



Introducing Silence – An Essential Skill in Communication

Effective communication is essential to the delivery of high quality, patient-centred palliative care. It leads to a number of improved outcomes including greater adherence to therapy, higher patient satisfaction, decreased anxiety and depression, and care that is more consistent with patients' goals (LeBlanc & Tulsky, 2021).

Challenging conversations within the palliative care setting include discussions about diagnosis, treatment options, side effects and symptoms of disease, progression of disease, prognosis and dying. As palliative care clinicians, how often do we need to explain our role and the reasoning behind the palliative care referral? This is often a challenging exercise in itself!

Of course, communication is not confined to the individual receiving care. Conversations take place between clinicians, and more often with carers and relatives of the patient. Carers and relatives often hold the role of advocate, understanding when the patient is too tired to talk, is experiencing discomfort, is sleep deprived or simply overwhelmed. In our efforts to provide the best care, we often forget the burden we place upon the patient and family members with the need to respond to our numerous, well-intended questions.

Effective communication skills and strategies are important for health clinicians. Clear communication means that information is conveyed effectively, and the clinician, patient and family understand the message being delivered. Such skills are not always evident; the message sent may not be the message that is received (Sibiya, 2018). This is so on the part of both the clinician and the patient. So how can we improve? There are varied models and frameworks, including 'SPIKES', 'COMFORT' and 'Ask, Tell, Ask' that guide our communication and can be incorporated into our daily practice (Mahendiran et al., 2023).

We know that professional health communication is full of difficult and emotionally charged conversations. We often approach these interactions by incorporating active listening skills, practicing mindful attention and providing compassion and empathy (Links et al., 2021).

The concept of 'compassionate silence' can be introduced into our professional skill set. This simple attribute can help health professionals have more compassionate conversations – of all the different types of silence, it is 'compassionate silence' that is most appreciated by patients (Links et al., 2021).

Silence as an element of care is defined as silence which occurs, or is used, in interactions between professional caregivers and their patients with the intention of supporting the well-being of that person (Bassett et al., 2018). Silence in the context of conversation is not just the absence of speech but provides an active presence to the

situation. In relation to speech, silence is described as a pause, a way of listening and attending, and a way of communicating that is beyond words. Silence allows a slowing of conversation and conveys respect and commitment to hearing what is said. Silence denotes respect, and when used skillfully, silence conveys active presence, not just absence of speech, a signal that the listener is prepared to wait and values the input of the other.

'Compassionate silence' can be golden during difficult conversations. This pause, or silence, allows time for the patient and clinician to truly hear what is being said, creating an environment where empathy can be both demonstrated and seen (Pfeifer & Head, 2018).

The question of duration of a pause is unclear - how long is long enough? A pause of a few seconds can improve communication. A minimum pause might consist of three deep breaths – consider, one to disconnect and create space, one to reconnect with compassion, and one to focus upon acting with compassion and wisdom. A compassionate pause allows space for both participants to benefit within the moment, imagining and feeling what it is like for the other. As workers, that is, we too feel emotions of pain, loss, frustration and fear, not forgetting hope, joy and love. Taking time to pause not only facilitates compassion, it communicates in showing that we care (Links et al., 2020).

Consider how we can introduce silence into our daily practice. Like all interpersonal skills, not everything develops naturally. Proficiency requires awareness, ongoing commitment and application.

Where can we include silence? An example is a situation where a patient has been informed by their oncologist that the recent scan results have shown disease progression. This information can be followed by a pause to allow understanding of the implication and feelings that may be experienced by the patient at this time. Only after this pause should we then introduce further discussion.

Being silent with another who is suffering is recognised as challenging. Health clinicians may experience difficulty in this setting and may interject with words as an approach to easing discomfort. Application of a compassionate pause in difficult conversations is a simple and practical strategy that can assist health care professionals to have more compassionate conversations and care. Why not try it?

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