance of medical teams. Moreover, exposure to rudeness debilitated the very collaborative mechanisms recognized as essential for patient care and safety****. Interventions focusing on teaching medical professionals to implicitly avoid cognitive distraction such as CBM [cognitive bias modification] may offer a means to mitigate the adverse consequences of behaviors that, unfortunately, cannot be prevented."*

RUDENESS AFFECTS THE BRAIN

This study supports the hypothesis that rudeness is associated with changes in the brains of people subjected to it, and the impact of those changes is harmful for healthcare decision-making and team processes.

This is a potentially far-reaching conclusion, with important implications for healthcare.

INTERVENTION HELPFUL

Fortunately, the effects of rudeness may be mitigated through brain-based intervention, such as cognitive bias modification (Hertel 2011). The *Pediatrics* study compared the impact of two interventions. They found that CBM "mitigated most of these adverse effects of rudeness, but the post-exposure narrative intervention had no significant effect." It is good to know that CBM is effective and it is possible there are other interventions, not examined in this study, that also work.

RUDENESS INEVITABLE?

Focus for a moment on the final thought in the authors' conclusions: Rude behaviors "unfortunately, cannot be prevented." True, one cannot control the behavior of others and there will always be people in this world who treat others rudely. Typically, rude people are distressed people (not including those with simply boorish manners) (Giesen 2008).

In healthcare settings, where patients and family members may be having the worst days of their lives, rudeness can be even more common than in the world at large, and understandably so. Even where healthcare is strictly routine, there are endless factors that may cause patients and families—and healthcare team members—to feel distressed: running late, being kept waiting, balky computers, having trouble finding parking, confusing signage, annoying paperwork, chaotic settings, anxiety, etc. Whatever we do, individually and collectively, we will never completely obliterate the sources of stress. However, **we can mitigate the impact of stressful situations on our interactions with one another**.

We believe that rude behaviors, in many situations, can, in fact, be prevented or dialed back. The key is conveying empathy, which builds on self-awareness and intention. Empathy is embodied in specific skills that can be taught and learned. These skills, while simple, require focused intention and practice. **The fundamental challenge to conveying empathy is judgment.**

BUTTONS PUSHED, JUDGMENT TRIGGERED

We have all had encounters that "pushed our buttons;" that consciously or unconsciously triggered negative feelings and judgment. **Rudeness is frequently a behavioral manifestation of judgment; aside from its impact on the brains of recipients, it also has the unfortunate quality of generating further rudeness in return**. Rudeness is typically experienced as disrespect:

> *"Respect is like air: if you take it away, it's all people can think about. The instant people perceive disrespect in a conversation, the interaction is no longer about the original purpose—it is now about defending dignity."—Crucial Conversations, by Patterson, Grenny, McMillan and Switzler*

JUDGMENTS

Forming judgments about people is an unavoidable facet of human life. It is part of our species' heritage, where survival favored those who made quick and accurate judgments about potential threats. We take in a vast quantity of data-cues—about each person with whom we interact, and our limbic system quickly responds to those cues to protect us.

EXTERNAL & INTERNAL CUES

When we look at the man's face, our limbic system detects immediately that he is angry (Swenson 2006). He looks like he is screaming in rage. Our hard-wired response triggers internal cues. We might brace for a fight, or recoil in fear or anxiety; maybe our shoulders and stomach become tense, or we hold our breath. Recognizing these signals from the limbic brain is the first step toward changing the script.

Based on those instantaneous responses, we may form judgments: He's nuts! He's out of control! His hair is a mess! He may remind us of our brother who disrupted Thanksgiving.

What do we do? The primitive response may be to roar back or pick up a rock or run away. Acting on our implicit or explicit biases or judgments of him, we might respond in fear or with contempt.

If the angry man says something rude, such as, "*What is wrong with you people? You screwed up my appointment again!*" some plausible immediate reactions, mediated by our limbic brain, might be to:

* **Respond defensively**, stating sternly: "*Sir, we did not make a mistake. Your appointment was for this morning, not this afternoon*" or

* **Retreat**, avoiding eye contact, moving slightly away, and saying: "*I'll get my supervisor.*"

Either reaction is unlikely to result in a satisfactory resolution. There is a real risk of escalation to more screaming, more bad feelings—possibly even violence.

Thankfully, with practice, our responses are within our control, and we can cultivate them to be highly effective. Brain science supports the idea that our cerebral cortex—the part of the brain responsible for "higher order" functions such as problem-solving, language and complex processing—may be engaged to formulate more productive responses. We can use our powerful cerebral cortex to recognize cues that "push our buttons" and enlist counter-cues to diminish judgment. Where judgment is in retreat, empathy can flourish. Undoubtedly, this can be challenging, particularly when our most sensitive buttons have been pushed.

If we can engage the angry man with empathy, try to understand his distress, listen respectfully, and, eventually, work with him to consider ways to address the source of his distress, there is a great likelihood we will keep the interaction from escalating.

Some brief examples of empathic responses include:

> **Establishing eye contact and maintaining a friendly, concerned expression**
> **Conveying empathy**, saying, "*I hear you; this is terribly frustrating for you,*" or "*I'm sorry this has been so difficult; can you help me understand what's happened here?*"

COUNTER-CUES HALT THE JUDGMENT TRAIN

The cues that stimulate judgment are powerful, so we must invoke equally powerful counter cues. Paying attention to our physiological responses, we quickly realize that we are making judgments. At this moment, empathy conveyance training reminds us that we have an opportunity to halt the judgment train by using techniques to modify and alter our communication behavior.

> **We might envision him as a family member** ("*He looks like my brother, who has such a good heart, but is so rough on the outside.*") .
> **We can try to imagine what he is experiencing from his perspective**. Doing so, we may understand his frustration with repeated difficulties making appointments. ("*He might have had a tough time getting here by bus,"* or "*This appointment mess up might have happened to him multiple times before*," or "*He might be in pain, or fearful about his medical condition,*" or just, "*Wow, this guy must be having a really awful day.*").

Both of these techniques are counter-cues that may help us to make a more productive and human connection with the individual.

Anyone can engage in the interesting and productive thought-game of:

(1) identifying the internal and external cues that evoke judgment and

(2) devising counter-cues to offset judgment.

These are the essential building blocks for conveying empathy. We posit that by summoning effective counter-cues, we are activating the same areas of the brain that CBM activates as it inoculates against the deleterious effects of rudeness.

IHC's new empathy-conveyance curriculum, ***The Empathy Effect*****,** is in the final stages of development. It gives individuals throughout health and human services work key skills to ensure inclusive and respectful interactions with patients, clients, families and co-workers. For information about bringing this powerful new empathy conveyance training to your organization, contact us at info@healthcarecomm.org or toll-free at (800) 800-5907.

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Institute for Healthcare Communication
171 Orange Street, 2R
New Haven, CT 06510-3153
(800) 800-5907
info@healthcarecomm.org
www.healthcarecomm.org