



2023

## Listening as medicine: A thematic analysis

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### Recommended Citation

Kishton R, Patel H, Saini D, Millstein J, Levy A. Listening as medicine: A thematic analysis. *Patient Experience Journal*. 2023; 10(1):64-71. doi: 10.35680/2372-0247.1728.

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## Listening as medicine: A thematic analysis

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### Abstract

Realizations of the importance of “the art of medicine” in trust-building and patient satisfaction have resulted in the incorporation of narrative medicine programs into training curricula. By learning how to respond to patient stories as well as communicate their own, healthcare providers can ensure that their patients feel heard and respected. This study seeks to define what constitutes empathetic listening through a qualitative analysis of personal narratives collected from patients, caregivers, and providers across an urban academic healthcare system. Stories (n=41) underwent thematic analysis to note common experiences related to listening during a health system encounter. Eighteen grounded codes were identified which were abstracted to the following five themes: (1) connection and trust, (2) emotion and vulnerability, (3) objectives and experiences, (4) interaction and opportunity, and (5) challenges of listening. The most common theme of “connection and trust” indicated that active listening and person-centered care were key drivers of patient satisfaction and medical adherence. Encouraging patients and providers to become more comfortable verbalizing vulnerability also provided emotional relief. Taking the time to listen to patient needs and values advanced shared-decision making and facilitated the establishment of care objectives. Storytellers also conveyed the challenges inherent to the listening process. By helping to define empathetic listening, these results may enable the development of healthcare training programs centered on improving clinician communication and patient experience. We hope this study encourages future research devoted to quantifying subjective features such as “connection and trust” and “emotion and vulnerability” utilizing psychometrically validated instruments.

### Keywords

Narrative medicine, patient experience, patient-centered care, patient satisfaction, quality of care, patient voice

### Background

Modern healthcare relies on the science of medicine to understand, treat and cure the illnesses of the human body. Advancements in scientific knowledge, however, are by no means the most important factor in contributing to a patient’s perception of care received. Studies demonstrate that, for visits between 16 and 30 minutes in length, it is not the actual time spent with the physician that affects outcome of chronic disease, but rather what happens during that time.<sup>1</sup> Namely, individuals are more likely to express satisfaction with their health care if they felt heard by the provider, if they spent more time with their provider, and if a provider explained the plan of care clearly.<sup>2</sup> While disease management and health promotion, not patient satisfaction, are the typical goals for a provider, individuals who express high satisfaction in their care are more likely to trust their provider and adhere to a medical treatment plan.<sup>3</sup> Thus, what Hippocrates called “the art of medicine” remains critical to achieving patient and provider healthcare goals.

In an effort to better contextualize the art in medicine, Narrative Medicine has become part of the training curriculum for many health care providers.<sup>4</sup> This field seeks to support providers as they develop the skills “to absorb, interpret and respond to stories” of patients.<sup>5</sup> By bringing the narrative frame to patients’ stories, the field has helped identify common structures of illness narratives as well as highlighted how those structures affect the emotional reactions of the listener.<sup>6</sup> However, this categorization system fails to identify the specific elements of listening necessary for the healing of individuals seeking care, thereby warranting further investigation into the therapeutic potential of listening. This study seeks to define and articulate what constitutes *empathetic* listening through a qualitative analysis of personal narratives collected from patients, caregivers, and providers across an urban academic healthcare system.

### Methods

We conducted a thematic analysis of patient, provider, and staff stories from the Penn Medicine Listening Lab. This

study was deemed exempt from the IRB of the University of Pennsylvania on 4/20/21.

**Data Source**

We evaluated narratives collected and archived through the Penn Medicine Listening Lab Initiative (PMLL). PMLL began in 2019 and is a storytelling initiative predicated on the belief that listening is a fundamental act of medicine and integral to the successful delivery of care. The project integrates storytelling into the daily operations of a major academic health system through onboarding meetings, training, kiosks, a web portal, and clinical settings. PMLL is supported by a major urban academic health system and is sponsored by a Penn Medicine Experience Leadership Team. The PMLL team identifies patients, providers, staff members, and caregivers through self-submission and referral and obtains consent from individuals to participate in an audio recorded storytelling session.

