

Questioning and Self Disclosure

The most important part of questioning is: _____



Questioning



- Instead of listening to the answers, many people are too involved constructing their next question
- Determine the reasons for asking questions
- Be sure it is known what is to be gained by asking questions
- Do not ask too many questions

Challenges



- Effective questioning may be more challenging than you think – consider the following pit falls
 - Too many questions
 - Meaningless questions
 - Confusing questions
 - Interrupting the patient
 - Impossible questions

Types of Questions



- Closed
- Open
- Affective
- Probing

Closed Questions



- Closed questions can be answered with either a single word or a short phrase
- Closed questions:
 - Provide facts
 - Are quick and easy to answer
 - Physician remains in control of the conversation
- Can be used at the beginning of an interview to “break the ice”
- Is it possible to ask too many closed-ended questions?

Closed Questions



- Health professionals who ask closed questions to which the patient responds with one-word answers find themselves asking more and more questions and paying less and less time listening to the answers
- Strengths? Weaknesses?

Open Questions



- Open-ended questions give the respondent the opportunity to respond in any way they wish
- There is often no right or wrong answer and elaboration is encouraged
- Open ended questions:
 - Hand control of the conversation to the patient
 - Provide the patient with the opportunity to provide opinions and feelings
 - Encourage the patient to think and reflect

Open Questions



- Advantages:
 - The respondent is free to discuss what she/he views as relevant
 - The doctor can participate in active listening
- Disadvantage:
 - People ramble! Well-timed closed questions can bring rambling to an end

Combination



- Combination of open and closed questions
 - Allows the patient to predict the “direction” of the conversation
 - Beginning an interview with an open question and gradually becoming more specific is termed “**funneling**”
- What happens if the Dr. does not provide a logical sequence of questions?

Affective Questions



- **Affective questions** ask about feelings and emotions
- Past, present, or future feelings
- Encourages patients to reflect on their feelings
- Doctor is able to communicate concern and **empathy** by asking these questions

Affective Questions



- The most important feature of the affective question is the element of concern
 - All too often, the questions “How do you feel?” or “**How are you**”? are used as an opening introduction to a conversation
 - The questioner does really care about how the person feels, but uses the question as a “matter of fact” opening question
- How do patients respond to this question?

Probing Questions



- Sometimes it is necessary to encourage or prompt patients into talking when they fail to do so spontaneously
- Probes and prompts are verbal tactics used to spur on conversation or to clarify situations
- Probing questions are okay, but...be sure they do not result in **leading questions**

Probing Questions



- When to use probing questions:
 - **Clarification** (i.e. pt. response is vague, need more info.)
 - To understand the **purpose** of a patient's previous comments (i.e. "why did you say that?")
 - Check **relevance**
 - **Completeness** – checking for accuracy and making sure patient has nothing more to add
 - **Repetition** – asking a question more than once may lead to the patient providing more detail

Leading Questions



- 3 main types of leading questions
 - **Conversational lead**
Reflects common opinion or views already held
 - **Pressurized agreement**
Puts pressure on people to agree with the questioner
 - **Hidden subtleties**
Leads the patient without his or her knowledge
 - **Loftus (1975): headaches**
 - **Loftus & Zanni (1975): "the" and "a"**

How well do you communicate?



- The ability to communicate effectively with patients is determined to a certain extent by one's personality
- Is communication one of your strengths?
- One feature of improving interpersonal communication is a fuller knowledge of self

Implications for communication



- Communicating effectively with patients requires **empathy** and the ability to see things from their point of view
- If you have a cynical, cold, impersonal outlook on life, it can make it difficult for you to empathize with patients
- If you are "cold", work on "warming it up" a bit in your dealings with others
- If you are too "warm", you will have no trouble appearing open to patients, but may lack firmness in your interview style and be more open to manipulation by patients

Self-disclosure



- **Self-disclosure** refers to ways in which people let details of themselves be known to others
- Consider self-disclosure by the patient vs. self-disclosure by the doctor
- Disclosure is important because it helps us **build empathy** in the relationship
- **Jourard (1971)**

Caveats



- Self disclosure by the doctor
 - May be viewed as narcissistic and self-centered
 - Could be seen as taking the attention away from the patient
- When using self disclosure:
 - Use only short statements
 - Be prepared to immediately direct the conversation back to the patient

Positive features of self-disclosure



- Modeling
- Genuineness
- Sharing experiences
- Sharing feelings
- Sharing opinions
- Being assertive

Inappropriate Self-Disclosure



- Burdening the patient
- Seeming weak and unstable
- Domination
- Doing it for yourself – beware of countertransference!

Inappropriate Self-Disclosure



- Loughary & Ripley suggest **4 types of domination**
 1. “You think you’ve got a problem! Let me tell you about my problem!”
 2. “Let me tell you what to do”
 3. “I understand because I had the same problem myself”
 4. “I’ll take charge and deal with it”

Guidelines for appropriate self-disclosure



- As with all interpersonal skills, there are no hard and fast rules that apply to all people in all situations
 - Be direct
 - Be sensitive
 - Be relevant
 - Be non-possessive
 - Be reasonably brief
 - Do not do it too often
 - **But do it!**