

Foundational Communication Skills: Active Listening

For nurses, active listening is a communication technique used to genuinely connect with clients and to create an emotionally safe space where clients can share their concerns, discuss sensitive information, and ask questions. When used effectively, active listening can be a powerful tool for developing meaningful therapeutic relationships and providing trauma- and violence-informed care (TVIC). Active listening skills complement other relationship building strategies and therapeutic techniques used by nurses (e.g., motivational interviewing).



Expert nurses come to realize that their "being" is as valuable as their "doing". - Ferrel & Cole¹

What is active listening?

Active listening is listening for the purpose of understanding. It requires the reception of sensory input but also astute observation, undivided attention, and the interpretation of what is heard.²

Thinking of active listening as a cycle consisting of three steps – preparing to listen, listening to and for, and responding – can help nurses understand and practice each component as they aim to improve this skill.



PREPARING TO LISTEN

Preparing to listen happens both prior to and throughout interactions with clients. Mindfulness practice can prepare nurses to listen prior to an interaction with a client and attending demonstrates readiness to listen in the relational moment with the client.

Mindfulness practice

Practicing mindfulness whether formally through meditative practice or more informally by intentionally focusing on the present moment can strengthen your interpersonal skills – especially active listening.

Research suggests that practicing mindfulness can3:

- increase your ability to see another person's perspective,
- · support identifying and accepting emotions,
- strengthen neural pathways for communicating empathy, and
- increase the ability to see people holistically.

Using mindfulness principles **to prepare** to actively listen can be executed through a series of steps that help to ensure you are **ready to** actively listen.⁴



Assess emotions

- Assess capacity to reason
- Take a moment to look inward and focus on your thoughts, emotions, and physical sensations in the moment.
- Ask yourself "what emotions am I feeling." Anger, sadness, pity, excitement?
- Then assess for any physical sensations you might be experiencing. Are you tired? Hungry?
- Ask yourself if you can think clearly in this situation. Do you have all the facts? What principles are guiding you?
- Finally, deliberately evaluate these thoughts, emotions, sensations and how they may impact your ability to pay attention, understand, remember, and respond.

Ask yourself:

- How might my emotions interfere with this situation and my ability to pay attention?
- Are any of these thoughts, feelings, sensations coming from biases or faulty assumptions will these impact my ability to understand?
- What do I need to do to self-regulate, calm down, and meet my own basic needs so that I can listen effectively?
- Given my current logical, physical, and emotional states of mind, what makes sense for me to do first?

Attending

Body language can be a very powerful form of communication – sometimes communicating something more clearly than our words. The body language of active listening is called attending and attending communicates "I am here – you have my attention."²

The SURETY⁵ model can help you remember some of the important aspects of communicating your readiness to listen. Importantly, the "Y" for "your intuition", accounts for the cultural and contextual complexities of therapeutic communication and also speaks to the skilled nature of active listening in that nurses need to use their knowledge, expertise, and judgement to get this right.

S	sit at an angle	
U	uncross legs and arms	
R	relax	
E	eye contact	
	appropriate use of touch	
Y	your intuition	

LISTENING TO AND FOR

To engage in active listening that is therapeutic we need to be intentional about what we are listening for. This requires moving beyond listening for content, such as who, what, where, and when and instead combines content knowledge with observations (e.g., my client looks uneasy) and feelings (e.g., my client seems frustrated) to arrive at a better understanding of someone or their situation.

Listening for understanding can also mean intentionally focusing on what a situation is like for a client or family, what meaning they create from their experiences, or purposefully seeking examples of strength in a client's narrative.

The following are examples of reflective questions that can guide you in listening for understanding.⁶

Listening for ... significance, meaning, capacity, socio-contextual influence ... allows for engagement with clients in such a way that facilitates understanding and promotes health and healing – **Doane & Varcoe**⁶

- Listening for significance and/or meaning "what is it like for this client or family?"
- Listening for socio-contextual influence "how are economics, policies, values, norms, traditions, history, racism, sexism, agism and so on shaping situations and experiences?"
- **Listening for capacity** "what challenges are facing this person or family? What capacity or inner resources does this person or family have?"

RESPONDING

Individuals will feel that they have been listened to by the response that they receive from the listener. There are various types of responses that can indicate listening. But not all will demonstrate the level of understanding that we are hoping to achieve in our therapeutic relationships. Questioning, reassuring, analyzing, and advising are common responses used by clinicians – but when compared to an understanding response, may leave the client feeling like they have not been fully heard.

Responses that demonstrate understanding²

Responding with understanding requires suppressing the tendency to resort to the more preferred styles of responses and practice using the skills of understanding.

Responding with understanding includes paraphrasing, seeking clarification, reflecting feelings, connecting thoughts and feelings, and summarizing. These types of responses allow the client to feel understood or opens the dialogue toward understanding.

Examples of responses that demonstrate understanding include:

Common Listening Responses	Responses That Demonstrate Understanding
Questioning	✓ Paraphrasing
"what is worrying you most?"	"would I be correct in saying"
× Reassuring	Seeking clarification
"you will feel better soon."	"I'm not certain what you mean by"
X Analyzing	Reflecting feelings
"you're afraid to speak up."	"that must be really frustrating when"
× Advising	Connecting thoughts and feelings
"tell your mother it's your life."	"you feel anxious when baby cries so hard"
	✓ Summarizing
	"overall, I get the picture that is that correct?"

Active Listening and TVIC principles

Active listening, refined through knowledge and practice, can be a powerful trauma- and violence-informed tool and maps onto each of the TVIC principles.⁷

Understanding the impact of trauma and violence on Creating emotionally and physically safe people's lives. environments. · Preparing to listen e.g., examining biases and · Attending - using your intuition to foster safety and trust. · Listening for and responding with understanding. assumptions. • Preparing for disclosures & appropriate responses. · Listening for socio-contextual influences. **Active Listening** Foster opportunities for choice, collaboration, and Strengths-based and capacity-building approaches. connection. · Listening for capacity. · Listening for socio-contextual influences. · Listening for significance/meaning. Listening for and responding with understanding.

References

¹Ferrell, B. R., & Coyle, N. (2008). The nature of suffering and the goals of nursing. Oncology Nursing Forum, 35(2), 241–247.
²Stein-Parbury, J. (2017). Patient & Person (6th ed.). Elsevier Australia.

³Bernstein, S. (2019). Being present: Mindfulness and nursing practice. Nursing, 49(6), 14-17.

⁴Raphael-Grimm, T. (2015). The art of communication in nursing and health care: an interdisciplinary approach (M. Zuccarini, Ed.). Springer Publishing Company.

5Stickley, T. (2011). From SOLER to SURETY for effective non-verbal communication. Nurse Education in Practice, 11(6), 395-398.

Doane, G. H., & Varcoe, C. (2020). How to nurse: Relational inquiry in action. Lippincott Williams & Wilkins.

⁷Public Health Agency of Canada. (2018). Trauma and violence-informed approached to policy and practice. Retrieved from https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html

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