Storytellers are prompted to “think of a time when you were a patient or were caring for someone who was a patient” and then consider two specific questions as they formulate their narrative. These are “What did it feel like to have someone listen to you or to really listen yourself?” and “Who would benefit most from hearing your story?”

The resulting story is recorded through a facilitated process, collaboratively edited by PMLL in partnership with the storyteller, and then posted without modification to the PMLL website.<sup>7</sup> Storytellers may elect to remain anonymous. The final story content is on average 5 to 6

minutes. The text and audio files of stories are then posted on the PMLL website and distributed through employee-wide emails, CEO updates, and promoted system-wide through screensavers in all clinical rooms. As of 3/25/22, stories from PMLL have been heard over 34,783 times by over 25,521 employees, patients, and family members.

**Analysis**

We analyzed all stories (n=41) recorded between 7/10/19 and 4/19/21. A qualitative thematic analysis was conducted to identify common experiences related to listening or feeling heard during a health system encounter. Analysis identified grounded subcategories (codes), prior to abstracting to main categories (themes), allowing “systematic comparison” and “conceptualizing.”<sup>8</sup> Data management was conducted in ATLAS.ti.<sup>9</sup> After abstracting up to five themes, a content analysis of quotations contributing to the understanding of each theme was conducted. Quotations are reported by story title to distinguish different individuals.

**Results**

Of all 41 PMLL stories, 36 (90%) had at least one theme related to listening in medicine. As noted in Table 1, most storytellers were women (63%) and the majority (73%) were either Penn Medicine staff or providers. Fifteen storytellers (38%) specifically reflected on their experience as a patient or caretaker.

We identified 18 grounded subcategories (See Table 2), which were abstracted to five main themes regarding

**Table 1. Summary Characteristics of PMLL Storytellers**

	Characteristic	Frequency
Gender	Female	25 (63%)
	Male	15 (38%)
Storyteller Type*	Patient	10 (25%)
	Family/Caregiver	5 (13%)
	Penn Medicine Staff	16 (40%)
	Provider	13 (33%)

\* Individuals able to be in more than one category

**Table 2. The 18 Grounded Subcategories Used To Categorize Sub Themes Amongst 41 PMLL Stories**

Subcategory	Frequency	Subcategory	Frequency
Affect	6%	Gratitude	3%
Challenging	8%	Humanity	1%
Comfort	8%	Isolation	7%
Compassion	3%	Perspective	4%
Connection	11%	Priority	12%
Control	2%	Space	9%
Emotion	5%	Trust	6%
Experience	5%	Validation	5%
Fear	2%	Vulnerability	4%

listening as an aspect of healing and medicine (See Table 3). These categories included: 1) building connection and trust, 2) increasing insight into lived experience and care objectives, 3) creating interactions and opportunities to process the medical narrative, 4) expressing emotion and vulnerability, and 5) acknowledging the challenges of listening. An additional and important theme emerged, not specifically regarding the healing potential of listening, but focused on the challenges of cultivating an empathetic listening space within the medical system.

### ***Theme 1: Connection and Trust***

The most frequent theme regarding listening as medicine emerged around the ability for listening to build trust, understanding or connection between the medical team, the individual seeking care, and their family. This theme often focused on the sense of safety or comfort that was created by feeling heard which became a critical component in building a trusting relationship. As one physician storyteller noted, “in order for a patient to tell you their story... they have to trust you and you have to establish some sort of a connection.”<sup>10</sup> The lack of this foundation created both structural and emotional barriers to engaging with care and healing. For example, one patient storyteller described the experience of feeling heard and “really, really chang[ing] how I felt about doctors, and also [decreasing] my fear of communicating with my doctor.”<sup>11</sup>

Once a sense of safety had been established, many of the storytellers commented on listening as increasing the sense of compassion and humanity which ultimately created a more healing environment. As one storyteller noted of his wife’s care, “they’re not just treating you, they see you as a

person, and they have conversations. And those conversations really matter.”<sup>12</sup> Even when the medical outcome was uncertain, the therapeutic value of being heard and experiencing human connection was evident. As shared by one physician storyteller, “I know I can’t eradicate their problem, but I can show them they are not alone and their suffering is acknowledged and real.”<sup>13</sup>

