
Literature and insights Editorial

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2247

To be heard or not to be heard?

We have all heard or read about the virtues of active listening and, hopefully, remember to practice it as much as we can. It is not only about paying attention in order to gather all relevant information but also about respecting another person. These matter in both our personal and professional interactions and each aspect proved significant in the case of a recent study on doctors' clinical encounters with their patients. We might wonder how much the result is transferable to accountants' encounters with clients, or accounting lecturers' encounters with students.

Naykky Singh Ospina *et al.* (2018) of the University of Florida and the Mayo Clinic in the USA recorded 122 consultations to research the way that doctors and patients began their conversations, the findings being published in the *Journal of General Internal Medicine*. They looked particularly at whether doctors started with open questions so that patients were "able to set the agenda", and, if they interrupted patients' answers, when this tended to happen (Heidelberg, 2018). Maybe you will be surprised by what they found:

In just over one third of the time (36 per cent), patients were able to put their agendas first. But patients who did get the chance to list their ailments were still interrupted seven out of every ten times, on average within 11 seconds of them starting to speak. In this study, patients who were not interrupted completed their opening statements within about six seconds. (Heidelberg, 2018)

In other words, only just over a third of doctors began with open questions to their patients about how they felt or why they were attending, and then allowed them to begin explaining. This low proportion seems to contradict that medical training puts a value on letting the patient self-diagnose at the beginning. The researchers found that if patients were allowed to do this and could be especially concise (6 s), they had a better chance of not being interrupted, but 70 per cent of patients were cut off after a median time of merely 11 s. Why were doctors interrupting? It is true that doctors are often rushed for time (setting very short periods for patient turnover does not help), and they may also believe that they can expedite consultations by interrupting, but Singh Ospina thinks it is not always as simple as that:

"If done respectfully and with the patient's best interest in mind, interruptions to the patient's discourse may clarify or focus the conversation, and thus benefit patients", she [Singh Ospina] agrees. "Yet, it seems rather unlikely that an interruption, even to clarify or focus, could be beneficial at the early stage in the encounter". (Heidelberg, 2018)

All of which begs the question, how often do we try to accelerate a conversation and its outcome for our own benefit rather than that of our client or student? The defence of wisdom and superior professional knowledge might apply in some cases but there is no guarantee that these end up justifying the outcome of interruption, and there is still the matter of courtesy involved.

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How does your experience compare? Is there any training available in your work area on active listening? You may wonder how you can afford to slow down and pay attention a bit longer, but can you afford not to?

Lelys Maddock, in an intriguing contribution below, asserts (as the title says) that “Shakespeare was indisputably an accountant!”. She suggests adopting a more liberal approach that recognises the interconnection of different disciplines and themes, including the often unacknowledged presence of accounting and commerce. Taking a fresh look at things is central to this light-hearted piece that has a serious core.

Your own creative contributions can be submitted via ScholarOne (see below), and your e-mail correspondence is always welcome at: steve.evans@flinders.edu.au.

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References

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