The most important thing I’ve learned from helping healthcare organizations institute strategies to improve the patient experience is this: For organizations who REALLY want to break through to the next level, communication needs to be the TOP priority. It’s not enough to have caring people. THAT we do! These days, people are so busy, that most communication with patients and families has become task-orient-ed. Expressions of empathy, caring and emotional support have become scarce. No wonder many of our efforts hit a wall! Without tuning in and communicating our empathy, compassion and emotional support, we cannot create a healing environment and implement truly patient-centered care. And we cannot provide a quality patient experience. We need to help our teams communicate their caring.

Significant evidence has shown that empathetic communication is key to attaining patient and family engagement, patient safety, adherence to care plans, patient ratings of their experience, and health outcomes.

“We’re in healthcare. Of course, we’re compassionate!” Well, yes and no. Compassion, empathy and lovingkindness are implicit, if not explicit in the missions and values of our organizations. The question is: Are people on our healthcare teams demonstrating compassion, empathy and lovingkindness in their everyday interactions?

Beth Lown, Julie Rosen, and John Marttila of the Schwartz Center discovered in their groundbreaking 2011 study that about half of patients say compassionate care or caring communication is missing. And most of the remaining people say it could be greatly improved. [An Agenda For Improving Compassionate Care (Health Affairs, 30, no.9 (2011):1772-1778)].

Achieving an unparalleled patient experience and a culture of caring through exceptional communication. This is the mission I share with Wendy Leebov and Dorothy Sisneros (my partners in the Language of Caring, LLC).
If you think the importance of IMPROVING communication is obvious, think again. In discussions with executive teams, many patient experience champions encounter resistance to communication skill-building as a solution to disappointing CAHPS scores, engagement, lawsuits, patient adherence, reputation and market share.

Read on to hear common expressions of resistance to proposals to invest in improving communication, especially empathic communication. And I share my thoughts on each “Yes, but…” statement.

**Responding to “Yes, but…”**

<table>
<thead>
<tr>
<th>“Yes, but…”</th>
<th>My Opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>People should have learned these skills in kindergarten.</td>
<td>Most kids learn in kindergarten to be kind and have a good heart. But that doesn’t mean they have the SKILLS for communicating their kindness or showing their good heart to others. There is a vast difference between knowing the importance of kindness and being able to make it felt in interactions with people in your work and life beyond work. If people had learned these skills in kindergarten, you would see a very different world.</td>
</tr>
<tr>
<td>Nurses should have these skills from Nursing School.</td>
<td>Ask your nurses. Most nursing schools focus on technical skills, problem-solving, and competent handling of a multitude of tasks. Nursing schools pay far less attention to the concrete skills needed to bond with and engage patients and communicate with compassion. Perhaps, like many executives, many educators assume that people should have already learned caring in kindergarten. Again, people do learn the importance of caring, but not how to COMMUNICATE their caring.</td>
</tr>
</tbody>
</table>
| These skills are:                                 | **Are YOU skilled at this?** **YES**  
- The practice of presence  
- Acknowledging feelings  
- Showing caring nonverbally  
- Explaining positive intent  
- The blameless apology  
- The gift of appreciation  
- Say it again with HEART (when you need to hold your ground in tough situations, repeat your core message with caring) |
|                                                 | **Do you USE this skill regularly?** **YES**  
- The practice of presence  
- Acknowledging feelings  
- Showing caring nonverbally  
- Explaining positive intent  
- The blameless apology  
- The gift of appreciation  
- Say it again with HEART (when you need to hold your ground in tough situations, repeat your core message with caring) |

There is a vast difference between knowing the importance of kindness and being able to make it felt in interactions with people in your work and life beyond work. If people had learned these skills in kindergarten, you would see a very different world.
### Responding to “Yes, but...” (cont’d)

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<td><strong>We should be able to teach caring communication skills without outside help.</strong></td>
<td>That may be. Have you done it? If not, why not? Assuming you want to help your team communicate with caring consistently and effectively, do you and your internal people have time and expertise to develop from scratch effective training that ensures mastery and consistent skill use? Do you want to wait until your internal people have the time? Or, do you want them to focus their time and energy on meticulously implementing a proven approach and establishing the alignment, expectations, accountability, and reinforcements needed to sustain positive gains?</td>
</tr>
<tr>
<td><strong>People are very busy and under a lot of time pressure. That’s why you don’t see staff show their caring.</strong></td>
<td>Indeed, under pressure and left to their own devices, most staff focus on their tasks—their to-do lists. Pressure is a given. But communicating only about tasks and activities without making a personal connection and communicating caring is not okay. We fail our patients. Staff need to communicate with caring no matter how busy they are, and they need to know how to do this without it taking a lot of time.</td>
</tr>
</tbody>
</table>
| **It takes time to communicate with caring, and people don’t have time.** | • First of all, you CAN communicate caring without spending more time… a line here, a line there that connects to the person as an individual in a caring way. The Heart-Head-Heart Sandwich technique is a great way to accomplish this.  
• Second, when you don’t communicate with caring, you create anxiety and distrust which causes problems you later need to address. And THAT takes a lot of time. Consider handling a complaint, for example. If you had shown caring upfront, you could have prevented the complaint. If you don’t prevent it, then you have to spend time dealing with that and its side-effects, and that takes longer.  
• Third, when you don’t communicate with caring, you discourage patient engagement. You might save time---but this is not good for patients or patient outcomes. |
| **If staff don’t have a good attitude, they should be made to leave. That’s the problem.** | Admittedly, a few people don’t seem to be inherently caring people. But truly, most people who enter healthcare professions are caring people. Lackluster behavior is not a result of lack of caring. Most want to do good and they do care, but they don’t have the language skills, leadership expectations or support to SHOW their caring effectively. |

Staff need to communicate with caring no matter how busy they are, and they need to know how to do this without it taking a lot of time.