### ***Theme 2: Emotion and Vulnerability***

The second main theme identified listening as a therapeutic tool in medicine because of its role in allowing individuals to express their emotions. Storytellers, whether patient, caregiver or medical system employee, conveyed a sense that control and minimization of their emotions was expected as they interacted with the medical system. Many felt unable to show their feelings, good or bad, until they felt someone was listening. As noted by one of the storytellers, “The presence of listening allows us to feel joy, pain, and the sorrow of the heart.”<sup>14</sup> Some PMLL stories conveyed a sense that listening “gave” permission to show emotions. One physician described this experience as, “lift up that rug. [The rug] where we all sweep under the emotions that we initially feel.”<sup>15</sup>

PMLL storytellers reflected on how listening built relationships that allowed for the authentic expression and experience of emotion. As one physician-patient said, “It’s the emotional aspects, it’s how we make each other feel, how we listen to each other, and whether we really hear each other as we talk.”<sup>16</sup> This dialogic connection created a sense of mutual vulnerability which produced a healing environment and positively impacted relationships far beyond the encounter.

**Table 3. Main themes regarding listening as an aspect of healing and medicine**

Theme	Example Quote	Frequency
Connection and Trust	<p><i>“Working [in health care] allows me the opportunity... to just be able to listen to them, and to just be able to connect with them in a way that most of us don’t connect with our own people in our life.”</i> (Andrew Quigley, <u>“Softening,”</u> August 13, 2019)</p> <p><i>“The fact that this doctor came back, humbled himself, and told me that yes, he had researched it, and I was right - that had a great effect on me.”</i> (Timothy Young, <u>“The Interaction,”</u> January 5, 2020)</p> <p><i>“And so those little moments mattered. Whether somebody brought you a coffee, or made sure that you had lunch, or made sure that you were taking care of yourself. Knowing that they were caring for me, making sure that I was well, those are the things that matter.”</i> (Charlotte Walton-Sweeney, <u>“The Gift,”</u> August 28, 2019)</p>	n=32
Objectives and Experiences	<p><i>“[My doctor] heard our plea for more options. And she knew that she could really make a change in this community throughout the world.”</i> (Jennifer Gobrecht, <u>“A New Kind of Transplant,”</u> March 11, 2021)</p> <p><i>“And I think having that understanding as a treating provider, that the experience you’re trying to give to a patient may not be the experience they’re actually getting, and that there’s a disconnect... I wish they would have been, ‘How do you feel, what do you need?’”</i> (Mathew Beshara, <u>“56 Days,”</u> August 19, 2020)</p> <p><i>“And he just started talking about his dad and talking about what a wonderful relationship they had and by his own will he was able to say, ‘I know my father wouldn’t want to live this way.’ John was able to come up with the whole plan of what the right thing to do was. And Phil was able to pass in comfort and he didn’t have to suffer anymore.”</i> (Sara Holland, <u>“The Son,”</u> August 20, 2019)</p>	n=25
Interaction and Opportunity	<p><i>“This experience really, really changed how I felt about doctors, and also my fear of communicating with my doctor. I just felt more open to talk. I felt a certain trust. And I felt that, wow, we should listen to each other, and also learn from each other.”</i> (Timothy Young, <u>“The Interaction,”</u> January 5, 2020)</p> <p><i>“I knew it was nothing personal, but because I was talking to him, I enabled him to grieve and I learned sometimes the most helpful thing you can do is just listen.”</i> (Louis Mello, <u>“Everybody is Going Through Something,”</u> October 17, 2019)</p> <p><i>“And he had made some attempts to see a physician in the past but had never really gotten very far because he was waiting for someone to allow him to tell his son’s story. And more than that, he was looking for a chance to tell his son’s story before he told his own.”</i> (Jeffrey Millstein, <u>“The Envelope,”</u> July 10, 2019)</p>	n=23
Emotion and Vulnerability	<p><i>“I realized that one way to help others to be with their emotions is to be with my own, to allow myself to feel vulnerable too.”</i> (Jennifer Lipski, <u>“The Prayer,”</u> May 7, 2020)</p> <p><i>“As they fall asleep, I try to allay their grief and anxiety about whatever is happening to their bodies that brought them under my care with quiet words and a comforting touch.”</i> (Lyndsay Hoy, <u>“A Thank You Card,”</u> November 4, 2019)</p> <p><i>“The presence of listening allows us to feel joy, pain, and the sorrow of the heart.”</i> (Cynthia Davis, <u>“In the Silence of Compassion,”</u> October 2, 2019)</p>	n=20
The Challenges of Listening	<p><i>“It’s therapeutic and soothing for me to tell the stories. I think a lot of people are afraid of stories of suffering, they’re afraid it’s going to wash on to them or make them sad. Or they they’re thinking that my job must be so depressing and they don’t want any of that in their lives. But storytelling and listening is part of what makes us human.”</i> (Julia Schott, <u>“Long days, short years,”</u> October 18, 2020)</p> <p><i>“I have had difficult patients that have cussed me out. They might be having a bad day. I don’t know what the doctor might have had told them, they might have got bad news. They might be battling with their life. The way they reacting to me, I can’t react back.”</i> (Teresa Bullock, <u>“I’m a People Person,”</u> February 9, 2021)</p> <p><i>“They’ll be dealing with circumstances with the medical issue that they’re having; they may have circumstances going on with their family or with their jobs – and it can be stressful sometimes, but it also allows us access to really be the person and actually listen.”</i> (Andrew Quigley, <u>“Softening,”</u> August 13, 2019)</p>	n=9

At the simplest level, the choice to be vulnerable led individuals to feel less alone in their illnesses. A storyteller who works in the Penn Access Center connecting patients with care shared, “What I actually said to her was, ‘I do understand, and I hear you.’ And I think she heard me too, we paused for a moment and I think she felt more calm.”<sup>17</sup> Additionally, for some storytellers the acknowledgment of mutual vulnerability contributed to their sense of connection and belonging, and provided affirmation that an individual was not defined solely by his or her illness. One caregiver experienced this realization after her husband underwent face changing surgery, “...In that moment, he's looking in the mirror to discern his own worth. But he's also looking into my face to see reflected back what I see... His compassion, courage, and fortitude in living and loving through these life-changing experiences. And he also sees I embrace him as he is.”<sup>18</sup>

### ***Theme 3: Objectives and Experiences***

The third major theme from the PMLL stories presented listening as the most important tool for uncovering and centering an individual's illness experience and objectives in his or her medical treatment. While medical teams build care plans focused on the best and most current evidence based practice, this approach can sometimes marginalize the voices and autonomy of the true experts -- the patients themselves. The potential conflicts of this scenario were described by a physician storyteller reflecting on the insights he gained from his experience as a patient, “...As a physician, I wish someone had told me that your patient might be looking at you but be interpreting things very differently... having that understanding, as a treating provider, that the experience you're trying to give to a patient may not be the experience they're actually getting, and that there's a disconnect... I wish [my provider] would have [asked], ‘How do you feel, what do you need?’”<sup>19</sup>

By expressing experiences and needs, two distinct categories of treatment objectives emerged, which shaped future interactions with the medical system. For some of the PMLL storytellers the ultimate goal was to achieve a specific experience or outcome. Sometimes these outcomes were directly related to medical interventions. As one storyteller shared, “The Penn Uterus Transplant trial really heard my dream for motherhood and made it come true.”<sup>20</sup> While for others the goal was completely outside of the healthcare system. For example, “...We went on three major vacations. Our oncologist worked with us in order for us to do those vacations. And truly it made a huge difference. I hold onto those.”<sup>21</sup> The other category centered around controlling the journey of being a patient and what types of treatment an individual felt were of highest value. Listening allows one “to individualize and ask, does a treatment really add value to a patient's life.”<sup>22</sup> The importance of hearing patients' objectives was especially clear in stories which reflected on individuals at the end of their lives. As shared by one physician

storyteller, “We asked her ‘How did she envision this chapter?’ She confided that being on this device was not the way that she wanted to spend her final days.”<sup>23</sup>