By helping staff expand their repertoire of communication skills and learn to apply these skills in their everyday interactions, we can deliver on our missions and values, demonstrating caring, empathy and lovingkindness with patients, families and each other.

NOTE: **Click here for a great discussion activity** ---to help your Leadership and/or Patient Experience teams clarify their assumptions about the importance of skill-building.

And please learn about our Language of Caring programs that connect mission with reality in a powerful, proven way. Contact me at jgolde@languageofcaring.com or sign up for a free webinar overview at [http://languageofcaring.com/webinars/free-webinars/](http://languageofcaring.com/webinars/free-webinars/)
Jason Wolf, President of the Beryl Institute, is a finalist in Modern Healthcare’s selection of the Top 100 Most Influential People in Healthcare. This is an incredible honor for Jason and reflects the amazing accomplishments, progress, and leadership of Jason and the Beryl Institute team over the last few years. But not only that! Having Jason among the winners makes a statement about the importance of the patient and family experience as a critical priority in healthcare today. And this helps all of us! Please vote here! Deadline: June 13

“If I can stop one heart from breaking,
I shall not live in vain:
If I can ease one life the aching,
Or cool one pain,
Or help one fainting robin
Unto his nest again,
I shall not live in vain.

*Emily Dickinson*

**Staff Meeting Activity:**
**True or False?**

This is fun, energizing, and a good team-builder because people get to know each other more as individuals (beyond their roles).

- *Ask everyone to write on a piece of paper THREE things about themselves which they think others don’t know about them. Two of these things should be TRUE and one should be FALSE.*
- *Then, have people take turns reading their three things and have the group vote on which one is FALSE.*

There are always surprises. This simple activity is always fun, and helps the group and leaders get to know more about each other.
Imagine an organization where open, thoughtful and helpful performance coaching conversations happen every day. What if these conversations focused on performance improvement and enhanced our interactions with each other as peers/colleagues, providers and patients? Attend this webinar to learn strategies, success factors, and tools that foster a feedback-rich culture that produces improvements in performance, productivity, job satisfaction and the patient and family experience.

**HIGHLIGHTS:**

- Strategies that create and sustain a feedback-rich culture
- Success stories/case studies from other organizations who have successfully installed ongoing approaches to effective performance feedback
- Feedback tools and resources to use with

**WHO SHOULD ATTEND?**

- CNOs, CHROs, Patient Care Managers, Patient Experience Leaders and Team Members, Educators, Training and Organization Development

**WEBINAR FACULTY**

Presented by Jill Golde, MS, Partner for Language of Caring and Janice Ganann, M.Ed, ACC, Language of Caring Coach. Jill brings over 20 years of experience as a mission driven consultant and trainer for a broad range of private and public sector organizations. Janice has 20+ years of experience in leadership, organizational transformation and coaching. Both are passionate about creating healing environments in healthcare and creating exceptional patient experiences.

**UPCOMING WEBINAR**

Tuesday, July 29, 2014
1:00 – 2:00 pm (EDT)
MEDICINE AS NOBLE WORK: FOR PHYSICIAN CHAMPIONS, LEADERS AND INDIVIDUAL PHYSICIANS
Carla Rotering, M.D.
YOU AND YOUR COLLEAGUES ARE INVITED TO A FREE WEBINAR OVERVIEW

Language of Caring FOR PHYSICIANS
COMMUNICATION ESSENTIALS FOR PATIENT-CENTERED CARE
June 26, 2014 12–1 PM (EDT) REGISTER NOW!

Language of Caring FOR STAFF
COMMUNICATION ESSENTIALS FOR A CULTURE OF CARING
June 19, 2014 12–1 PM (EDT) REGISTER NOW!

- Discover how these blended learning programs are helping organizations achieve breakthroughs in the patient experience and patient/family-centered care, as measured by CAHPS improvement
- Learn how these programs work and their specific components
- Preview our awesome new Client Portal for easy access to videos, all materials and sustainability resources
- Get to know our implementation services that help you jumpstart your strategy and accelerate your results
- Ask your questions!

Achieving an unparalleled patient experience and a culture of caring through exceptional communication.

If you like this HeartBeat, please forward it to others. If someone else sent this to you, please subscribe at www.languageofcaring.com.

Join our LinkedIn Group “Quality Patient Experience and HCAHPS Improvement” and add to the rich discussions about the quality patient experience. AND please send us an INVITE so we can connect. Thank you!

Jill Golde, MA, Dorothy Sisneros, MS, MBA and Wendy Leebov, EdD—partners at Language of Caring.