### ***Theme 4: Interaction and Opportunity***

Another theme identified listening in medicine as creating opportunities for individuals to formulate and process their own illness narrative. While it may not be surprising that patients require time to understand medical information or select the plan of care best suited to their needs, what emerged from the PMLL stories was the importance of interaction with others for processing to occur. Listening not only created the opportunity for an individual to explore his or her reaction to a diagnosis or treatment or situation, but the value of that exploration was amplified by another person being actively present and able to respond to the experience. As shared by one member of the Penn Medicine community, “I knew it was nothing personal, but because I was talking to him, I enabled him to grieve and I learned sometimes the most helpful thing you can do is just listen.”<sup>24</sup> Or as summarized by another storyteller, “If we listen closely a hush surrounds their countenance but the expression on the face can say ‘Help me. Is there anyone listening?’”<sup>25</sup> Interestingly this theme also emerged for the relationship between medical community members, especially after challenging patient cases or adverse medical outcomes. As noted by one provider after a traumatic patient death, “We [the staff] sort of have to reach out and find one another.”<sup>26</sup>

In the absence of these listening interactions, many described loneliness, isolation or disconnection. Even if the clinical need was addressed, a patient might feel untreated. In one story a patient explains “people heard my clinical story but they didn't hear me emotionally; how important my anxiety and depression were.”<sup>27</sup> The accumulation of that experience seemed to lead to a general inability to express emotions or feelings regarding medical care. As shared by one storyteller regarding a woman with addiction who had struggled to feel heard when accessing medical care, “Many women are struggling with addiction because they've never had an opportunity to heal from their trauma. Some have never had an opportunity to even speak about their trauma. [For one particular patient], the tension was so intense for her. It was extremely hard for her to talk about what she was feeling.”<sup>28</sup>

### ***Theme 5: The Challenges of Listening***

While focusing on the benefits of listening in medicine, an additional theme emerged. Many storytellers within the medical community noted the challenges of listening, even while discussing the importance to their work and their patients. One storyteller reflected “They'll be dealing with circumstances with the medical issue that they're having; they may have circumstances going on with their family or



with their jobs – and it can be stressful sometimes, but it also allows us access to really be with the person and actually listen to that.”<sup>29</sup>

In reviewing these stories two main types of challenges emerged: 1) maintaining empathetic listening in response to patient behavior; and 2) processing counter-transference or emotions arising from a patient interaction. For those who had navigated interactions involving the first challenge, many shared the coping strategies they had developed. For example, “I have had difficult patients that have cussed me out. They might be having a bad day. I don’t know what the doctor might have told them, they might have got bad news. They might be battling with their life. The way they are reacting to me, I can’t react back.”<sup>30</sup> For individuals navigating their own emotional responses, learning to become comfortable with vulnerability was critical. Regardless of the challenges, the benefits of listening to patient care were clearly expressed: “We’ve had the chance to learn a lot from her, to have that gratifying experience of going from the frustration that comes with difficult communication to being able to communicate well together.”<sup>31</sup>

## Discussion

This study uses qualitative analysis of PMLL stories to uncover major themes surrounding the value of empathetic listening and storytelling in medicine and healing. The identified themes describe four distinct, yet complimentary, benefits while also exploring some challenges to creating spaces to listen in healthcare settings.

The most frequent theme describes listening and feeling heard as an important conduit to *connection and trust*. Past studies demonstrate that “feeling heard” is among the most significant drivers of patient satisfaction with healthcare as well as adherence to medication recommendations.<sup>32</sup> Our results further support this finding. Prior reports have identified the tension between the sterile organization of a medical record and the dynamic flow of an individual’s life.<sup>33</sup> The ideal medical translation is hence a depersonalized description of the patient’s most personal experiences. Moreover, EHR use is found to obstruct patient story construction by “fragmenting data interconnections” and limiting “the number and size of free-text spaces” resulting in a loss of understanding of the complexity of patient stories.<sup>34</sup> Many PMLL storytellers expressed a longing for “de-anonymized” medical narratives and active listening by the medical team to increase the sense of a unique person being at the center of care. When achieved, this environment allowed individuals to feel more open with and confident in their medical team, which they noted directly contributed to their satisfaction with care.

Next, our analysis identified the value of empathetic listening in understanding the healthcare *experiences and objectives* of individuals. While shared decision making and patient-centered care are increasingly the goals for medical interactions, this analysis suggests the need to be intentional in seeking out the patient’s true concern across encounters with the medical system.<sup>35</sup> Individuals sought to define their medical care objectives beyond a specific medication or treatment, however they needed to feel their medical team was listening before they shared their priorities. Engaged listening remained important even after care objectives were established as the true experience of being a patient could differ vastly from the experience perceived by the medical team. This may explain why storytellers who were both patients and providers expressed a plan to significantly change their medical practice to include more listening, as a direct result of experiencing this disconnect.<sup>36</sup>

The last two themes focused on the dialogic dimensions of encounters with the medical system. PMLL storytellers noted that empathetic listening had value not simply as a method to convey and obtain information, but most importantly as a builder of *interactions and opportunity* within care. Storytellers of all types highlighted the power of humanistic interactions in creating both physical and emotional space to process the experience of interfacing with the medical system. In addition, storytellers described how a listening environment created a sense of permission to express their *emotion or vulnerability* in public. The pressure to be the “good” or “stoic” patient, family, staff or provider is very common in personal stories, however this paradigm is detrimental to physical and mental health.<sup>37,38</sup> The ability to drop pretense and be one’s authentic self was a clear benefit to all the storytellers.

In the current medical model, time for these encounters can be scarce, leaving individuals feeling isolated or untreated. For patients, this may contribute to the increasing use of support groups and online communities outside of the medical establishment.<sup>39</sup> For providers and staff, this disconnect may contribute to the epidemic of workforce burnout currently emerging in the literature.<sup>40</sup>

Of note, the challenges of empathetic listening emerged as a consistent theme for providers and staff, even while expressing the benefits to patients and importance to their own work. Storytellers struggled both with negative patient behavior and their own countertransference to patient circumstances. Prior research shows that empathetic listening is a teachable and improvable skill, but that active practice is required.<sup>41</sup> Training in trauma-informed care can offer additional psychosocial insight.<sup>42</sup> Further, effective listening is foundational to shared decision making, a desired outcome of clinician-patient relationships.<sup>43</sup>



While clinical education is increasingly adding courses and milestones specific to these skill sets, the universality of this theme suggests that all medical system staff should be supported to practice empathetic listening and manage the emotional challenges of this work. For clinicians, this may require being able to offload tasks that are less than top-of-license and may detract from these objectives.

### Limitations

This qualitative analysis identifies themes related to empathetic listening, healing and medicine within a single academic medical system and thus may not be generalizable to other settings. Storytellers donate their stories to a public facing, non-anonymous platform. Those who agree to have their stories shared in this manner may have different perspectives and experiences with listening in medicine than other individuals who interact with the medical system. Finally, stories were recorded by PMLL staff and published in both a verbal and transcribed format. Coding was done on written transcriptions, which may lose some of the context, including pacing, tone, and emphasis, that are inherent to verbal storytelling.

### Conclusions

When focused and empathetic, listening is critical in medicine, not just as means to convey information, but as a multi-faceted healing modality in itself. Our analysis revealed that the benefits to cultivating an environment conducive to empathetic listening outweighed expressed challenges for patients, family members, staff and providers across the medical system. Projects like PMLL can act as key research drivers to better define empathetic listening, thereby advancing existing methods and training programs utilized to promote communication skills and improve patient experience. Future investigations should include assessment of the impact and experience of sharing one's story in a format like PMLL, as well as exploratory work to quantify subjective measures such as "connection and trust" and "emotion and vulnerability" through psychometrically validated instruments.

### Disclosures

All authors certify that they have no financial interest in the subject matter or materials discussed in this manuscript.

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